

Bupa health insurance



Important points about your cover



Keeping things simple

This booklet explains how your cover works.

Your policy guide and membership certificate set out the full details of your health insurance cover.





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Your underwriting choices

- Insurance companies look at the risk of insuring someone before a policy starts. This is known as underwriting. Health insurers use someone's personal and health information to decide what cover they can offer. Your policy covers you for health risks that might arise in the future.
- Bupa offers two main underwriting options: Full Medical (also known as Underwritten) and Moratorium.
- If you've got health insurance via your employer, there may be other options available depending on the policy, or if you're transferring from another Bupa policy or insurer.
- It's important that you know which underwriting option applies to you and what is and isn't covered by your policy. You can find this information on your membership certificate.
- Whichever underwriting option you have, you'll need to contact us before having any consultations, tests or treatment so we can check they're covered by your policy.

Full medical underwriting

Full medical underwriting (also known as Underwritten) means that we use information about your medical history to confirm what is and isn't covered by your policy before it starts. Medical conditions and symptoms that you, or anyone on your policy, had before you take out insurance with us aren't usually covered.

When you have a full medical underwritten policy, we'll ask you about your medical history on the phone or send you a form to complete. We may also ask your doctor for more information, and they may charge for this. We'll let you know if your policy covers some of the cost. If not, you'll need to pay for it yourself.

It's really important that you give us all the information we ask for, even if some symptoms haven't been diagnosed. If you don't, we may be unable to pay claims.

If you're unsure about whether to mention something to us, you should always do so. We'll use the information you give us to confirm what cover we can offer you.

Why customers choose full medical underwriting

Full medical underwriting means:

- you can be certain about what is and isn't covered from the start
- any new medical conditions and symptoms that start after your policy begins will be covered in line with your policy terms and conditions
- medical conditions and symptoms you and anyone else on the policy have (including any related conditions) when you take out the policy aren't usually covered



About medical conditions you had before your policy starts

Any medical conditions and symptoms you had before your policy starts (or any that are associated to them) aren't usually covered.

We'll send you a letter to let you know about any medical conditions and symptoms which aren't covered. We'll send a separate letter to anyone on your policy who is aged 16 or over.

When your policy renews, we may be able to review certain medical conditions that weren't covered when it started, as long as you haven't had any symptoms, treatment or any medical advice about them. Please contact us for more information.

*You will need to provide details of the history of the medical condition you are claiming for, including the information that you will need to ask your GP or consultant for.

Your GP or consultant may charge you a fee for providing a report which we do not pay. If your symptoms are not pre-existing, we'll let you know if we'll cover some of the cost.

When you claim

If you need to claim or are experiencing symptoms, we may need to take a few extra steps to check your claim isn't connected to any medical conditions or symptoms you had before your policy started.

We may need to ask your GP for some extra information*. You'll need to give us the history of the medical condition you're claiming for, including the information you'll need to ask your GP or consultant for.

Top tip

Make sure you read your policy guide and membership certificate carefully, so you know what you're covered for and your available policy allowances.

Moratorium underwriting

With moratorium underwriting we don't ask about your medical history when you take out your policy. We ask for your medical details when you claim, to check if you had the condition or symptom before joining. Bupa offer two main moratorium underwriting options:

Rolling moratorium underwriting

With rolling moratorium underwriting, we'll ask you and your GP to complete a pre-treatment form each time you claim so we can confirm that the condition or symptom you're claiming for is new, or if you had it before your policy started. If you, or anyone else on your policy, had a medical condition or symptom before it starts, this may be covered, as long as you haven't had any symptoms, treatment, medication or advice about it for two consecutive years after you've taken out the policy.

If you're part of a Bupa corporate group scheme, your employer decides how far back we take previous medical conditions and symptoms into account. This can be two, three or five years.

For example:

John had a slipped disc in his spine five years before taking out cover with us.

If he needs treatment for it in the first two years of his policy, it won't be covered.

After this, it will be covered once he's had two consecutive years without any symptoms, treatment, medication or advice about it since his last spinal treatment.

Another example:

Susan's employer decided we should take account of all medical conditions employees had in the three years before joining the company's Bupa policy.

Susan had pneumonia three years before taking out cover with us.

She doesn't have any symptoms or need any treatment or advice in the first two years of her policy.

If she needs to claim for pneumonia after this, it will be covered in line with her policy benefits from the start of her third policy year.

Fixed moratorium underwriting - only available to customers who are part of a Bupa group scheme

If you, or anyone to be covered on your policy, had a medical condition or symptom before your policy begins, it will be covered in line with your policy benefits after the first two years of your policy start date.

Your employer decides how far back we take previous medical conditions and symptoms into account - this can be between two and five years.

For example:

Bob's employer decided that we should take account of all medical conditions and symptoms employees had in the five years before joining the company's Bupa policy.

This means that any conditions or symptoms Bob had in the five years before joining the policy will only be covered after the first two years.

During this period, we'll ask Bob and his GP to complete a pre-treatment form each time he claims so we can confirm if the condition or symptom he's claiming for is new, or if he had it before his policy started.

If his claim is for a new condition which began after he joined the group policy, this will be covered as long as it's in line with the policy terms.

During the first two years of joining the group policy, if Bob needs a consultation, tests or treatment for a medical condition that he had before this, it won't be covered.

However, it will be covered after the first two years of his policy (in line with the policy terms), even if he has symptoms, treatment, medication or advice for it during this time.

The following underwriting options are sometimes used depending on your employer's policy, or if you're transferring from another Bupa policy or insurer.

Other underwriting options

Medical history disregarded (MHD)

This means that we won't take your previous medical history into account when you apply to join your employer's Bupa policy, so you don't need to worry about any underwriting exclusions (e.g. time periods during which you're unable to claim for certain conditions). The same applies to anyone else to be covered with the same underwriting terms.

No further underwriting

If you're transferring to your employer's policy from another Bupa or UK insurer's policy, your existing medical conditions may be covered. We'll send you a letter outlining any medical conditions that aren't covered by your Bupa policy, so it's clear what you are and aren't covered for. Any exclusions that applied to the previous UK insurer's policy will apply to your Bupa policy.

What is an excess?

Having an excess means that you pay an agreed amount towards treatment covered by your policy. Here's some information about how an excess works on many policies. Some policy excesses may work in a different way. Please contact us and we'll be happy to explain.

- An excess applies to each person covered by the policy and for each policy year.
- Your excess renews at the beginning of each policy year, even if you're part way through treatment. So, you could have to pay the excess twice during a single course of treatment if your treatment begins in one policy year and continues into the next policy year.
- For many policies, when you claim for treatment with a benefit allowance on your policy, the cost of the treatment, including your excess, will be subtracted from your benefit allowance. For example:
 - You have a £1,500 outpatient allowance and a £200 excess
 - You have outpatient treatment which costs £100
 - Because you have an excess, you need to pay the first £100 of treatment costs. You'll need to pay the remaining £100 excess on any future claims for that policy year
 - You've also used £100 from your outpatient allowance leaving £1,400 for the rest of your current policy year
 - When your policy renews, your benefit allowances and excess will also renew.
- We'll let you know who to pay the excess to, for example, your consultant, therapist, hospital or clinic. The excess must be paid directly to them – not to Bupa. We'll also let you know how much of your excess remains (if any).
- You should always claim for eligible treatment even if it costs less than your excess. Otherwise, if you need to claim again, your remaining excess may be higher than it would have been. We explain more about how treatment is covered on page 13.

Top tip

Make sure you read your policy guide and membership certificate carefully, so you know what you're covered for and the available allowances.

What is outpatient cover?

Outpatient cover is when you have an appointment at a hospital or clinic, but you're not admitted and don't have a bed.

It could include the cost of appointments with consultants and therapists, tests and x-rays.

MRI, CT and PET scans are fully covered on most of our policies.

Some Bupa policies have a yearly allowance for outpatient cover. Your membership certificate will tell you if this applies to you.

If you use your yearly outpatient allowance, you'll need to pay for any other outpatient treatment you may need.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.



How Bupa health insurance works

Health insurance primarily gives you fast access to private care for acute conditions which are covered by your policy. Your cover will start after your policy begins and will be in line with your underwriting terms (please see page 4 for more details).

An acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Health insurance doesn't usually cover chronic conditions – you can find out more about this on page 18.

Our health insurance covers the cost of:

- medically necessary, planned private consultations, tests and treatment for acute conditions
- consultations and treatment from consultants we work with (these are called Bupa recognised consultants)
- care at hospitals, treatment facilities, centres or units we work with (these are called Bupa recognised).

You can find more about your nearest Bupa recognised consultants and services online at finder.bupa.co.uk.

Where a consultation, test or treatment isn't covered, it doesn't mean that it's not medically necessary. It just means that it's not in line with your policy terms.

What if I need emergency treatment?

If you need emergency treatment, please visit your local NHS emergency services in the usual way or pay for treatment at a private clinic.

Our policies don't cover accident and emergency treatment, including immediate care, provided by an NHS or private accident and emergency (A&E) department, urgent care or walk-in clinic.

If you need inpatient treatment following an emergency admission, please contact us and we can let you know if this is covered by your policy.

Digital and private GPs

Our Bupa health insurance policies may include cover for digital GP services, for example Bupa Blua, or Bupa GPs. Some policies also include cover for face-to-face appointments with a private GP.

The GP will assess your symptoms and can refer you to a consultant or for treatment covered by your policy.



Top tip

As all our policies are different, it's important to check your membership certificate and policy guide to understand what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

How to get treatment and claim

If it's about:

- cancer
- muscles, bones and joints, or
- mental health

use our Direct Access** service if this is available to you. You can call us about your symptoms without needing a referral from a GP. We'll provide support and advice, and a referral for consultations, tests or treatment if you need them. You'll find further information about our Direct Access service on page 15.

If it's about anything else:

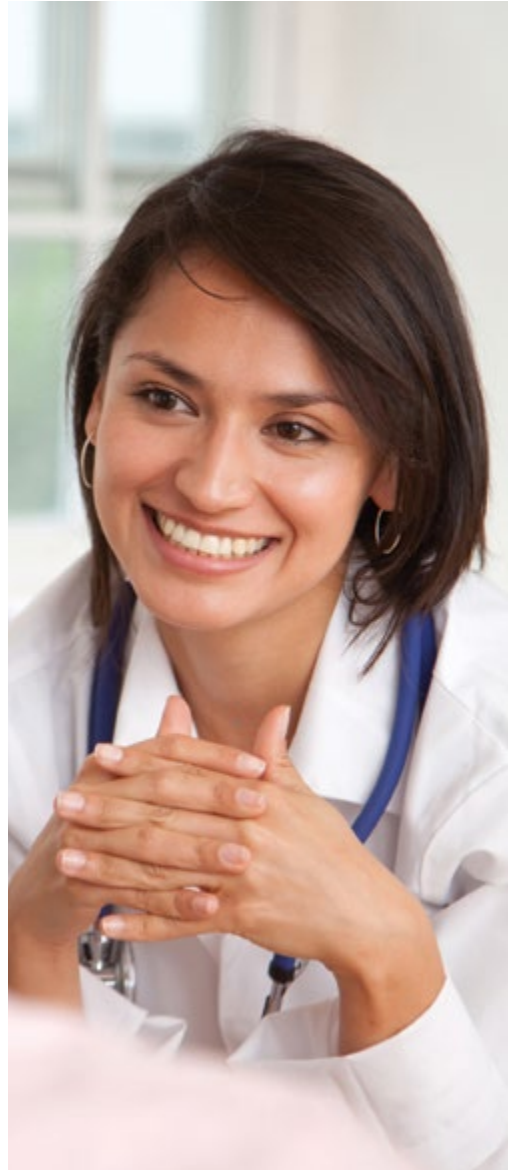
You'll first need to see a GP for a referral if you need a consultation, tests or treatment. This could be one of our free digital GP appointments or your own GP. Once you do, contact us so we can confirm whether the consultation, tests or treatment is covered by your policy and the allowances available.

We may also accept referrals from other healthcare professionals. Find out more at bupa.co.uk/referrals.

**Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. Please check your policy guide and membership certificate for more details or contact us to check what is and isn't covered.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.



You can find out more about the Direct Access service here: bupa.co.uk/direct-access



How do I make sure my treatment is covered?

When you're unwell, it's important that you get the right treatment. This is why a GP may refer you to a specialist consultant. They might give you the name of a specialist. However, for any of your treatment to be covered, you'll need to go to a Bupa-recognised facility and see one of our network consultants – we call these Bupa recognised consultants.

If you go to a consultant or a hospital or clinic which isn't Bupa recognised, you'll have to pay for some or all of your treatment yourself.

Also, our recognised consultants may have different charges for their services, so it's important when you choose to see someone that their charges are within Bupa agreed rates. Bupa works with around 20,000 consultants nationwide, the majority of whom have agreed to charge within them. We call these fee-assured consultants.

If you choose a fee-assured consultant, we guarantee to pay for any surgery covered under your policy in full, so you won't receive any unexpected bills. However, you'll still need to pay your excess if you have one on your policy, or any amount above your outpatient benefit allowance and any prescribed outpatient medication.

All Bupa fee-assured consultants meet the same criteria as any other medical consultants we work with. If you don't see a fee-assured consultant, you may need to pay any difference yourself.

Platinum consultants

To help you make a more informed choice about your care, around half of Bupa recognised consultants are Platinum consultants. They're covered by all our policies, are fee-assured and always in the Open Referral Consultant Network. Our Platinum consultants have been rated 'good' or 'excellent' by 97% of their Bupa patients.

You can find more about your nearest Bupa recognised consultants and services online at finder.bupa.co.uk.

Open Referral

If you ask your GP for an open referral, we can suggest a choice of consultants for you.

Open referral means that your GP decides the type of consultant (e.g. orthopaedic surgeon or gynaecologist) you need to see for tests and/or treatment.[†] When you contact us to arrange these, we use this information to offer you a choice of up to three Bupa recognised consultants with the appropriate medical skills and expertise from within our Open Referral network.

All consultants in our Open Referral Consultant Network deliver high quality care, offer good value healthcare and meet our customer experience criteria so we can make sure you receive the best level of care.

If the Open Referral or Guided Care option applies to your policy and you don't contact us for a pre-authorisation for treatment, you'll be responsible for paying for your treatment if we wouldn't have pre-authorised it. It's important to check your policy to understand what is and isn't covered.

[†]We're unable to offer children (aged 17 and under) a choice of paediatricians, so please ask the GP to recommend one.

What are the benefits of open referral?

With open referral, you'll get;

- convenient access to healthcare near your home or work - 98% of customers can find an Open Referral consultant within 45 minutes of their home.
- a choice of the most appropriate consultants for your medical needs – all the consultants we offer you are on our online directory, finder.bupa.co.uk, so you can see details about them before you decide who to see.
- help booking your appointment - we can book appointments with some consultants for you when you contact us. Or we can send you links to their online diaries so you can book one yourself once you've decided who to see.
- certainty about costs – we'll always offer you fee-assured consultants who have agreed to charge within our rates. You can find out more information about fee-assured consultants on the previous page. We'll also let you know if you have an excess to pay or you're likely to run out of your outpatient benefit allowance, so you're not faced with any unexpected costs.
- as with most of our policies, you'll have access to specialist support if you need treatment for cancer, heart, muscle, bone and joint conditions. We can offer information and coaching from qualified healthcare professionals to help you decide which treatment is right for you.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

Direct Access to treatment and care

There are some conditions where a GP referral isn't usually needed. If you have cover for our Direct Access service[†] you can call us if you're worried about cancer, mental health or muscle, bone and joint problems.

We'll provide support and advice and a referral for consultations, tests or treatment if you need them.

Muscle, bone and joint conditions

If you have a muscle, bone or joint problem, you can have a telephone consultation with one of our physiotherapists who will assess your symptoms and recommend the most suitable treatment for you. They can provide self-management advice and tailored exercises you can do at home or they may be able to refer you to an appropriate specialist for face-to-face diagnosis or treatment.

Mental health support

You can speak to one of our qualified mental health clinicians in complete confidence. They can guide you to the support you need. If it's covered on your policy you'll be referred on to the most appropriate treatment which could be talking therapies, online cognitive behaviour therapy (CBT) or psychiatry.

Cancer symptoms

If you have or think you may have a cancer symptom, you can talk to one of our specialist advisers or nurses. They'll explain your symptoms and guide you to the most appropriate care. You can find out more about cancer symptoms here: bupa.co.uk/health-information/cancer

There's more information about our Direct Access services here: bupa.co.uk/direct-access

These may not be available on some corporate policies.

[†]Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. Please check your policy guide and membership certificate for more details or contact us to check what is and isn't covered.



Medical reports – when we need more information from your doctor

We may need to ask your doctor for information about your consultation, tests or treatment to see if your policy covers these. We'll need your permission to do this, and you have certain rights when it comes to your personal and medical information.

- You can give your doctor permission to send us a medical report without you seeing it first. Or you can ask your doctor to show you the medical report before they send it to us, but you must do this within 21 days from the date we ask them for it.
 - If you don't contact your doctor within 21 days to ask to see your medical report, we'll ask them to send it straight to us.
 - You can ask your doctor to change the report if you think it's inaccurate or misleading. If they refuse, you can add your own comments to the report before the doctor sends it to us.
 - Once you've seen the report, your doctor can't send it to us unless you give them permission to do so.
 - You can ask your doctor not to send us the medical report, but if you do this we won't be able to tell you whether your consultation, test or treatment is covered, and we may not be able to pay your claim.
- You can ask your doctor to let you see a copy of your medical report within six months of it being sent to us.
 - Your doctor can withhold some or all the information in the report if they believe the information:
 - might cause you or someone else physical or mental harm, or
 - would reveal someone else's identity without their permission (unless the person is a healthcare professional, and the information they provide is about your care).
 - Your doctor may charge a fee for a medical report. We'll let you know if we'll cover some of this cost.

Top tip

There are more details about your rights in The Access to Medical Reports Act 1988 and The Access to Personal Files and Medical Reports (NI) Order 1991, which you can find at legislation.gov.uk.

Chronic conditions explained

Health insurance doesn't usually cover the treatment and care of chronic or long-term conditions. These are diseases, illnesses or injuries that have one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests.
- It needs ongoing or long-term control or relief of symptoms.
- It requires rehabilitation or for you to be specially trained to cope with it.
- It continues indefinitely.
- It has no known cure.
- It comes back or is likely to come back.

Chronic or long-term conditions often need consultations over a long period, checks on medication, long-term therapy or treatment which usually keep a condition or its symptoms under control. When this happens, treatment for the ongoing management of the condition isn't covered because the symptoms are part of its natural progression.

Chronic or long-term conditions are generally well managed by the NHS, which can offer the ongoing treatment and support you need following a diagnosis. Further details are provided in the examples on page 20.



Am I covered for chronic conditions?

Your policy may cover you for diagnosis and some tests if you're unwell. However, once a chronic condition is diagnosed, health insurance cover for it is usually no longer available. The NHS will provide the ongoing management, screening and monitoring of the condition.

Please note, we don't treat cancer or mental health as a chronic condition. We explain more on page 26.

What if my condition gets worse?

If your long-term condition gets worse, this may be due to an acute flare-up. This is when there's a sudden and unexpected change in the condition or its symptoms which can usually be treated quickly.

Our policies cover treatment of an unexpected acute flare-up when the condition is likely to respond quickly and aims to return you to the state of health you were in immediately before the acute flare-up. After this, you'll need to return to the NHS for the ongoing management of your condition as health insurance cover isn't available for this.

We recommend that you contact us before having any consultations, tests or treatment for a chronic condition to make sure it's covered by your policy. You should also check your policy for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain.



Learning, behavioural and developmental conditions

Treatment for learning, behavioural and developmental conditions isn't covered. On some policies, assessments for ASD/ADHD may be covered in specific scenarios. You should always check your policy documents for which treatment is and isn't covered. If you're unsure, please contact us and we'll be happy to let you know.

Here are a few examples

These examples are fictional to help you understand how your policy works.



Angina and heart disease

Arjun has had Bupa health insurance for many years. He develops chest pains and is referred by his GP to a specialist. He has some investigations and is diagnosed with a heart condition called angina. Arjun is prescribed medication to control his symptoms.

Will Arjun be covered?

Arjun's health insurance covers the private consultations and the initial tests he needs to help diagnose his condition. He can then go back to the NHS for the ongoing check-ups he needs to monitor his condition.

What if Arjun's condition gets worse?

Two years later, Arjun's chest pain comes back and is worse. His specialist recommends that he has a heart bypass operation.

Arjun contacts us about this new referral, so we can confirm whether his consultation is covered by his policy, which it is. The bypass operation will be covered as well as his follow-up consultations, so his consultant can check how he's doing afterwards.

If he needs more monitoring, such as regular check-ups, these won't be covered so Arjun will have to go through the NHS or he may choose to pay for these himself.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

This example is fictional. You should always check your policy as the treatment covered may be different.

Asthma

Eve has had Bupa health insurance for five years when she develops breathing problems. Her GP refers her to a specialist who arranges some tests which show that Eve has asthma. Her specialist prescribes some medication and recommends a follow-up consultation in three months, to see if her condition has improved. At that consultation Eve says that her breathing has been much better, so the specialist suggests she has check-ups every four months.

Will Eve be covered?

With Eve's Bupa health insurance, she has fast access to a private consultant. She's covered for consultations and tests to diagnose her condition. Since asthma is a chronic condition, once it's diagnosed, her medication and ongoing check-ups aren't covered and will need to be provided by the NHS. If Eve is ever worried about her condition, she can call the Bupa Anytime HealthLine[^] for around the clock advice.

What if Eve's condition gets worse?

Eighteen months later, Eve has a bad asthma attack.

This is an acute flare-up of Eve's condition and she needs emergency treatment. As health insurance doesn't cover emergency care, Eve will be treated in the Accident and Emergency (A&E) department at her local NHS hospital. She may then be referred to a private consultant to investigate what caused the flare-up, which her policy will cover.

As Eve's asthma is a chronic condition, her policy won't cover any more medication, treatment or check-ups. Her GP will be able to help her with these on the NHS or she may choose to pay for them herself.

This example is fictional. You should always check your policy as the treatment covered may be different.

[^]Phone calls may be recorded and to maintain the quality of our service we may monitor some of our phone calls, always respecting the confidentiality of the call.

Diabetes

Olivia has been with Bupa for two years when she develops symptoms that mean she may have diabetes. Her GP refers her to a specialist who organises a series of investigations to confirm the diagnosis, and she starts taking tablets to control the diabetes. After several months of regular consultations and some adjustments to her medication, the specialist confirms the condition is now well controlled and explains he would like to see her every four months to review it.

Will Olivia be covered?

The tests Olivia needs to diagnose her symptoms will be covered by her Bupa policy. However, following diagnosis, her care and the ongoing management of her diabetes, including medicines and any regular reviews, won't be covered and need to be provided by the NHS. If Olivia is ever worried about her diabetes, she can contact the Bupa Anytime HealthLine[^] for round the clock advice to help her understand and manage her condition. She can also visit our online diabetes health hub at bupa.co.uk/diabetes.

What if Olivia's condition gets worse?

One year later, Olivia's diabetes unexpectedly gets worse and her GP arranges for her to go into hospital for treatment.

If she's admitted as an emergency, her policy won't cover her initial treatment costs as she's receiving NHS care. However, it will cover her in a private general ward if she needs planned treatment during the acute flare-up of her diabetes, as long as she contacts us beforehand so we can confirm that her care is covered by her policy.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

This example is fictional. You should always check your policy as the treatment covered may be different.

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Glaucoma

Ricky goes to his local optician for a routine check-up, and one of the tests reveals some abnormal changes in his eye pressure, so the optician refers him to an ophthalmologist (eye specialist).

Will Ricky be covered?

Ricky's policy will cover the ophthalmologist consultation and tests to diagnose the problem. The ophthalmologist confirms that Ricky has glaucoma and prescribes some eye drops and eye pressure checks every six months. As Ricky's glaucoma is a chronic condition and needs regular monitoring, his policy won't cover check-ups, however he can arrange these on the NHS.

What if Ricky's condition gets worse?

Two years later, one of Ricky's follow-up appointments finds that his glaucoma has got worse and his ophthalmologist recommends surgery.

Ricky can use his Bupa policy to cover his operation and the follow-up consultation afterwards to make sure everything went well. His GP and the NHS will then continue to monitor his condition.

Hip Pain

Bob has had Bupa health insurance for three years when he develops hip pain. His GP refers him to an osteopath who treats him every other day for two weeks and then recommends that he returns once a month for additional treatment to prevent the original symptoms coming back.



Will Bob be covered?

If Bob's policy includes cover for complementary therapies, he'll be covered for the osteopathy he needs to treat the problem causing his pain. He can find out by checking the benefits and allowances on his membership certificate. Bob will need to return to the NHS for any monitoring or treatment to stop his symptoms returning, as his policy doesn't cover preventive treatment.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

This example is fictional. You should always check your policy as the treatment covered may be different.

Cancer cover

We don't consider cancer as a chronic condition which is why, as part of our cancer promise, if you're diagnosed with cancer, we'll look after you for as long as you have Bupa health insurance with cancer cover included.

With our full cancer cover, there are no limits on how long your treatment is covered or how much it costs. You must use a hospital or clinic from the Bupa network and a consultant that we recognise and charges within Bupa rates (a fee-assured consultant).

If your cover is provided by your employer there may be exceptions.

Please check your membership certificate to see which specific list of advanced therapies your employer has selected as it may not cover all advanced therapies.#

Also, if you decide to have your cancer treatment through the NHS, you can sometimes claim a payment on your policy. Ask us for more information.



If you or your employer set an overall maximum benefit allowance, either for each renewal year or the full length of time that you're with us, we'll cover eligible costs until you reach your allowance.

Treatment location

What is covered

Hospital-based

We'll cover inpatient, outpatient and day-patient treatment as set out under your policy.

At home

We also give you the option to receive your cancer treatment at home from a specialist nurse, if it's clinically appropriate and your consultant says it's safe to do so. Treatment at home means there's as little disruption to your life as possible.

What isn't covered

Hospice care

Hospices are charities that don't charge for the care they provide.

Diagnosis

What is covered

Investigations

If you have outpatient cover, consultations, tests, and scans to diagnose your condition are covered, subject to your benefit allowance. Please contact us if you're unsure.

Mental health support

We know that being diagnosed with cancer can be very worrying for you and your family, so you can call our dedicated telephone counselling service. You can take comfort in knowing our trained counsellors will provide you with emotional and psychological support when you need it.

Genetics

If you're being treated for cancer and have strong direct family history, you're covered for a genetically-based test to assess future risk of developing more cancers, if this is recommended by your consultant.

Surgery

What is covered

Operations to treat cancer and/or relieve symptoms

You'll be covered for the surgery relating to your cancer, even if it spreads or returns.

Reconstructive surgery

Your quality of life after cancer is important to us, so if you need reconstructive surgery as a result of your eligible cancer treatment, you're covered as set out in your policy guide.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.



Drug therapy

What is covered

Medicines to treat your cancer

This includes chemotherapy to treat your cancer. Contact us to find out if the drug therapy is covered by your policy and allowances available.

Innovative or unproven medicines

If your consultant says you need a drug that hasn't yet been licenced, we'll review their request to see if it's covered by your policy. Please contact us to find out and the allowances available.

What isn't covered

Drugs during remission

In most cases we won't cover drugs to maintain remission as your GP will normally be looking after your care and will prescribe any drugs which you need.

Unproven treatments

Our policies don't cover treatment which we believe is experimental or unproven based on established medical practice in the United Kingdom.

Radiotherapy

What is covered

Radiotherapy for cancer

We'll cover radiotherapy to treat cancer as long as your consultant says it's medically necessary.

Palliative

What is covered

Palliative treatment

You're covered for palliative treatment (to help relieve the symptoms of your condition) to help you maintain the highest possible quality of life.

End of life care

What is covered

Support with your care plan

Our dedicated Oncology Support Team nurses will help you and your family develop the care plan that's right for you.

They'll liaise with healthcare professionals, community services and other organisations to help you receive help and support in line with your care plan.

Choice of setting

Wherever possible we want to support our customers' final wishes including where they'd like to receive care and ultimately, end their life. Instead of being treated in hospital, home nursing may be an option, depending on whether it's covered by the customer's policy.

Cover

We cover up to three weeks of end of life care. Usually this is filling in any gaps in your care plan, such as certain times of day where support isn't available.

Remission

What is covered

Checks after remission

After successful cancer treatment we'll continue to cover checks to monitor that your cancer is not returning for as long as you have Bupa cover and your consultant says it's necessary – even if you don't have symptoms.

Limits

What is covered

Time limits

With full cancer cover from Bupa included in your policy, your treatment is covered for as long as it's needed.

Financial limits

We don't impose financial limits on our cancer cover.⁹ All your cancer treatment costs that are covered by your policy are paid in full when you use a hospital from your chosen Bupa network and a consultant that we recognise and charges within Bupa rates. If the Open Referral option applies to your policy then the fee-assured consultant must also be in our list of Open Referral network consultants.

Stage of illness

From diagnosis, we provide cover and support to you, even if your cancer becomes incurable.

Additional benefits

What is covered

Access to breast, bowel and prostate cancer specialists

Access to our network of Specialist Centres for breast cancer in London and Manchester providing the all clear or all initial diagnostic tests in one visit – just two working days after first calling Bupa.

Side-effects

We'll cover the management of acute side effects of your cancer treatment while you're having it.

Mental health and wellbeing support

We can provide you and your close relatives and carers with counselling and advice.

Decision making

Our decision making service helps you understand your treatment options and gives you the information you need to make informed decisions about your care.

Recovering from cancer

The Live Well with Cancer programme aims to provide focused and tailored support to people living with or recovering from cancer.

It includes a holistic assessment and regular calls as well as information, support groups, action plans for individual problems identified, and lifestyle advice to support secondary prevention and staying healthy.

Other financial help

To help you with your expenses, we can pay towards the cost of a wig, mastectomy bra and some prosthetic devices when these are needed because of your cancer treatment.

⁹If you or your employer set an overall maximum benefit limit, either for each renewal year or the full length of time that you're with us, we'll cover eligible costs until you reach your allowance.



How Bupa cancer cover works

These examples are fictional to help you understand how our cancer cover works. As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

All examples are based on customers using Bupa recognised hospitals and clinics and fee-assured consultants who have agreed to charge within Bupa rates.

Beverley

Beverley has had Bupa cover for five years when she's diagnosed with breast cancer. Following discussions with her specialists she decides to:

- have an operation to remove the tumour and reconstructive surgery
 - have a course of radiotherapy and chemotherapy
 - take hormone therapy tablets for several years after the chemotherapy has finished.
-

Will Beverley be covered and are there any limits?

Beverley's policy will cover all the latest tests and scans to diagnose her breast cancer. She'll then be covered for surgery to remove the tumour.

As long as Beverley is still a Bupa customer, we'll cover the cost of her reconstructive surgery if she prefers to have it at a later date.

As long as she uses a Bupa recognised hospital and a fee-assured consultant on our full cancer cover,[‡] Beverley will also be covered for all the radiotherapy, chemotherapy and other medically appropriate treatment she needs until her cancer goes into remission. Then she can continue with hormone therapy within the NHS.

At every stage of cancer, Beverley and her family can rely on the Bupa Oncology Support Team.

They'll make sure she has access to all the services, benefits and information she needs.

What if Beverley's condition changes?

During her chemotherapy Beverley suffers from anaemia. Her resistance to infection is also greatly reduced. Her specialist:

- admits her to hospital for a blood transfusion to treat her anaemia
- prescribes a course of injections to boost her immune system.

We'll be there for Beverley at every stage. We'll cover all her hospital and consultant fees along with the blood transfusion she needs to treat her anaemia.

We'll also cover the cost of the injections to boost Beverley's immune system.

Despite these, Beverley develops an infection and needs to be admitted to hospital again for a course of antibiotics.

[‡]If you or your employer set an overall maximum benefit limit, either for each renewal year or the full length of time that you're with us, we'll cover eligible costs until you reach your allowance.

We'll cover the cost of hospital and consultants' fees, and the antibiotics required to treat the infection. We'll continue to do everything we can to make sure Beverley returns to health as soon as possible.

Five years after Beverley's treatment finishes, the cancer returns.

Unfortunately, it has spread to other parts of her body. Her specialist recommends:

- a course of six cycles of chemotherapy over the next six months, aimed at destroying cancer cells.
- monthly infusions of a drug to help protect her bones against pain and fracture for as long as these work.
- weekly infusions of a drug to suppress the growth of the cancer, for as long as they work.

We cover cancer even if it spreads or returns, so provided Beverley is still a Bupa customer, she can be assured we'll pay for her chemotherapy at this difficult time. There are no financial or time limits on our full cancer cover,[†] so we'll cover both the drug to protect Beverley's bones (where the cancer treatment is directly linked to a risk of osteoporosis) and the drug to suppress the growth of the cancer for as long as these work.



Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

[†]If you or your employer set an overall maximum benefit limit, either for each renewal year or the full length of time that you're with us, we'll cover eligible costs until you reach your allowance.

This example is fictional. You should always check your policy as the treatment covered may be different.

Raj

Raj has had Bupa cover for less than a year when he's diagnosed with cancer. After discussion with his specialist, he decides to have a course of high dose chemotherapy, followed by a stem cell (sometimes called a 'bone marrow') transplant.

Will Raj be covered?

Raj has full medical underwriting, but because his condition developed after the start of his policy (and his GP confirms this), Raj will be covered for cancer no matter how long he's been with us. We'll pay for both the high dose chemotherapy and the stem cell transplant as long as Raj's consultant says this treatment is medically necessary.

When his treatment is finished, Raj's specialist tells him that his cancer is in remission. He'd like him to have regular check-ups for the next five years to see whether the cancer has returned.

Raj will be fully covered** as long as he has Bupa health insurance, for private check ups for the next five years to make sure he's making good progress. If his cancer returns, we'll cover the cost of his treatment.

Raj will also have access to our Live Well With Cancer programme which supports our customers in their transition to living with cancer or coping with it. This will help Raj manage his condition, make lifestyle changes and access local support.



**If you or your employer set an overall maximum benefit limit, either for each renewal year or the full length of time that you're with us, we'll cover eligible costs until you reach your allowance.

This example is fictional. You should always check your policy as the treatment covered may be different.

Jenny

Jenny has been diagnosed with cancer. She's concerned that health insurance policies sometimes have allowances but wants to start private treatment using her Bupa cover.

Amir

Amir would like to be admitted to a hospice for care to relieve his symptoms.

Will Jenny be covered?

Our Oncology Support Team will let Jenny know that our full cancer cover has no financial limits.** As long as she uses Bupa recognised hospitals and clinics within her chosen network and Bupa recognised consultants who agree to charge within Bupa rates, she won't need to transfer to the NHS unless she chooses to.

Will Amir be covered?

Our Oncology Support Team nurses will support Amir and liaise with community organisations to develop an advanced care plan that suits his needs. Since all patients, NHS or private, have access to hospice care free of charge, Amir won't need Bupa cover for this.

Top tip

As all our policies are different, it's important to check yours for what is and isn't covered. If you're unsure, please contact us and we'll be happy to explain. You should also contact us before you have any consultations, tests or treatment so we can confirm whether they're covered by your policy.

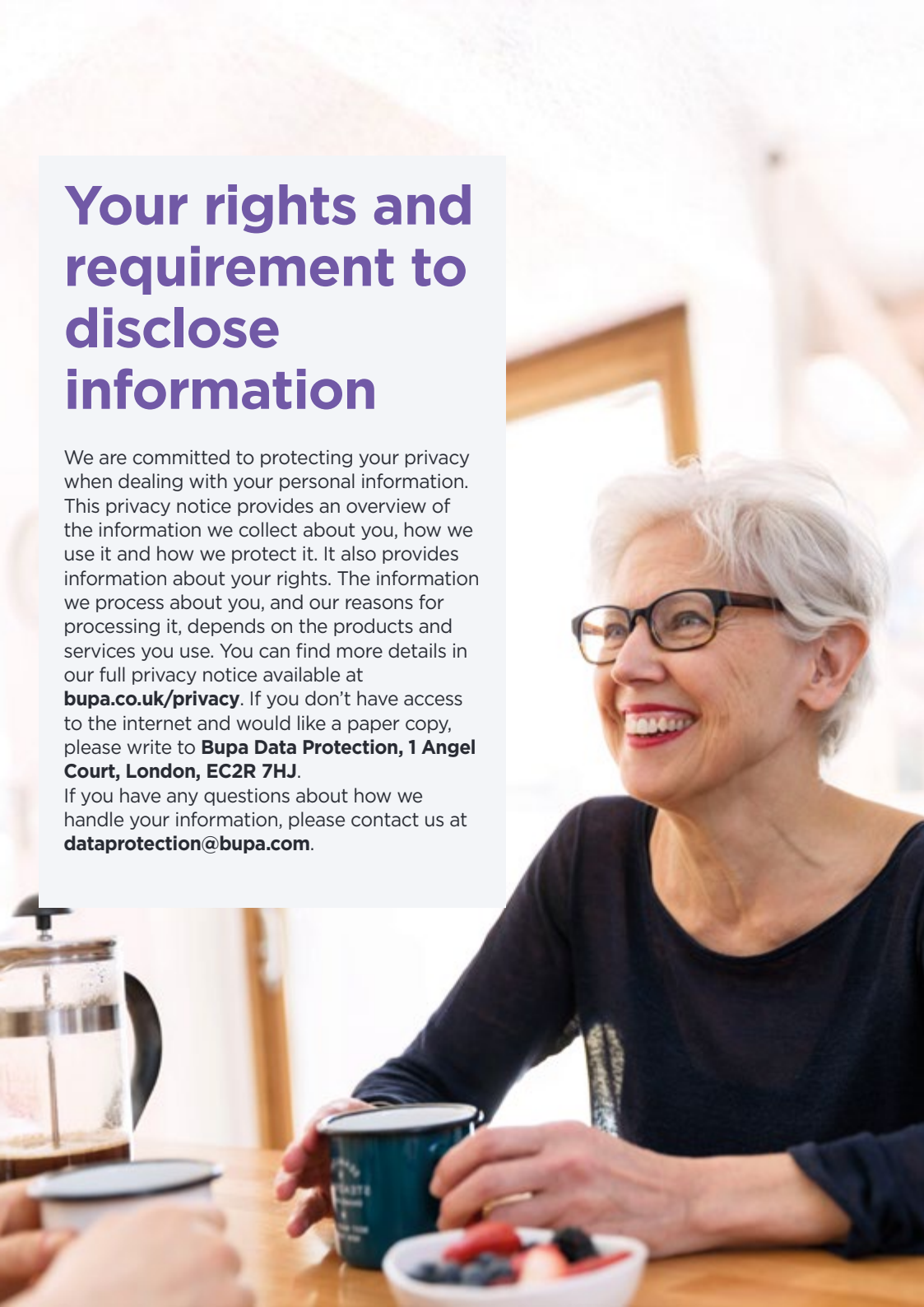


**If you or your employer set an overall maximum benefit limit, either for each renewal year or the full length of time that you're with us, we'll cover eligible costs until you reach your allowance.

This example is fictional. You should always check your policy as the treatment covered may be different.

Your rights and requirement to disclose information

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you don't have access to the internet and would like a paper copy, please write to **Bupa Data Protection, 1 Angel Court, London, EC2R 7HJ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.



Privacy notice - in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice explains what information we collect about you, how we use it and how we protect it. It also gives you information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice, which is available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, 1 Angel Court, London EC2R 7HJ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.

Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notice.

1. Who this privacy notice applies to

This privacy notice is for anyone who buys, uses or contacts us about our products and services ('you', 'your') in any way (for example, by email, through our website, by phone, on our app and so on).

2. How we collect personal information

We collect personal information from you when you get in touch with us and from certain other organisations acting on your behalf (for example, brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. What personal information we collect

We process the following categories of personal information about you and, if it applies, your dependants.

- Standard personal information (for example, information we use to contact you, identify you or manage our relationship with you)
- Special categories of information (for example, health information, information about race, ethnic origin and

religion) that allow us to tailor your care

- Information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity)

4. How we use the personal information we collect

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of healthcare providers relevant to you) and to protect our rights, property or safety, or that of our customers or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information because it is necessary so we can provide the services set out in a contract, it is in our or other people's legitimate interests or it is needed or allowed by law. We process special categories of information (also known as sensitive information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have your permission or it is in our legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection 1 Angel Court, London EC2R 7HJ**.

6. AI, Profiling and Automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fairer service, as well as marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more

about this in our full privacy notice. You have the right to object to direct marketing and profiling (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, healthcare providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared, and in what circumstances, in our full privacy notice.

8. Cookies

When you use our websites and apps, we and third-party companies use cookies and similar technologies to collect information (for example, your browsing activity).

9. Transferring your personal information abroad

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries. This may include transferring it from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that, when we transfer your personal information to another country, appropriate protection is in place in line with global data protection laws.

10. How long we keep your information for

We keep your personal information in line with the periods set out in our Retention Policy. We will typically keep your personal information for seven years after you stop being our customer.

11. Your rights

You have rights to have access to your information and to ask us to correct, delete and restrict the use of it. You also have rights to:

- object to your information being used
- ask us to transfer your information to someone else
- withdraw your permission for us to use your information, and
- ask us not to make automated decisions which produce legal effects that concern or significantly affect you.

Please contact us if you would like to exercise any of your rights.

12. Data protection contacts

If you have any questions, comments, complaints or suggestions about this privacy notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer. You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office, who you can contact through their website at ico.org.uk/make-a-complaint or by calling 0303 123 1113.

Other services

Bupa Anytime HealthLine^{††}

Under your Bupa health insurance, you can access our Bupa Anytime HealthLine for health advice all day every day. From advice about symptoms, to information on leading a healthier lifestyle – you can speak to our team of qualified general nurses. If you have a medical problem and you need more assistance, you may be able to speak to a GP, who will aim to call you back within the hour. You can ask questions about anyone in your family, they don't have to be covered on your policy.

For free 24-hour health advice, call

Personal customers

0345 601 3216[§]

Corporate customers

0345 607 7777[§]

Company customers

0345 604 0537[§]



Family Mental HealthLine^{††}

If you are a parent or care for a young person, and have concerns about their mental wellbeing, our Family Mental HealthLine is available to provide advice, guidance and support. A trained adviser and/or mental health nurse will listen to what your family is experiencing and give you advice about what to do next.

Call our Family Mental HealthLine on

0345 266 7938^{§†}

The young person doesn't have to be covered under your policy for you to be able to use this service.

Menopause HealthLine^{††}

Our Menopause HealthLine allows you to chat with one of our menopause-trained nurses. They'll offer individual advice and give you all the guidance you need about your menopause. You might be unsure if your symptoms are menopausal. We're here to help you make sense of it all.

No matter how often you call, it won't affect your policy or premiums. Named partners and dependants on your policy can also use this service.

Call our Menopause HealthLine on

0345 608 9984^{§†}

^{††}Bupa Anytime HealthLine, Family Mental HealthLine and Menopause HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority. Bupa Anytime HealthLine and Menopause HealthLine are provided by: Bupa Occupational Health Limited. Registered in England and Wales with registration number 631336. Registered office: 1 Angel Court, London EC2R 7HJ.

[§] Phone calls may be recorded. To maintain the quality of our service, we may monitor some of our phone calls, always respecting the confidentiality of the call.

^{§†} Telephone support between 8am to 6pm Monday to Friday. ^{§†} Telephone support between 8am to 8pm, 365 days a year.

Call 0800 600 500 for information on all other Bupa services.

Lines open 8am-8pm Monday to Friday.

We may record or monitor phone calls.

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