Your policy summary

Bupa Select Enhanced

Effective from 1 September 2026

Welcome to Bupa Select Enhanced. This policy summary contains key information. You should read this carefully and keep it in a safe place. Please note that it does not contain the full terms and conditions and exclusions of cover under the Agreement, which you will find in the Bupa Select policy guide together with your membership certificate, and confirmation of special conditions (if any).

About your cover

The insurer

The insurance is provided under an agreement (the Agreement) between Bupa Insurance Limited (Bupa, we, us, our) and the company or association that pays for your membership (the group). Your cover is subject to the terms and conditions of that Agreement.

There is no contractual agreement between you and Bupa covering your membership. If you are the main member and you contribute towards the cost of the premiums the group pays to us for you and any of your dependants, we refer to you in the policy guide as a 'Contributing member'. Contributing members have some legal rights under the Agreement. These rights are explained in the policy guide. Otherwise, only the group and Bupa have legal rights under the Agreement, although Bupa will allow anyone covered under the Agreement access to our complaints process.

The type of insurance provided

The policy offers health insurance which aims to fund eligible private medical treatment in the United Kingdom. Bupa Select contains a number of options. The group chooses those it wants to provide as part of your cover under the Agreement. Please read the Bupa Select policy guide together with your membership certificate to ensure the cover under the Agreement meets your needs.

The type of treatment covered

You are only covered for eligible treatment. This means treatment (including any products and equipment used as part of the treatment) of an acute condition, cancer or a mental health condition (depending on your cover for mental health treatment under the Agreement), that is:

- consistent with generally accepted standards of medical practice and best practice in the medical profession in the UK (for example, as specified by the National Institute for Health and Care Excellence (NICE), or equivalent bodies in Scotland)
- clinically appropriate, in terms of the facility or location where the services are provided and the type, frequency, extent and duration of treatment
- demonstrated through scientific evidence to be effective in improving health outcomes
- not provided or used mainly for the convenience or financial (or other) advantage of you, your consultant or another healthcare professional, and
- not excluded under the terms and conditions of the Agreement between the group and Bupa.

How to get in touch with us

Call
0345 604 0623
We may record or monitor phone calls.

Webchat
bupa.co.uk/contact-us

Bupa digital account
Visit **bupa.co.uk** or use the My Bupa app.

Write
Write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP.**

If you have hearing or speech difficulties
You can use the Relay UK service. Visit **www.relayuk.bt.com** for more information.

If you have sight difficulties
We have documents in Braille, large print or audio.
Please let us know if you'd like us to send your documents in any of these formats.

Summary of cover

This table sets out a high level summary of the type of charges for eligible treatment that are covered and the allowances available for certain benefits. It also shows certain options that are available for the groups to select. For full details of your cover see your policy guide which shows the general terms, your membership certificate that shows the cover that your group has selected and is available to you and your confirmation of special conditions (if any). This means you may not have all the cover set out in the policy summary.

Unless otherwise specified, the amounts shown in the table are for each member.

Facility access
partnership facilities or guided care

Everyday health care

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Face-to-Face GP Service	
In-person GP appointments at a Bupa Health Centre for diagnosis, advice and prescriptions for a minor acute condition or concern. Some basic tests may be available as part of the appointment if recommended by the GP. No excess applies and the cost is not taken from any outpatient allowance	face-to-face GP appointments at a Bupa Health Centre private prescription writing is available, but medication and delivery costs are not included

When you are not admitted to hospital

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Outpatient consultations and treatment	
Outpatient consultations with a consultant	paid in full up to £1,500 each membership year for these outpatient benefits combined and not individually
Outpatient therapies and complementary medicine	
Facility or consultant charges for outpatient diagnostic tests	
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	
MRI, CT and PET scans	paid in full

When you are admitted to hospital

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Outpatient surgical operations, day-patient or inpatient treatment	
Consultants' fees for surgical and medical hospital treatment	**If the guided care option has not been chosen** ■ consultants who are fee-assured consultants: paid in full ■ recognised consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures **If the guided care option has been chosen** ■ fee-assured consultants in our list of Open Referral Network consultants: paid in full ■ consultants in our list of Open Referral Network consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures
Facility charges for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or inpatient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances	paid in full
Staying in hospital with a child	

Additional benefits

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Private ambulance (when medically necessary and related to private eligible day-patient or inpatient treatment)	up to £80 each single trip
Home nursing (when immediately following private eligible inpatient treatment)	up to £2,000 each year
Treatment at home - instead of inpatient treatment, day-patient treatment or chemotherapy as an outpatient	paid in full with a recognised treatment provider

Cash benefits

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
NHS cash benefit for NHS inpatient treatment	£50 a night for up to 35 nights a year
NHS cash benefit for NHS inpatient treatment for cancer	£100 each night
NHS cash benefit for NHS outpatient or day-patient treatment or NHS home treatment for cancer	■ £100 for each day you receive radiotherapy ■ £100 for each day you receive chemotherapy other than oral chemotherapy ■ £100 on the day of your surgical operation
NHS cash benefit for oral drug treatment for cancer	£100 for each three-weekly period
Cash benefit for wigs or hairpieces related to cancer	£100 payable each time: - a new cancer is diagnosed - a previous cancer comes back
Cash benefit for mastectomy bras	£200 paid once per mastectomy operation
Procedure specific NHS cash benefit	available for certain eligible treatments. Contact us or go to **bupa.co.uk/pscb** for more information

Cancer treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Cancer treatment after a diagnosis of cancer has been confirmed:	
■ Outpatient consultations with a consultant ■ Outpatient therapies and complementary medicine	paid in full
Hospital or consultant charges for outpatient diagnostic tests	paid in full
Hospital charges for outpatient cancer drugs when unavailable from a GP, or an initial small supply is provided by the recognised facility on discharge to enable you to start your treatment straight away	paid in full
Facility charges for cancer treatment for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or inpatient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances	paid in full

Cancer treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Consultants' fees for surgical and medical hospital treatment	**If the guided care option has not been chosen** ■ consultants who are fee-assured consultants: paid in full ■ recognised consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures **If the guided care option has been chosen** ■ fee-assured consultants in our list of Open Referral Network consultants: paid in full ■ consultants in our list of Open Referral Network consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures

Mental health treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Consultant psychiatrists' fees and mental health therapy fees for outpatient treatment	paid in full up to and from within your available outpatient benefits combined allowances specified above in this table **Members First** you can use Members First for talking therapies such as counselling, cognitive behavioural therapy (CBT), psychology or psychotherapy with Bupa's Talking Therapies team (by phone or video), or in person at a Mindplace (Bupa's mental health centres). If you do, you won't pay an excess and the cost won't come from your outpatient allowance
Facility charges for outpatient mental health diagnostic tests	
Consultant psychiatrists' fees for day-patient and inpatient treatment	**If the guided care option has not been chosen** ■ consultants who are fee-assured consultants: paid in full ■ recognised consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures **If the guided care option has been chosen** ■ fee-assured consultants in our list of Open Referral Network consultants: paid in full ■ consultants in our list of Open Referral Network consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures up to a maximum of 45 days each membership year for mental health day-patient and inpatient treatment combined and not individually

Mental health treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Facility charges for day-patient and inpatient treatment	paid in full up to a maximum of 45 days each year for mental health day-patient and inpatient treatment combined and not individually

Dental benefits

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Dental Allowance	
Dental appointments at a Bupa Dental Care practice. No excess to pay and the cost is not taken from any outpatient allowance	one dental appointment (a routine check-up or a new-patient examination, or an emergency appointment) and one dental hygiene appointment each year at a Bupa Dental Care practice

Personalised Health benefits

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
My Prevention Plan	
■ access to structured programmes designed to assess your personal risk of developing breast cancer, cardiovascular disease and type 2 diabetes in the future ■ If you have symptoms of, or have been diagnosed with, any of these conditions, you cannot use the prevention pathway for that condition ■ available for members aged 18 and over who have held continuous Bupa cover for at least 12 months ■ you will need to pay a £100 contribution to Bupa Occupational Health Limited, each time you have a preventive assessment	■ a focused, in-person preventive assessment to understand your current health, once in each policy year ■ where clinically needed, access to genetic testing and targeted preventive interventions ■ if the preventive weight-management plan is recommended, this is covered once in your lifetime
Medication Check	
Access to Medication check (a pharmacogenomic test) which analyses DNA to identify genetic differences that affect how people respond to more than 100 wide-ranging medicines and includes an option to discuss results with a Bupa GP. Available for members aged 18 and over who are taking regular medication. No excess to pay and the cost is not taken from any outpatient allowance	one test in each person's lifetime

Add-on – optical, accidental dental injury, prescription cash benefit

Type of treatment depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement
The following benefits are available to members who are aged 16 or over at the start of the policy year (see the Cash Benefit section in the Bupa Select policy guide for details)	
Optical cash benefit	up to £100 in any two year benefit period
Accidental dental injury cash benefit	up to £900 each year
Prescription cash benefit	up to £20 each year

Option to enhance cover (additional premiums apply)

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Island cover – for residents of Jersey, Guernsey or the Isle of Man only. It can't be selected together with the guided care option	
Consultants' fees for eligible day-patient and inpatient operations	paid in full
Travel costs to the UK mainland for you to receive eligible treatment	up to £240 for a return trip
Travel costs to the UK mainland for a parent, nurse or relative to accompany you when medically necessary	up to £240 for a return trip
Nursing care by a qualified nurse during your journey	up to £100 for a single trip

Options to manage costs

Policy excess

Choosing a policy excess will reduce the cost of the policy. The policy excess is an agreed amount of money that a member pays towards their treatment costs. The policy then covers the remaining cost, up to the benefit allowances, if they apply. The excess applies once for each person every policy year.

The options available are: £0, £100, £150, £200, £500.

Fixed rate

The fixed rate option allows you to fix the rates you pay for each member for two years at an extra cost. However, this is not protected from any increases in Insurance Premium Tax (IPT) when your policy is next renewed. Changes to membership made during the two-year fixed rate period will not affect the fixed rates but may affect the price you pay for the policy after renewal. Examples of membership changes include (but are not limited to): adding or removing members from the policy, babies that were previously covered free of charge becoming paid-for child dependants at their first renewal, and child dependants reaching the age of 24 during the first fixed year who would then be required to pay the adult rate in the second year. Please note, you may not be able to amend your benefit options at your first renewal when choosing this option. We may not be able to approve every request for this option.

What your policy does not cover

There are certain medical conditions and treatments that you're not covered for, here is a summary of them. The Bupa Select policy guide, and your membership certificate together provide the full details of your cover and show any exceptions to these when cover is available.

- accident and emergency treatment
- advanced therapies and specialist drugs that are not on the list that applies to Bupa Select
- allergies, allergic disorder or food intolerances
- birth control, conception and sexual problems
- chronic conditions
- convalescence, rehabilitation and general nursing care
- cosmetic, reconstructive or weight loss treatment
- deafness
- eyesight correction
- gender dysphoria or gender affirmation
- intensive care treatment (unless it's needed after private day-patient or inpatient treatment)
- kidney dialysis
- learning difficulties, behavioural and development conditions
- leg varicose veins
- outpatient drugs and dressings, and complementary and alternative products
- physical aids and devices (for example hearing aids, glasses, contact lenses, crutches and walking sticks)
- pre-existing conditions, special conditions and moratorium conditions
- pregnancy and childbirth
- screening, monitoring and preventive treatment (for example health checks to assess whether you're at risk of, or affected by a disease)
- sleep problems such as insomnia or snoring
- speech and language disorders
- symptoms linked to the body's natural changes such as ageing, menopause or puberty (for example, acne which is caused by natural hormonal changes)
- temporary relief of symptoms
- treatment as result of contamination, wars, riots and terrorist acts
- treatment for or arising from epidemic or pandemic disease
- treatment or medical conditions that are excluded from your cover and their complications
- treatment provided by healthcare professionals hospitals or clinics that are not recognised by Bupa
- treatment that takes place outside of the UK
- treatment that's listed as not covered or above your allowances
- unproven drugs and treatment.

How to get treatment and claim

We're here to help.

If it's about:

- signs or symptoms of cancer
- muscles, bones and joints, or
- mental health

use our Direct Access service.

You don't need a GP referral to speak to us about your symptoms. We're here to offer support, advice, and, if needed, referrals for consultations, tests, or treatment. You can book a Direct Access phone or video assessment by webchat, by phone, or through your My Bupa account.

From time to time, we may also introduce new Direct Access services for different symptoms. For the current list of our Direct Access services, please visit **bupa.co.uk/direct-access**.

If you prefer, you can see a digital GP or your own GP.

If it's about anything else:

You'll first need to book one of our free digital GP appointments or see your own GP. If you need a consultation, tests or treatment, ask the GP for an open referral and contact us. If you use our digital GP service, we can handle the pre-authorisation for you.

We can then help you find a consultant or healthcare professional covered by your policy. We may also accept referrals from other healthcare professionals. Find out more at **bupa.co.uk/referrals**.

If you're claiming for coaching support for neurodivergent conditions, you don't need a referral. You must contact us and use a neurodiversity coach we guide you to. Coaching support for neurodivergent conditions is available for people aged 18 or over.

If you're claiming for cash benefits or health expenses, please contact us and we'll let you know how to claim.

How to get in touch with us

Call

0345 604 0623

We may record or monitor phone calls.

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit **bupa.co.uk** or use the My Bupa app.

Direct Access to treatment and care

You don't always need to see a GP before contacting us. If you're worried about signs or symptoms of cancer, your mental health, or muscle, bone or joint problems, you can book a Direct Access service phone or video assessment by contacting us on webchat, by phone, or through your My Bupa account. We'll provide support and advice and a referral for consultations, tests or treatment if you need them.

If you have a GP referral, we may also offer you a phone or video assessment with a healthcare professional who specialises in your condition. This will allow you to explore all your treatment options.

If you have a Direct Access phone or video assessment you won't need to pay an excess for it, and we won't take the cost from your outpatient benefit allowance (if either of these apply to your policy). If our Direct Access service refers you for a consultation, tests or treatment you may be able to claim for that consultation, test or treatment and we'll explain how to do this after your assessment.

To find out more information or for any updates to our Direct Access service please visit **bupa.co.uk/direct-access**. Or you can contact us using the contact details on page 3.

Open referral

If you see a GP and you need a consultation, tests or treatment, ask for an open referral. This means, your GP will recommend the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your GP's recommendation to help you choose a fee-assured consultant or healthcare professional covered by your policy.

Need to know

Your membership certificate will show if guided care applies to you. (Look in the group details section, under facility access.)

If you have the guided care option, the following conditions apply.

- You must ask for an open referral from a GP or our Direct Access service (if this is available for your condition).
- You must contact us before arranging any consultations, tests or treatment for pre-authorisation.
- If you need to see a consultant, they need to be in our open-referral network – when you contact us, we'll help you find one.

For anyone aged 17 or under, please ask the GP for a named referral.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or treatment or care so we can:

- confirm whether the consultation, test or treatment is eligible treatment and if it's covered by your policy
- confirm the consultants, healthcare professionals, hospitals or clinics covered by your policy
- let you know how to claim for cash benefits or health expenses benefits, if these are covered, and
- give you a pre-authorisation number.

We may ask you for information about the history of your symptoms, including details from your GP or consultant.

You can then contact the consultant, healthcare professional, hospital or clinic to arrange an appointment. You'll need to give them your pre-authorisation number so we can pay them for your treatment that is covered by your policy. We will write to the main member or to their dependant who is having treatment (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess) to explain how much and who to pay.

Need to know

If you don't get pre-authorisation from us, you'll be responsible for paying all treatment that we wouldn't have pre-authorised if you'd contacted us before arranging it.

Cover for people aged 17 or under

We always need a named referral for a paediatric consultant. If someone aged 17 or under who is covered on your policy needs to see a consultant, please ask their GP for a named referral not an open referral. Some private hospitals don't provide services for children or have restricted services available so treatment may be at an NHS hospital. Please visit **finder.bupa.co.uk** to see paediatric services available in your area and contact us before any consultations, tests or treatment so we can confirm that these are covered.

The consultants, healthcare professionals, hospitals and facilities that your policy covers

Your policy covers certain Bupa recognised consultants, healthcare professionals and recognised facilities:

- The facility, consultant or the healthcare professional must be recognised by us for treating the medical condition you have, and for providing the type of treatment you need on the date you receive that treatment.
- If you need inpatient treatment or day-patient treatment (or both), the recognised facility must be part of the facility access list which applies to your cover and is shown on your membership certificate.
- The person who has overall responsibility for your treatment must be a consultant unless a GP or our Direct Access service refers you for outpatient treatment by a therapist, complementary medicine practitioner or mental health and wellbeing therapist or the treatment is provided by a neurodiversity coach.

Need to know

If you have the guided care option, any consultant you see needs to be in our open-referral network.

How long your cover will last

The Agreement is an annual one. Your cover is dependent on the group covering you under the Agreement, so your cover will generally last for 12 months but this may change depending on the group.

Changing your mind

You or your group can end your membership or the membership of any of your dependants at any time by writing to us. If your membership ends, the membership of all your dependants will also end.

How to complain

We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch

Call us: using your Bupa helpline number, which you can find on your membership certificate or call our Customer Relations team on **0345 606 6739** between 9am and 5pm, Monday to Friday. (We may record or monitor phone calls.)

Chat to us online: **bupa.co.uk/complaints**.

Email us: **customerrelations@bupa.com** (please include your membership number).

Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review.

You can:

- visit **financial-ombudsman.org.uk**
- call them on **0800 023 4567**
- email them at **complaint.info@financial-ombudsman.org.uk.**

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them information that is necessary to investigate your complaint, but this may include medical information. If you're concerned about this, please contact us.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, pay compensation. You can get more information at **www.fscs.org.uk** or by calling the FSCS on **0800 678 1100** or **020 7741 4100**.

Privacy notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. An in brief version of the notice can be found in your policy guide or the full version online at **bupa.co.uk/privacy**.

Bupa health insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales with 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.

Arranged and administered by:

Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales with registration number 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

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