

Bupa policy guide

Bupa Select for Apple

Effective from 1 January 2025

This guide, together with your membership certificate, shows the full terms of your health insurance cover.



Introduction

Your Bupa Select health insurance

Effective from 1 January 2025

These are the **general terms and benefits that apply to Apple**.

They apply to members of the scheme whose 'Group contract start date', as stated in the Group details section of their **membership certificate**, is on or after the 'Effective from' date.

There are two documents which set out full details of how your health insurance works:

- this policy guide, which contains your **benefit table** showing your specific **benefits** and **allowances** and the general terms, and
- your **membership certificate**, which is personal to you.

Although they're separate documents, you should read them together. Each **year**, we'll send you updated documents which will apply from your latest **cover start date**.

Need to know

Some words in this guide are in bold type. This is because they have a specific meaning which we explain on pages 63 to 68.

References to 'we', 'our' and 'us' mean Bupa Insurance Limited, registered in England and Wales with registration number 3956433 and registered office at 1 Angel Court, London EC2R 7HJ.

Always get in touch with us before you have any consultations, tests or **treatment** to check that they're covered by your policy.

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HealthLine and digital wellbeing services

Our HealthLine services are available to all our customers and are free to use. Digital wellbeing services are available to customers aged 16 and over. We may record or monitor phone calls.

Bupa Anytime HealthLine

If you have any health questions or concerns you can call our confidential Bupa Anytime HealthLine on **0345 607 7777**.

You can speak to our qualified nurses at anytime of the day or night. They have practical, professional experience and skills to help.



Family Mental HealthLine

If you're a parent or care for a young person and are concerned about their mental wellbeing, our confidential Family Mental HealthLine can provide advice, guidance and support. A trained adviser or mental health nurse will give you advice about what to do next. You can call our Family Mental HealthLine on **0345 266 7938** between 8am and 6pm, Monday to Friday. You can use this service even if the young person isn't covered under your policy.

Menopause HealthLine

You, or anyone covered on the policy, can talk to one of our menopause-trained nurses. They'll offer advice, guidance, and support, even if you're not sure that if you're menopausal. This includes support that you can give to a partner who may be going through the menopause. You can call our Menopause HealthLine on **0345 608 9984** between 8am and 8pm, every day.

Digital wellbeing services

If you are in the **UK**, our digital wellbeing services on the My Bupa app can help you keep your body and mind healthy. These services provide ways to support your mental and physical health.

Download the My Bupa app to get started.



How to get in touch with us

We're always here for our customers and happy to help.

Bupa digital account

Your own secure online account so you can see your **Bupa** policy documents and a personalised view of your cover in one place wherever you are.

Visit **bupa.co.uk** to create your account or download the My Bupa app.

Call

For answers to questions about your cover and to ask us to pre-authorise consultations, tests and **treatment**, please call us on the number on your **membership certificate**. We may record or monitor phone calls.



Webchat

For answers to general questions and to ask us to pre-authorise consultations, tests and **treatment**, you can chat with us using your online account, or by visiting **bupa.co.uk**.



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.



Write

You can write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP.**

How to get treatment and claim

We're here to help.

If it's about:

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

use our Direct Access service.

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 can find more information on the next page.

If Direct Access is not available to you or if you prefer, see a **GP**. This can be your own, a digital **GP** or if you are aged 18 or over, face to face with a **GP** at a Bupa Health Centre.

If it's about anything else

You'll first need to see a **GP**. This can be your own, a digital **GP** or if you are aged 18 or over, face to face with a **GP** at a Bupa Health Centre. If you need a consultation, tests or **treatment**, ask the **GP** for an open referral and contact us. 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.

Need to know

Your **benefits** include a 'Well-Health outpatient benefit' (see page 37), you don't need a referral to access this.

If you're claiming for cash benefits or health expenses benefits (see pages 38 to 42), please contact us and we'll let you know how to claim.

How to get in touch with us

Call

The helpline number on your **membership certificate**.

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.



Important information about your cover and any claims

For **treatment** to be covered it needs to be:

- shown as covered on your **benefit table**
- shown as covered by a tick in this policy guide
- **eligible treatment**, and
- not shown as excluded by a cross in this policy guide.

It's also really important that you follow the process and requirements set out in this policy guide. If you don't, we may not be able to pay your claim.

Here are the general conditions which always apply to your cover and any claims. They're part of your **group's agreement** with us.

Need to know

Any **treatment** that takes place after the date your policy ends isn't covered, even if it's been pre-authorised. You'll be responsible for paying for this. Also **treatment** that takes place after the renewal of your policy, if that **treatment** is no longer covered by your policy, won't be covered.

Direct access to treatment and care

You don't always need to see a **GP** before contacting us. With 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.

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 of your **treatment** options.

If you have a Direct Access phone or video assessment we won't take the cost from your **outpatient** benefit **allowance**. 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.

You can find more information about our Direct Access service at bupa.co.uk/direct-access.

Getting a GP 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.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or **treatment** 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 (see pages 38 to 42 for more information about these benefits), 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 a co-insurance) to explain how much and who to pay.

Need to know

You don't need a pre-authorisation to use 'Digital GP services' (benefit 1.7). For anything else, if you don't get pre-authorisation from us, you'll be responsible for paying for 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, and 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 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 **benefit table**.
- The person who has overall responsibility for your **treatment** must be a **consultant**, unless the treatment is provided by 'Digital GP services' (benefit 1.7), 'Well-Health outpatient benefit' (WH1) or where a **GP** or our Direct Access service refers you for **outpatient treatment** by a **therapist, complementary medicine practitioner or mental health and wellbeing therapist**.

What we pay consultants for treatment in hospital

We pay **consultant** fees for **treatment** in hospital up to the amounts shown in our **schedule of procedures**. You can find the schedule at bupa.co.uk/codes.

If you see a **consultant** who charges more than we will pay, you may need to pay the difference.

Reasonable and usual charges

We only pay reasonable and usual charges for **eligible treatment**. This means that the amount we will pay **consultants**, healthcare professionals, hospitals and facilities will be in line with what the majority of our customers are charged for similar **treatment** or services.

There may be another proven **treatment** available in the **UK** that costs more than the **treatment** that the majority of our customers have for the same condition. If the other proven treatment doesn't provide a better clinical outcome, your policy will cover up to the amount the majority of our customers are charged for similar **treatment** or services.

Co-insurance

Your **group** has decided that a co-insurance applies to your policy, the details will be shown on your **benefit table**, including:

- the amount
- who has to pay it, and
- when it will apply.

How a co-insurance works

Having a co-insurance means that you are responsible for paying 10% of each invoice you submit up to a maximum of £250 as part of any CB10 Maternity cash benefit claim you make.

Your co-insurance applies each **year** and it renews at the beginning of each policy **year**, even if you're part way through **treatment**. So, you could have to pay the co-insurance twice during a single course of **treatment** if your **treatment** begins in one policy **year** and continues into the next policy **year**.

If there's a co-insurance to pay, we'll write to the **main member** or the **dependant** making the claim (if they're aged 16 or over).

How the co-insurance applies to your benefits

- the **co-insurance** only applies to CB10 Maternity cash benefit
- your **co-insurance** amount will count towards your total benefit **allowance** for CB10 Maternity cash benefit.

If you're unsure:

- whether a co-insurance does apply to you, or
- how your co-insurance works

please refer to your **benefit table** or contact the helpline.

Providing us with information

We may need some information from you to help us with your claim. This might include for example:

- medical reports and other information about the **treatment** you're claiming for
- the results of any independent medical examination we may ask you to have (which we'll pay for), and
- original unaltered invoices for your claim (including any **treatment** costs covered by your co-insurance).

We may not be able to review or pay your claim without this information.

Medical reports

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.

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.

If you'd like to withdraw a claim

Please call us on the number on your **membership certificate** and let us know as soon as possible if you'd like to withdraw a claim you have made. (We may record or monitor phone calls.) You'll need to pay for your **treatment** if you do this. You cannot withdraw a claim we've already paid.

Treatment or costs not covered by your policy

You're responsible for paying for any consultations, tests, **treatment** or costs that aren't covered by your policy.

Other insurance cover

You cannot claim more than once for the same private medical expenses. This means that if you have two policies that provide private medical cover, the costs of your **treatment** may be split between us and the other policy. We will ask you for full details of any other relevant policy when you make a claim.

Your underwriting and how it works

Non-underwritten

When you apply for a policy, we won't look at your medical history. So you, and anyone else covered by the policy, don't need to worry about there being any time periods during which you can't claim for certain conditions.

When you need treatment because of something that was someone else's fault

You may need to claim for **treatment** you need because of an injury or medical condition that was caused by someone else (a 'third party') or was their fault. This could be due to a road accident, an injury or potential clinical negligence. If this happens, you should let us know as soon as possible as we'll need to recover costs we've paid for your **treatment** from the third party. This won't reduce the amount you can claim from the third party.

- Tell us as soon as you know you need (or may need) **treatment** for something that was caused by a third party or was their fault. You can call us on **0800 028 6850** (we may record or monitor phone calls) or email us at infothirdparty@bupa.com. If you need to send us sensitive information, you can email us using Egress, which is a free secure email service (visit switch.egress.com for more information).
- Tell your solicitor, insurer or representative (if you're using one) that you have Bupa health insurance that may cover some of the costs.
- Give us your solicitor's, insurer's and representative's details and your permission to contact them.

- Help us to recover the cost of the **treatment** we paid for from the third party. This includes making sure we can communicate with you and your legal representative (if you appoint one) about this, and that you or your legal representative regularly keeps us updated on their progress with any recovery action.
- Ask your solicitor, insurer or representative to include in your claim all the costs we've paid for your **treatment**, plus 8% interest for each year.
- If you agree a settlement with the third party, make sure it includes the full cost of the **treatment** we've paid for, and that you pay this amount (and any interest) to us as soon as possible.

Your benefit table

This section contains the **benefit table** that applies to your policy. Call the helpline if you are unsure of your cover.

Finding out what is wrong and being treated as an outpatient

Service	Policy guide section	Cover	Notes
Direct Access service	'How to get treatment and claim'	<ul style="list-style-type: none"> yes – for muscles, bones and joints yes – for mental health yes – for cancer symptoms 	for further details, and the age limits that apply, see bupa.co.uk/direct-access or contact us

Type of cover	Benefit note	Cover	Allowances for each member (subject to benefit note(s))
outpatient consultations, therapies and diagnostic tests	1.1, 1.2, 1.4	yes	paid in full
outpatient complementary medicine	1.3	yes	up to £350 each year
outpatient MRI, CT and PET scans	1.5	yes	recognised facility : paid in full
chronic condition treatment	1.6	yes	
outpatient monitoring and management of chronic conditions	1.6a	yes	up to £1,000 allowance each year
outpatient MRI, CT and PET scans for the monitoring and management of cardiac chronic conditions	1.6b	yes	1 MRI, CT or PET scan each year in a recognised facility : paid in full
outpatient MRI, CT and PET scans for the monitoring and management of muscle, bone and joint chronic conditions	1.6c	yes	1 MRI, CT or PET scan each year in a recognised facility : paid in full
digital cardiac health support	1.6d	yes	purchase costs up to £40 each year
blood pressure monitor	1.6e	yes	purchase costs up to £50 each year
digital GP services	1.7	yes	digital primary care provider : paid in full
outpatient primary care	1.8	yes	up to £400 allowance each year

Type of cover	Benefit note	Cover	Allowances for each member (subject to benefit note(s))
Being treated in hospital			
consultants' fees	2	yes	<ul style="list-style-type: none"> ■ fee-assured consultants in a recognised facility: paid in full ■ consultants who are not fee-assured consultants in a recognised facility: up to the amounts shown in the schedule of procedures
facility access	3	participating facility	
facility charges for outpatient operations	3.1	yes	recognised facility : paid in full
facility charges for day-patient treatment and inpatient treatment	3.2a, 3.2c, 3.2d, 3.2e, 3.2f, 3.2g	yes	recognised facility : paid in full
staying in hospital with a child	3.2b	yes	children aged 17 or under
Cancer treatment			
cancer treatment	4	yes	
outpatient consultations, therapies and diagnostic tests	4.1a, 4.1b, 4.1d	yes	paid in full
outpatient complementary medicine	4.1c	yes	paid in full
outpatient cancer drugs	4.1e	yes	recognised facility charges: paid in full
Mental health treatment			
mental health treatment	5	yes	
consultant psychiatrists' fees, therapies and diagnostic tests for outpatient mental health treatment	5.1a, 5.1b, 5.1c	yes	paid in full up to and from within your available outpatient allowance(s) for benefit notes 1.1, 1.2 and 1.4
mental health treatment	5.2	yes	up to a maximum of 28 days each year for mental health day-patient treatment and mental health inpatient treatment combined and not individually

Type of cover	Benefit note	Cover	Allowances for each member (subject to benefit note(s))
Mental health treatment (continued)			
consultant psychiatrists' fees for mental health day-patient treatment and mental health inpatient treatment	5.2	yes	<ul style="list-style-type: none"> ■ fee-assured consultants in a recognised facility: paid in full ■ consultants who are not fee-assured consultants in a recognised facility: up to the amounts shown in the schedule of procedures <p>up to the maximum number of days each year for mental health day-patient treatment and mental health inpatient treatment shown above</p>
facility charges for mental health day-patient treatment and mental health inpatient treatment	5.2	yes	recognised facility : paid in full up to the maximum number of days each year for mental health day-patient treatment and mental health inpatient treatment shown above
Additional benefits			
treatment at home	6	yes	<ul style="list-style-type: none"> ■ consultants' fees: paid on the same basis as consultants' fees in a recognised facility under benefit 2 ■ medical treatment providers' fees: paid in full
home nursing	7	yes	paid in full
private ambulance charges	8	yes	paid in full
Overseas emergency treatment			
outpatient treatment	9	yes	paid up to and from within your available outpatient allowance(s) for benefit notes 1.1 to 1.4 as applicable
outpatient MRI, CT and PET scans	9	yes	up to £100 towards all the fees and charges
consultants' fees for outpatient operations, day-patient and inpatient treatment	9	yes	paid up to the amounts shown in the schedule of procedures
overseas facility charges	9	yes	<ul style="list-style-type: none"> ■ outpatient operations up to £100 for each operation ■ day-patient treatment up to £200 each day ■ inpatient treatment up to £200 each night <p>towards all the facility charges and not each charge individually</p>

Type of cover	Benefit note	Cover	Allowances for each member (subject to benefit note(s))
Repatriation and evacuation assistance			
your repatriation/evacuation	10	yes	paid in full
accompanying partner/relative	10	yes	up to £750
Gender dysphoria diagnosis and treatment			
gender dysphoria diagnosis and treatment	11	yes	except for the benefits below, paid on the same basis and up to the same allowances as benefits 1.1, 1.2, 1.3, 1.4, 1.5 and benefits 2, 3 and 5
diagnosis of gender dysphoria	11.1	yes	paid up to and from within your available outpatient consultations allowance above
outpatient hair removal	11.2	yes	with a recognised practitioner and in a recognised facility both of which we specify: <ul style="list-style-type: none"> for surgical donor sites: paid in full up to a maximum of 32 hours in your lifetime for anywhere on the body: paid in full up to a maximum of 250 hours in your lifetime
outpatient speech therapy for gender dysphoria treatment	11.3	yes	with a speech and language therapist and in a recognised facility both of which we specify: paid in full up to 20 hours in your lifetime
Assisted fertility treatment			
assisted fertility treatment and egg and sperm freezing	12	yes	up to £15,000 lifetime allowance for the main member and (where applicable) their partner combined
Nutrition and lifestyle coaching			
nutrition and lifestyle coaching	13	yes	up to 3 nutrition health appointments each year
Sleep apnoea and insomnia treatment			
Sleep apnoea and insomnia treatment	14	yes	
Cognitive behavioural therapy (CBT) for insomnia	14.1	yes	paid in full
outpatient treatment for sleep apnoea	14.2	yes	paid up to and from within your available outpatient allowance for benefits notes 1.1, 1.2, 1.4 and 1.5

Type of cover	Benefit note	Cover	Allowances for each member (subject to benefit note(s))
Sleep apnoea and insomnia treatment (continued)			
outpatient operations, day-patient treatment or inpatient treatment or diagnostic tests for sleep apnoea	14.3	yes	paid on the same basis and up to the same allowances as benefit notes 2.1 and benefit 3.
Well-Health outpatient benefits – Supporting you to keep healthy			
Well-Health – menopause plan	WH1	yes	one Bupa menopause plan each year from within your available outpatient consultations allowance for benefit note 1.1
Cash benefits and health expenses benefits			
NHS cash benefit for NHS inpatient treatment	CB1	yes	£200 each night up to a maximum of 35 nights each year
family cash benefit	CB2	yes	£100 for each child born or adopted during the year
NHS cash benefit for NHS inpatient treatment for cancer	CB6.1	yes	£100 each night as set out in benefit note CB6.1
NHS cash benefit for NHS outpatient, day-patient treatment or NHS home treatment for cancer	CB6.2	yes	£100 each day as set out in benefit note CB6.2
NHS cash benefit for oral drug treatment for cancer	CB6.3	yes	£100 for each three-weekly period of treatment as set out in benefit note CB6.3
cash benefit for wigs or hairpieces	CB6.4	yes	£100 as set out in benefit note CB6.4
cash benefit for mastectomy bras	CB6.5	yes	£200 as set out in benefit note CB6.5
procedure specific NHS cash benefit	CB7	yes	<ul style="list-style-type: none"> the amount we pay depends on the type of treatment you receive for more information contact us or go to bupa.co.uk/pscb. The cash benefits available will change from time to time

Type of cover	Benefit note	Cover	Allowances for each member (subject to benefit note(s))
Cash benefits and health expenses benefits (continued)			
traditional Chinese medicine cash benefit	CB8	yes	up to £250 each year
durable medical equipment cash benefit	CB9	yes	up to £500 each year
maternity cash benefit	CB10	yes	up to £2,500 each year
vaccinations cash benefit	CB11	yes	up to £150 each year

Advanced therapies list

Type of cover	Benefit note	Cover
Advanced therapies	3, 4	Advanced therapies list A

Co-insurance

Who it applies to	Policy guide section	Percentage of the cost	Up to the amount of
each member	'How to get treatment and claim'	10%	£250

The co-insurance applies to each member individually. The co-insurance percentage applies to claims paid under CB10 Maternity cash benefit.

What is covered

Need to know

This section explains the types of **treatment**, services and charges which Bupa Select covers. Your **benefit table** shows your specific cover and **allowances**. Please also see the 'How to get treatment and claim' on page 6 for details of who can refer you into **treatment** and 'Important information about your cover and any claims' on page 7. Your policy has some restrictions. It's important that you read the sections that tell you what is and isn't covered. Anything in the 'What isn't covered' section applies to your cover unless it says otherwise.

1. Outpatient consultations and treatment

Benefit	Description	Cover
1.1 Outpatient consultations	Consultants' fees for outpatient consultations for acute conditions .	✓
	Consultants' fees for phone or video consultations for acute conditions .	✓
1.2 Outpatient therapies and other outpatient charges	Therapists' fees for outpatient treatment .	✓
	Therapists' fees for phone or video consultations.	✓
	Therapists' fees for treatment at home if this is recommended by your healthcare professional or offered by us (as long as it's provided by a therapist recognised by us for treatment at home).	✓
	Recognised facility charges for prostheses and appliances that are needed as part of outpatient treatment .	✓
	Recognised healthcare professionals' fees and recognised facility charges for outpatient treatment that aren't described in any other benefit.	✓
1.3 Outpatient complementary medicine	Complementary medicine practitioners' fees for outpatient treatment .	✓
	Complementary or alternative products, preparations or remedies aren't covered.	✗
1.4 Outpatient diagnostic tests	Recognised facility charges or consultants' fees for diagnostic tests if these are requested by your consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6) as part of outpatient treatment . The cost of reporting the results is included in the charge for the diagnostic test .	✓
	Recognised facility charges for diagnostic tests sent to your home if these are recommended by your healthcare professional or offered by us. Need to know Charges for diagnostic tests that aren't from a recognised facility or a consultant who is recognised by us to carry out diagnostic tests aren't covered.	✓

continued on the next page

1. Outpatient consultations and treatment

Benefit	Description	Cover
1.5 Outpatient MRI, CT and PET scans	Recognised facility charges for MRI, CT and PET scans if these are requested by a consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6). The cost of reporting the results is included in the charge for the scan.	✓
1.6 Chronic condition treatment	<p>You should always contact us before receiving treatment to check that it's covered under your benefits. Please remember that any costs for treatment that isn't covered under your benefits are your responsibility.</p> <p>Need to know</p> <p>For the purposes of this benefit 1.6 only, eligible monitoring and management means medical services (including investigations and tests such as X-rays or blood tests), together with the products and equipment used as part of those services, that are needed to monitor or manage an ongoing disease, illness or injury and which:</p> <ul style="list-style-type: none"> are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided, for example as specified by NICE (or equivalent bodies in Scotland) in its guidance on specific conditions or treatment where such guidance is available are demonstrated through scientific evidence to be effective in improving health outcomes, and are not provided or used primarily for the expediency of you or your consultant or other healthcare professional <p>and the services or charges are not excluded under your benefits.</p> <p>Note: Where eligible treatment is referred to in the section 'How to get treatment and claim' these references may also apply to eligible monitoring and management.</p>	✓
	<p>This benefit does not provide cover for:</p> <ul style="list-style-type: none"> any treatment that is excluded by your policy (including the section 'What isn't covered' in this policy guide, for example Allergies, allergic disorders or food intolerances (exclusion 3), Outpatient drugs, dressings, complementary and alternative products (exclusion 14), and Sleep problems (exclusion 26)) operations charges for MRI, CT and PET scans that are not from a recognised facility treatment of mental health conditions, please see 'Mental health treatment' (benefit 5) eligible treatment of unexpected acute symptoms of a chronic condition that flare up, this would be covered as explained in 'Chronic conditions' (exclusion 6, exception 1). 	✗

continued on the next page

1. Outpatient consultations and treatment

Benefit	Description	Cover
1.6a outpatient monitoring and management of chronic conditions	<p>This benefit provides cover for:</p> <ul style="list-style-type: none"> ■ outpatient treatment for monitoring and management of a chronic condition, and ■ therapists' fees for your outpatient treatment that, although not likely to quickly cure you or return you to your previous state of health, is clinically appropriate and likely to improve your condition. <p>Need to know</p> <p>We pay for the same types of treatment that are described in outpatient benefits 1.1, 1.2, 1.3 and 1.4. We pay up to the allowance that applies for this benefit 1.6 as shown on your benefit table.</p>	✓
1.6b outpatient MRI, CT and PET scans for the monitoring and management of cardiac chronic conditions	<p>When recommended by your consultant for the eligible monitoring and management of a cardiac chronic condition as part of outpatient treatment this benefit provides cover for recognised facility charges for one of any of the following each year:</p> <ul style="list-style-type: none"> ■ MRI scans (magnetic resonance imaging) ■ CT scans (computed tomography), or ■ PET scans (positron emission tomography). <p>The cost of reporting the results is included in the charge for the scan.</p>	✓
1.6c outpatient MRI, CT and PET scans for the monitoring and management of muscle, bone and joint chronic conditions	<p>When recommended by your consultant for the eligible monitoring and management of a muscle, bone and joint chronic condition as part of outpatient treatment this benefit provides cover for recognised facility charges for one of any of the following each year:</p> <ul style="list-style-type: none"> ■ MRI scans (magnetic resonance imaging) ■ CT scans (computed tomography), or ■ PET scans (positron emission tomography). <p>The cost of reporting the results is included in the charge for the scan.</p>	✓
1.6d digital cardiac health support	<p>To assist in the monitoring and management of your cardiac chronic condition, the costs to purchase or register for a mobile application for digital cardiac health support is covered up to the limit that applies to this benefit shown in your benefit table.</p> <p>Need to know</p> <p>You must send us a covering letter or email giving your name, address and membership number, together with a copy of your invoices or receipts as your proof of purchase. For more information please contact us.</p>	✓
	Devices or wearables aren't covered.	✗

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1. Outpatient consultations and treatment

Benefit	Description	Cover
1.6e blood pressure monitor	<p>To assist in the monitoring and management of your cardiac chronic condition, the cost to purchase a blood pressure monitor is covered up to the limit that applies this benefit shown in your benefit table.</p> <p>Need to know</p> <p>You must send us a covering letter or email giving your name, address and membership number, together with a copy of your invoices or receipts as your proof of purchase. For more information please contact us.</p>	✓
1.7 Digital GP services	<p>Consultations with a digital primary care provider (this may include digital consultations with a GP, or another healthcare professional such as a physiotherapist, nurse or pharmacist).</p> <p>Need to know</p> <p>We'll let you know the digital primary care provider you can use to access this benefit.</p> <p>If you use the Digital GP service benefit we won't take the cost from your outpatient benefit allowance.</p> <p>If the digital primary care provider refers you for a consultation tests or treatment you may be able to claim for that consultation, test or treatment. You must contact us to pre-authorise your treatment and to check you're covered.</p>	✓
	Any drugs or medicines prescribed to you by a digital primary care provider are not covered.	✗
1.8 Outpatient primary care	<p>This benefit provides cover for:</p> <ul style="list-style-type: none"> planned face-to-face consultations with a GP at a Bupa Health Centre including consultations to discuss contraception face-to-face nurse appointments at the Bupa Battersea Centre, and Long-acting reversible contraceptive services offered to you via a Bupa Health Centre. These include implants, IUD Copper Coils, and IUD Mirena Coils. The fitting and removal of contraceptive devices is paid in full and won't erode this primary care benefit. <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit.</p> <p>To pre-authorise or for more information please contact us.</p>	✓

1. Outpatient consultations and treatment

Benefit	Description	Cover
1.8 Outpatient primary care	<p>This benefit does not provide cover for:</p> <ul style="list-style-type: none">■ virtual consultations■ any outpatient consultation or treatment relating to antibody testing, medical reports, outpatient drugs and dressings■ short-acting contraceptives such as, but not limited to, injections, pills, patches, condoms, or■ any treatment relating to the following exclusions:<ul style="list-style-type: none">– Exclusion 10: 'Cosmetic, reconstructive or weight-loss treatment'– Exclusion 17: 'Epidemic or pandemic disease'– Exclusion 24: 'Pregnancy and childbirth'.	✗

2. Consultants' fees for hospital treatment

Benefit	Description	Cover
2.1 Consultants' fees for hospital treatment	Consultant surgeons' and consultant anaesthetists' fees for operations covered by your policy.	✓
	Consultants' fees for day-patient treatment or inpatient treatment.	✓
	Consultants' fees for planning and supervising chemotherapy and radiotherapy if these are part of eligible treatment.	✓

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3. Hospital or clinic charges

Need to know

Your **facility access** and the **allowances** we pay are shown on your **benefit table**. The facility that you use for your **eligible treatment** must be recognised by us for treating both the medical condition you have and the type of **treatment** you need.

Benefit	Description	Cover
3.1 Outpatient operations	Recognised facility charges for outpatient operations covered by your policy. This includes the cost of using operating theatres, and equipment, common drugs , advanced therapies , specialist drugs and surgical dressings used during the operation .	✓
3.2a Staying in hospital	Recognised facility accommodation charges, including your meals and refreshments while you're having day-patient treatment or inpatient treatment that is covered by your policy.	✓
	Personal items (such as newspapers or personal laundry), meals and refreshments for your visitors, and phone calls aren't covered.	✗
	Recognised facility charges for accommodation aren't covered if: <ul style="list-style-type: none"> ▪ they're for an overnight stay for treatment that would normally be carried out as outpatient treatment or day-patient treatment ▪ they're for a bed for treatment that would normally be carried out as outpatient treatment, or ▪ the accommodation is mainly used for: <ul style="list-style-type: none"> – convalescence, rehabilitation, supervision or anything other than eligible treatment – general nursing care or any other services which could have been provided in a nursing home or anywhere else which is not a recognised facility, or – services provided by a therapist or complementary medicine practitioner or mental health and wellbeing therapist. 	✗
3.2b Staying in hospital with a child	Accommodation for one parent each night they need to stay in a recognised facility with their child. The child must be covered by the policy, aged 17 or under and having inpatient treatment . The claim will be paid from the child's policy benefits .	✓
3.2c Theatre charges, nursing care, drugs and surgical dressings	Operating theatre and nursing care charges, common drugs , advanced therapies , specialist drugs and surgical dressings that are an essential part of your day-patient or inpatient treatment .	✓
	Any drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home with you when leaving hospital or a clinic aren't covered (these may be covered separately by another benefit in your policy).	✗
	Any extra nursing services in addition to those which would usually be provided by a recognised facility as part of normal patient care without making any extra charge aren't covered.	✗

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3. Hospital or clinic charges

Benefit	Description	Cover
3.2d Day-patient or inpatient diagnostic tests, MRI, CT and PET scans	Recognised facility charges for diagnostic tests , MRI, CT and PET scans if these are recommended by your consultant as part of day-patient treatment or inpatient treatment .	✓
3.2e Therapies	Recognised facility charges for eligible treatment provided by therapists , if this is needed as part of your day-patient treatment or inpatient treatment .	✓
3.2f Prostheses and appliances	Recognised facility charges for prostheses or appliances that are needed as part of day-patient treatment or inpatient treatment .	✓
	The costs of maintaining, refitting or replacing a prosthesis or appliance if you have acute symptoms that directly relate to the prosthesis or appliance and it was fitted as part of eligible treatment .	✓
	The costs of maintaining, refitting or replacing a prosthesis or appliance if you don't have acute symptoms that are directly related to the prosthesis or appliance aren't covered.	✗
3.2g Intensive care	<p>Intensive care which is essential, follows planned inpatient treatment in a recognised facility, takes place in a critical care unit, and is routinely needed by people having the same type of treatment as you.</p> <p>If your inpatient treatment or day-patient treatment in a recognised facility doesn't routinely need intensive care, and something unexpected happens which means you do need it, your intensive care will be covered if either:</p> <ul style="list-style-type: none"> ▪ it is provided in the recognised facility's critical care unit, or ▪ the recognised facility doesn't have a critical care unit, but has an agreement with us to follow an emergency protocol to transfer patients to a specific recognised facility critical care unit, which is next to the original recognised facility, or part of the same hospital group. <p>Your consultant or recognised facility will contact us if you're admitted into a critical care unit.</p> <p>There are situations when intensive care isn't covered, and these are explained in the 'Accident and emergency treatment' (exclusion 2) and 'Intensive care' (exclusion 18) in the 'What isn't covered' section of this guide.</p>	✓

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3. Hospital or clinic charges

Benefit	Description	Cover
	<p>Need to know</p> <p>Transferring into private inpatient care from an NHS hospital</p> <p>If you want to transfer your care from an NHS hospital, or a hospital stay that you're paying for yourself, to a private recognised facility, your policy will cover your eligible treatment costs following the transfer, as long as:</p> <ul style="list-style-type: none">■ you've been discharged from a critical care unit to a general ward for more than 24 hours before the transfer■ the consultants in the hospital you are moving from and the consultants in the recognised facility you are transferring to agree that it's clinically safe and appropriate to transfer your care, and■ we've had full clinical details from your consultant and confirmed that you're having eligible treatment before the transfer.	

4. Cancer treatment

4.1 Cancer cover

Once **cancer** has been diagnosed, benefits 4.1a to 4.1e apply to your **outpatient treatment** for **cancer**. Sections 1.5, 2, 3, 6, 7 and 8 apply to all other **eligible treatment** for **cancer** that's covered by your policy. **Eligible treatment** for side effects of **cancer**, or side effects of **treatment** for **cancer**, is covered on the same basis as **eligible treatment** for **cancer**. **Treatment** for **mental health conditions** relating to **cancer** is covered as set out in 'Mental health treatment' (benefit 5).

Benefit	Description	Cover
4.1a Outpatient consultations for cancer	Consultants' fees for outpatient consultations for cancer .	✓
	Consultants' fees for phone or video consultations for cancer .	✓
4.1b Outpatient therapies and other outpatient charges for cancer treatment	Therapists' fees for outpatient treatment for cancer .	✓
	Therapists' fees for phone or video consultations.	✓
	Recognised healthcare professionals' fees and recognised facility charges for your outpatient treatment or consultation for cancer .	✓
	Charges for clinical reviews we request to confirm that your treatment is eligible.	✓

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4. Cancer treatment

Benefit	Description	Cover
4.1c Outpatient complementary medicine treatment for cancer	Complementary medicine practitioners' fees for outpatient treatment for cancer.	✓
	Complementary or alternative products, preparations or remedies aren't covered.	✗
4.1d Outpatient diagnostic tests for cancer	<p>Recognised facility charges or consultants' fees for diagnostic tests if these are requested by your consultant as part of outpatient treatment for cancer. The cost of reporting the results is included in the charge for the diagnostic test.</p> <p>Need to know</p> <ul style="list-style-type: none"> Charges for diagnostic tests that aren't from a recognised facility or a consultant who is recognised by us to carry out diagnostic tests aren't covered. Outpatient MRI, CT and PET scans for cancer are covered under benefit 1.5. 	✓
4.1e Outpatient cancer drugs	Recognised facility charges for common drugs, advanced therapies and specialist drugs specifically for planning and providing outpatient treatment for cancer.	✓
	<p>Your policy doesn't cover:</p> <ul style="list-style-type: none"> common drugs, advanced therapies and specialist drugs that are available from a GP, unless you're prescribed an initial small supply when you're discharged from the recognised facility (so you can start your treatment straight away) common drugs, advanced therapies and specialist drugs that are available to buy without a prescription, or complementary, homeopathic or alternative products, preparations or remedies for cancer. 	✗

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5. Mental health treatment

Need to know

Mental health treatment which relates to anything listed in the ‘What isn’t covered’ section is covered as explained in this benefit.

We do not pay for **treatment** for dementia.

Benefit	Description	Cover
5.1a Outpatient consultant psychiatrists' fees for mental health conditions	Consultant psychiatrists' fees for outpatient treatment for a mental health condition.	✓
	Consultant psychiatrists' fees for phone or video consultations for a mental health condition.	✓
5.1b Outpatient mental health therapy	Mental health and wellbeing therapists' fees or recognised facility charges for outpatient mental health treatment .	✓
	Mental health and wellbeing therapists' fees for phone or video consultations.	✓
	Online therapy programme (as long as you use the online programme or service we guide you to).	✓
5.1c Outpatient mental health diagnostic tests	<p>Recognised facility charges for diagnostic tests if these are requested by your consultant psychiatrist as part of your outpatient mental health treatment. The cost of reporting the results is included in the charge for the diagnostic test.</p> <p>Need to know</p> <p>Outpatient MRI, CT and PET scans for mental health treatment are covered under benefit 1.5.</p>	✓
5.2 Day-patient and inpatient mental health treatment	<p>Need to know</p> <p>Your benefit table shows the maximum number of days that your policy covers for day-patient treatment or inpatient treatment for a mental health condition.</p>	
	Consultant psychiatrists' fees for mental health day-patient treatment or mental health inpatient treatment .	✓
	<p>Recognised facility charges for day-patient or inpatient mental health treatment.</p> <p>Need to know</p> <p>Your policy covers the type of recognised facility charges listed as covered in benefit 3.</p>	✓
	Your policy covers one addiction treatment programme in each person's lifetime. This applies to all Bupa policies and health trusts we manage, which you've been covered by previously, are covered by now or become covered for in the future. Addiction treatment programme means treatment of substance related addictions or substance misuse, including detoxifications carried out as inpatient treatment or day-patient treatment .	✓

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6. Treatment at home


Benefit	Description	Cover
6 Treatment at home	<p>Eligible treatment provided at home instead of inpatient treatment, day-patient treatment or chemotherapy as an outpatient as long as:</p> <ul style="list-style-type: none">■ your consultant recommends that you receive the treatment at home and continues to be in charge of your treatment■ you'd need to have the treatment in a recognised facility for medical reasons if you didn't have it at home, and■ a medical treatment provider needs to provide the treatment. <p>We need full details of your treatment at home from your consultant before it starts so that we can confirm whether it's covered.</p> <p>Your policy covers:</p> <ul style="list-style-type: none">■ consultants' fees for treatment at home as described in benefit 2, and■ medical treatment providers' fees for treatment at home as described in benefit 3. <p>Need to know</p> <p>Outpatient therapies and diagnostic tests at home are covered under benefit 1 and not under this benefit.</p>	

7. Home nursing after private eligible inpatient treatment


Benefit	Description	Cover
7 Home nursing after private eligible inpatient treatment	<p>Home nursing immediately after private inpatient treatment as long as it:</p> <ul style="list-style-type: none">■ is for eligible treatment■ is needed for medical reasons and not domestic or social reasons■ starts immediately after you leave a recognised facility■ is necessary and without it you would have to stay in the recognised facility■ is provided by a nurse in your own home, and■ is supervised by your consultant. <p>Before your home nursing starts, we need full details about your care from your consultant so we can confirm that it's covered.</p>	
	<p>Home nursing provided by a community psychiatric nurse isn't covered.</p>	

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8. Private ambulance charges

Benefit	Description	Cover
8 Private ambulance	<p>Private road ambulance charges if you need private day-patient treatment or inpatient treatment and an ambulance is medically necessary for travel:</p> <ul style="list-style-type: none">▪ to a recognised facility from your home, place of work, or an airport or seaport▪ between recognised facilities if you need to move for inpatient treatment, or▪ from a recognised facility to your home.	

9. Overseas emergency treatment

Benefit	Description	Cover
9 Overseas emergency treatment	<p>Emergency treatment of an acute condition that you need because of a sudden illness or injury when you are temporarily travelling outside the UK. The treatment must be provided by a consultant, therapist, or complementary medicine practitioner. By temporarily travelling we mean a trip of up to a maximum of 28 consecutive days starting from the date you leave the UK and ending on the date you return to the UK. There is no limit to the number of temporary trips outside the UK that you take each year. You are covered for the same types of treatment as set out in benefits 1.1 to 1.5, 2, and 3. We cover up to the allowances that apply for this benefit 9, as shown on your benefit table.</p> <p>Need to know</p> <p>The emergency treatment must be consistent with generally accepted standards of emergency medical practice in the country in which you are receiving treatment. The treatment must be provided by a consultant, therapist or complementary medicine practitioner who is fully trained and legally qualified to practice by the relevant authorities in the country in which your treatment takes place for the treatment you need.</p> <p>We only pay facility charges when the facility is registered under the laws of the territory in which it stands as existing primarily for carrying out major surgical operations and providing treatment only a consultant can provide.</p> <p>If we agree to pay towards your overseas emergency treatment, you'll need to pay for it yourself and send us your itemised dated receipts and invoices. We will pay eligible claims in pound sterling. When we have to make a conversion from a foreign currency to pound sterling, we will use the exchange rate published on Oanda.com on the date you paid for your treatment.</p>	

9. Overseas emergency treatment


Benefit	Description	Cover
9 Overseas emergency treatment	<p>Overseas emergency treatment isn't covered if any of the following apply:</p> <ul style="list-style-type: none">■ you were given medical advice not to travel abroad■ you were told before travelling that you were suffering from a terminal illness■ you travelled abroad to receive treatment■ you knew you would need the treatment or thought you might■ the treatment is the type of treatment that is normally provided by GPs in the UK■ the treatment, services and charges are excluded from your cover■ the treatment is provided by a GP, or■ the treatment you need is outpatient drugs and dressings. <p>Please also see 'Overseas Treatment' (exclusion 20) in the 'What isn't covered' section.</p>	

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10. Repatriation and evacuation assistance

Benefit	Description	Cover
10 Repatriation and evacuation assistance	<p>Need to know</p> <p>This benefit provides cover towards repatriation and evacuation transport costs if you're ill or injured whilst abroad and you need to be admitted to hospital for day-patient or inpatient treatment with a consultant that cannot be provided in the country or location you are in and it would have been covered in the UK by your policy.</p> <p>We only cover for repatriation or evacuation transport costs if you don't have any other repatriation or evacuation insurance cover to help you receive the treatment you need.</p> <p>You or somebody on your behalf must call us before any arrangements are made. Please call us on the helpline on your membership certificate. When the helpline is closed, you can us on +44 (0)1925 361 337. Lines are open 24 hours, 365 days a year. We may record or monitor phone calls.</p> <p>You must provide us or the medical assistance company, with any information we may reasonably ask for, to support your request. All arrangements for your repatriation or evacuation must be made by the medical assistance company and only in advance of your repatriation or evacuation.</p> <p>We only pay transport costs for your repatriation or evacuation. We don't pay any other costs related to the repatriation or evacuation such as hotel accommodation or taxis. Costs of any treatment you receive aren't covered under this benefit. We only pay for costs we consider to be reasonable. This means the amount we'll pay will be in line with what the majority of our customers are charged for similar services.</p>	
	<p>If we agree to pay towards your repatriation or evacuation transport costs, we pay for the following.</p> <ul style="list-style-type: none"> ■ Your repatriation transport costs back to the UK from abroad so you're able to be admitted immediately to a hospital for your day-patient or inpatient treatment. ■ When medically essential, your evacuation transport costs to the nearest medical facility where your day-patient or inpatient treatment is available if it's not available locally. This could be another part of the country you're in or another country, whichever is medically appropriate. Following your treatment, you're covered for immediate onward repatriation to a hospital in the UK but only if its medically essential for you to be repatriated to the UK and your day-patient and inpatient treatment needs to continue immediately when you arrive in the UK. ■ A partner or relative to accompany you during your repatriation or evacuation. ■ If you die abroad, we'll pay reasonable transport costs to bring your body back to a port or airport in the UK. 	✓

10. Repatriation and evacuation assistance

Benefit	Description	Cover
10 Repatriation and evacuation assistance	<p>Repatriation or evacuation isn't covered if any of the following apply.</p> <ul style="list-style-type: none">■ You travelled abroad despite being given medical advice that you shouldn't travel abroad.■ You were told before travelling abroad that you were suffering from a terminal illness.■ You travelled abroad to receive treatment.■ You knew that you would need treatment before travelling abroad or thought you might.■ Repatriation or evacuation would be against medical advice.■ The arrangements for your repatriation or evacuation haven't been made by the medical assistance company.■ You have separate travel insurance which provides cover for repatriation or evacuation to help you receive the treatment you need. <p>Need to know</p> <p>We or the medical assistance company cannot be held responsible if we are not able to arrange your evacuation or repatriation where the local situation makes it impossible or dangerous to enter the area, for example a warzone. We also cannot be held responsible for any delays or restrictions associated with arranging transportation that are beyond our control such as weather conditions, remote locations, mechanical problems, or restrictions imposed by local or national authorities.</p>	

11. Gender dysphoria diagnosis and treatment

Benefit	Description	Cover
11 Gender dysphoria diagnosis and treatment	<p>This benefit explains what we pay for diagnosis, outpatient hair removal and outpatient speech therapy as part of gender dysphoria treatment.</p> <p>For all other gender dysphoria treatment, we pay benefits on the same basis and up to the same allowances as your benefits for 1.1, 1.2, 1.3, 1.4, 1.5 and benefits 2, 3 and 5 in this 'What is covered' section, provided that:</p> <ul style="list-style-type: none"> it's based on evidence that it's medically effective for the condition or symptoms which you are suffering from, and for any operation, the treatment meets the guidelines set out by the Royal College of Psychiatrists and/or NICE for mental health assessments and the World Professional Association for Transgender Health. For us to determine this we need a medical report from the consultant who recommends and is responsible for your treatment, who is a specialist in treating gender dysphoria, explaining why it's medically necessary. <p>Need to know</p> <p>You must be aged 18 or over to use this benefit.</p>	✓
	<p>Your policy doesn't cover:</p> <ul style="list-style-type: none"> any gender dysphoria treatment if you are under 18 years old at the time of treatment – except for mental health treatment for symptoms associated with gender dysphoria additional operations to enhance or upgrade the results achieved by the initial operation any operation or other treatment to reverse the result of any previous treatment for gender dysphoria any liposuction or body contouring egg or sperm storage, or any treatment that is excluded by the terms of this policy, see the section 'What isn't covered' in this policy guide and in particular 'Chronic conditions' (exclusion 6). 	✗
11.1 Diagnosis of gender dysphoria	<p>Up to three consultations for the diagnosis of gender dysphoria. Each consultation can be with a consultant psychiatrist or a chartered clinical psychologist who is recognised by us.</p> <p>Need to know</p> <p>This benefit is paid under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit.</p>	✓
11.2 Outpatient hair removal	<p>This benefit provides cover for:</p> <ul style="list-style-type: none"> recognised practitioners' fees and recognised facility charges for hair removal which is required in advance of an operation which is part of your gender dysphoria treatment, and recognised practitioners' fees and recognised facility charges for hair removal anywhere on the body. 	✓
11.3 Outpatient speech therapy for gender dysphoria treatment	<p>Speech therapy if required pre- or post-operatively as part of gender dysphoria treatment when provided by a speech and language therapist.</p>	✓

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12. Assisted fertility treatment and egg and sperm freezing

Benefit	Description	Cover
12 Assisted fertility treatment and egg and sperm freezing	<p>Consultants' fees and recognised assisted fertility treatment facility charges for the main member and (where applicable) their partner for:</p> <ul style="list-style-type: none"> assisted fertility treatment, and egg and sperm freezing. <p>Need to know</p> <p>You should always contact us before receiving any assisted fertility treatment and/or egg and sperm freezing to confirm that it's covered.</p> <p>You're only covered for assisted fertility treatment, egg and sperm freezing and egg and sperm storage whilst you and (where applicable) your partner are covered under the policy.</p> <p>All assisted fertility treatment and egg and sperm freezing must be provided in accordance with current applicable best practice clinical guidelines and recommended by your assisted fertility consultant.</p> <p>We'll pay for egg and sperm storage charged by your recognised assisted fertility treatment facility each year up to a maximum limit of 10 years. If at the end of each year you and your partner wish to continue egg and sperm storage or at any point, you and your partner wish to use the stored eggs and sperm for assisted fertility treatment there will be additional charges. You and your partner must still be covered under the policy and have benefit remaining for your policy to pay for or contribute towards these charges. If you and your partner are no longer members or there is no benefit, or insufficient benefit remaining you will need to pay the shortfall yourself.</p>	✓
	<p>Your policy doesn't cover:</p> <ul style="list-style-type: none"> any treatment for infertility, egg and sperm freezing or assisted fertility treatment that isn't at a recognised assisted fertility treatment facility any diagnostic tests for infertility, egg and sperm freezing or assisted fertility treatment if you or (where applicable) your partner <ul style="list-style-type: none"> are under 18 years old at the time of the tests or treatment, don't meet the definition of infertility any treatment for infertility or assisted fertility treatment including surrogacy, for anyone who isn't <ul style="list-style-type: none"> the main member or their partner, covered under the policy harvesting, storage, transportation of donor eggs or sperm any assisted fertility treatment caused by a voluntary sterilisation, or any assisted fertility treatment, egg and sperm freezing or egg and sperm storage if there is no benefit, or insufficient benefit remaining in your and (where applicable) your partner's lifetime allowance. 	✗

13. Nutrition and lifestyle coaching

Benefit	Description	Cover
13 Nutrition and lifestyle coaching	<p>Up to three nutrition health and lifestyle coaching appointments each year with a lifestyle coach or health adviser.</p> <p>The benefit is intended for those looking for support or guidance with their nutrition health, physical activity, and sleep.</p> <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit.</p> <p>Appointments can be made at the onsite Wellness Centre for employees based in Battersea or provided virtually by a Bupa health centre for anyone else.</p>	✓

14. Sleep apnoea and insomnia treatment

Need to know

If your **treatment** for sleep apnoea includes **operations**, we'll need full details of your **treatment** from your **consultant** before it starts so that we can confirm whether it's covered.

Benefit	Description	Cover
14.1 Cognitive behavioural therapy (CBT) for insomnia	<p>Mental health and wellbeing therapists' fees or recognised facility charges for outpatient cognitive behavioural therapy (CBT).</p> <p>Need to know</p> <p>This benefit is paid under 'Outpatient mental health therapy' (benefit 5.1b) and is subject to any allowance that applies to that benefit.</p>	✓
14.2 Outpatient treatment for sleep apnoea	Consultants' fees for outpatient consultations for sleep apnoea.	✓
	Therapists' fees for outpatient treatment .	✓
	Recognised facility charges or consultants' fees for diagnostic tests if these are requested by your consultant as part of your sleep apnoea treatment. The cost of reporting the results is included in the charge for the diagnostic test .	✓
	<p>Recognised facility charges for MRI, CT and PET scans if these are requested by a consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6) for sleep apnoea. The cost of reporting the results is included in the charge for the scan.</p> <p>Need to know</p> <p>This benefit is paid under 'Outpatient consultations' (benefit 1.1), 'Outpatient therapies' (benefit 1.2), 'Outpatient diagnostic tests' (benefit 1.4) and 'Outpatient MRI, CT and PET scans' (benefit 1.5) and is subject to any allowance that applies to those benefits.</p>	✓
	Continuous positive airway pressure (CPAP) machines aren't covered.	✗

14. Sleep apnoea and insomnia treatment

Benefit	Description	Cover
14.3 Outpatient operations, day-patient or inpatient treatment or diagnostic tests for sleep apnoea	Consultants' fees for outpatient operations, day-patient treatment or inpatient treatment that is covered by your policy.	✓
	Recognised facility accommodation charges, including your meals and refreshments while you're having day-patient treatment or inpatient treatment that is covered by your policy.	✓
	Operating theatre and nursing care charges, common drugs , advanced therapies , specialist drugs and surgical dressings that are an essential part of your outpatient operation , day-patient treatment or inpatient treatment .	✓
	Recognised facility charges for diagnostic tests including sleep studies, MRI, CT and PET scans if these are recommended by your consultant as part of day-patient treatment or inpatient treatment .	✓
	Need to know This benefit is paid under 'Consultants' fees for hospital treatment' (benefit 2.1) and 'Hospital or clinic charges' (benefit 3) and is subject to any allowance that applies to those benefits .	

Well-Health outpatient benefits

Your **benefit table** will show your allowance for WH1 Menopause plan. You don't need a referral to access this benefit. You must call us to pre-authorise on the number shown on your **membership certificate**.

Need to know

The general exclusions in the 'What isn't covered' section doesn't apply to your Well-Health benefit. Any further **treatment** you need following use of this Well-Health benefit will be subject to your policy terms.

Benefit	Description	Cover
WH1 Menopause plan	<p>A Bupa menopause plan once each year at a Bupa health centre. The Bupa menopause plan is intended for those looking for advice and support with menopause.</p> <p>The plan includes:</p> <ul style="list-style-type: none"> ▪ a pre-appointment questionnaire and symptom-checker ▪ appointment with a GP specially trained in menopause ▪ personalised care plan, and ▪ follow up appointment with a GP. <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit.</p> <p>This benefit is paid under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit.</p> <p>Following your Menopause plan, any treatment you require that's associated with menopause will be subject to your policy terms.</p>	✓

Cash benefits and health expenses benefits

You may be able to claim a payment for some types of **treatment**, health expenses or CB2 Family cash benefit. Your **benefit table** shows which of these apply to your policy and your **allowances**.

Need to know

Please contact us before your **treatment** so we can let you know how to claim.





Benefit	Description	Cover
CB1 NHS cash benefit for NHS hospital inpatient treatment	If you have free NHS inpatient treatment which would have been covered by your policy if you'd had it privately, you can claim NHS cash benefit for each night you stay in an NHS hospital .	✓
	Need to know We don't pay this benefit (CB1) in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).	
	Any additional NHS hospital charges , such as the cost of an amenity room (a private room you pay for and which you receive NHS treatment in) aren't covered.	✗
	NHS cash benefit isn't paid when you are admitted to and discharged from hospital on the same date.	✗
CB2 Family cash benefit	Family cash benefit is available for the main member when they have or adopt a child during the year . Please see your benefit table for full details.	✓

Benefit CB6 NHS cash benefit for treatment for cancer

Benefit	Description	Cover
CB6.1 NHS cash benefit for NHS inpatient treatment for cancer	Cash benefit for each night you have free NHS inpatient treatment for cancer , which would have been covered by your policy if you'd had it as a private inpatient and which includes: <ul style="list-style-type: none">▪ radiotherapy▪ chemotherapy▪ an operation for cancer▪ a blood transfusion, or▪ a bone-marrow or stem-cell transplant. Need to know We don't pay this benefit (CB6.1) in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from NHS cash benefit for oral drug treatment for cancer (benefit CB6.3).	✓
	Any additional NHS hospital charges , such as the cost of an amenity room (a private room you pay for and which you receive NHS treatment in), aren't covered.	✗


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Benefit CB6 NHS cash benefit for treatment for cancer


Benefit	Description	Cover
CB6.2 NHS cash benefit for NHS outpatient, day-patient and home treatment for cancer	<p>When you have any of the following outpatient, day-patient or home treatments free on the NHS, if they would have been covered by your policy if you'd had them privately, you can claim for:</p> <ul style="list-style-type: none"> ■ each day you have radiotherapy ■ each day you have chemotherapy, apart from oral chemotherapy, and ■ the day you have an operation for cancer that is eligible treatment for cancer. <p>Need to know</p> <ul style="list-style-type: none"> ■ We don't pay this benefit (CB6.2) in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3). ■ This benefit is only paid once, even if you have more than one eligible treatment on the same day. 	
CB6.3 NHS cash benefit for oral drug treatment for cancer	<p>Cash benefit for each three-weekly period of treatment which is provided to you free by the NHS but which would have been covered by your policy if you'd had it as private treatment, during which you take:</p> <ul style="list-style-type: none"> ■ oral chemotherapy, or ■ oral anti-hormone therapy that isn't available from a GP. <p>Need to know</p> <p>This benefit is paid at the same time as other NHS cash benefits you may be eligible for.</p>	
CB6.4 Cash benefit for wigs or hairpieces	<p>Cash benefit for a wig or hairpiece if you lose your hair during eligible cancer treatment. This cash benefit is paid each time:</p> <ul style="list-style-type: none"> ■ a new cancer is diagnosed, or ■ a previous cancer comes back. 	
CB6.5 Cash benefit for mastectomy bras	<p>Cash benefit for mastectomy bras and prostheses after an eligible mastectomy where a reconstruction isn't done at the same time. This cash benefit is paid once for each mastectomy operation.</p>	

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Benefit CB7 Procedure specific NHS cash benefit

Benefit	Description	Cover
CB7 Procedure specific NHS cash benefit	<p>Cash benefit for some treatments provided to you free on the NHS that would otherwise have been covered by your policy if you'd had them privately.</p> <p>For information about the treatments this cash benefit is available for, please contact us or go to bupa.co.uk/pscb. These treatments may change from time to time.</p> <p>Need to know</p> <p>We don't pay this benefit (CB7) in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).</p>	

Benefit CB8 Traditional Chinese medicine cash benefit

Benefit	Description	Cover
CB8 Traditional Chinese medicine cash benefit	<p>Charges you incur for traditional Chinese medicine (TCM) used by a TCM practitioner to alleviate symptoms of a medical condition are covered. Eligible charges include only those for:</p> <ul style="list-style-type: none">■ consultation charges and prescriptions■ acupuncture. <p>Need to know</p> <p>You'll need to send us a covering letter giving your name, address and membership number together with your original invoices and receipts in English.</p>	

Benefit CB9 Durable medical equipment cash benefit

Benefit	Description	Cover
CB9 Durable medical equipment cash benefit	<p>The cost of using durable medical equipment to assist you in the short term period following surgery when it's been prescribed for you by an applicable healthcare professional. Eligible charges include only those for:</p> <ul style="list-style-type: none">■ wheelchairs, and■ crutches. <p>Need to know</p> <p>Proof of purchase will be required.</p>	

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Benefit CB10 Maternity cash benefit

Benefit	Description	Cover
CB10 Maternity cash benefit	<p>Charges you incur for routine pregnancy care for single and multiple births. By routine pregnancy care we mean medically appropriate expenses incurred by the mother during pregnancy and childbirth including:</p> <ul style="list-style-type: none">▪ routine pre-natal care such as ultrasound scans, common screening and follow up tests▪ routine post-natal care carried out in the six weeks following the delivery▪ Midwives' and Doula fees for routine pregnancy and childbirth▪ Private room at an NHS facility (including private wings of NHS hospitals). <p>Need to know</p> <p>Under the terms of the Apple policy, you're required to use a midwife who is NMC registered and a Doula who is Doula UK registered, or your claim won't be paid. It's your responsibility to check that the qualifications and insurances continue to be valid and appropriate throughout the duration of treatment.</p> <p>Before starting treatment with a Doula or Midwife, you must obtain and complete a pregnancy and childbirth care request form from your Bupa portal bupa.co.uk/apple and submit to apple@bupa.com. We'll review the details and let you know whether the providers are registered or not before you start treatment.</p> <p>Once you've had treatment, please obtain a Maternity cash benefit claim form from your portal bupa.co.uk/apple and complete all relevant sections. Submit this claim form along with original invoices and receipts detailing date, type and cost of treatment as soon as possible to apple@bupa.com. If you need to send us sensitive information, you can email us using Egress, which is a free secure email service (visit switch.egress.com for more information).</p> <p>You must return your fully completed form to us as soon as possible and within six months of receiving your treatment unless this wasn't reasonably possible.</p>	✓
	<p>We don't pay for:</p> <ul style="list-style-type: none">▪ hospital and consultant fees for birth in a private facility (unless your treatment would otherwise have been covered under your benefits)▪ pregnancy preparation / ante natal classes (including hypnobirthing)▪ pain management▪ birth at home and home birthing supplies including pool and consumables▪ unregulated therapies▪ 3D/4D scans.	✗

Benefit CB11 Vaccinations cash benefit

Benefit	Description	Cover
CB11 Vaccinations cash benefit	Fees and charges you incur for the following vaccinations and/or medications needed to protect you from diseases when you're travelling outside the UK : <ul style="list-style-type: none">▪ Hepatitis B▪ Japanese encephalitis▪ Meningitis▪ Tick-borne encephalitis▪ Rabies▪ Tuberculosis (TB)▪ Yellow Fever▪ Anti-malarial tablets. Flu vaccinations but only when not available to you via the NHS or when part of a targeted health campaign by Apple via their onsite health services.	✓
	Vaccinations that aren't directly related to you travelling outside the UK including but not limited to childhood immunisations. Any vaccinations or medications that aren't listed above.	✗

What isn't covered

This section explains the type of **treatment**, services and charges which aren't covered by your policy and the exceptions when cover is available. The 'What is covered' section of this policy guide and your **benefit table** will also show any **treatment** or conditions that aren't covered. This section doesn't apply to:

- 'Well-Health outpatient benefit' WH1
- 'Digital GP services' benefit 1.7, and
- Cash benefits CB2, CB8, CB9, CB10 and CB11.

Mental health treatment which relates to anything in this section is covered as explained in 'Mental health treatment' (benefit 5).

Exclusion	Description	Cover
1 Ageing, menopause and puberty	Treatment to relieve symptoms linked to the body's natural changes, such as ageing, menopause or puberty, and not due to any disease, illness or injury, isn't covered (for example, acne which is caused by natural hormonal changes).	✗
	Exception: eligible treatment of an acute condition that develops during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence, is covered in line with the other policy terms. Need to know You are covered for advice and support associated to menopause symptoms as set out in 'Menopause plan' (benefit WH1).	✓
2 Accident and emergency treatment	Any 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 isn't covered.	✗
	Any urgent treatment or treatment you need immediately when you are admitted to hospital, including accommodation costs, isn't covered if you are admitted directly after and in connection with: <ul style="list-style-type: none">▪ attending an NHS or private A&E department, an urgent care centre or a walk-in clinic, or▪ a consultation with a GP or consultant. Need to know After any urgent or immediate treatment has been completed, your policy may cover any further treatment you need. Please contact us and we can let you know how we can support you.	✗

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Exclusion	Description	Cover
2 Accident and emergency treatment	<p>Exception: day-patient or inpatient treatment, including immediate treatment, which directly follows a consultation with a consultant is covered if:</p> <ul style="list-style-type: none"> you have been having eligible treatment with that consultant before the date of your day-patient treatment or inpatient treatment, and the day-patient treatment or inpatient treatment is related to the condition or treatment you have seen that consultant for, or it is for mental health treatment. <p>We need full details of your treatment from your consultant before it starts so that we can confirm whether it's covered.</p> <p>Need to know Your policy doesn't cover for any of your treatment costs if you're admitted straight into a critical care unit. Please see 'Intensive care' (exclusion 18).</p>	✓
3 Allergies, allergic disorders or food intolerances	Treatment isn't covered once an allergic condition, disorder or food intolerance has been diagnosed. This includes tests to identify the exact allergen or food involved, or to desensitise or neutralise any allergic condition.	✗
	Exception: treatment to diagnose a suspected allergy or food intolerance is covered.	✓
4 Benefits that are not covered or are above your allowances	Treatment , services or charges that aren't listed as covered by your policy aren't covered.	✗
	Any costs above your allowances aren't covered.	✗
5 Birth control, conception and sexual problems	<p>Treatment isn't covered:</p> <ul style="list-style-type: none"> for contraception, sterilisation or termination of pregnancy for sexual problems unless directly related to infertility (including impotence, whatever the cause), or to reverse a voluntary sterilisation or to treat infertility caused by a voluntary sterilisation. 	✗
	Exception: Long-acting contraceptive services are covered as set out in benefit 1.8.	✓

Exclusion	Description	Cover
6 Chronic conditions	<p>Treatment of chronic conditions isn't covered. By this, we mean a disease, illness or injury which has at least one of the following characteristics.</p> <ul style="list-style-type: none"> 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 needs rehabilitation or for you to be specially trained to cope with it. It continues indefinitely. It doesn't have a known cure. It comes back or is likely to come back. <p>Need to know</p> <p>Sometimes, it may not be immediately clear that the disease, illness or injury being treated is a chronic condition. Once a condition is confirmed as being chronic, your policy won't cover any further consultations, tests or treatment. If this happens during a hospital stay, we'll help you transfer to the NHS or you can arrange to pay for the treatment yourself.</p>	✗
	<p>Exception 1: your policy covers eligible treatment of acute symptoms of a chronic condition that flare up and don't need prolonged treatment, as long as the treatment is likely to quickly:</p> <ul style="list-style-type: none"> lead to a complete recovery, or get you back to how you were before the flare-up. <p>For example, treatment following a heart attack as a result of chronic heart disease is covered.</p>	✓
	<p>Exception 2: eligible treatment of cancer and mental health conditions is covered. You can find details of the cover available in 'Cancer treatment' (benefit 4) and 'Mental health treatment' (benefit 5) in the 'What is covered' section of this guide. Please also see 'Temporary relief of symptoms' (exclusion 29) in this section.</p>	✓
	<p>Exception 3: eligible monitoring and management of a chronic condition is covered as set out in benefit 1.6.</p>	✓

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Exclusion	Description	Cover
7 Treatment or medical conditions that are not covered, and their complications	<p>Your policy doesn't cover:</p> <ul style="list-style-type: none"> ■ treatment or medical conditions that are excluded from your cover ■ treatment for complications of medical conditions that are excluded from your cover, or ■ treatment for complications from treatment that is excluded from your cover. 	✗
8 Contamination, wars, riots and terrorist acts	<p>Treatment isn't covered for any condition directly or indirectly arising from:</p> <ul style="list-style-type: none"> ■ wars, riots, terrorist acts, civil disturbances or acts against any foreign hostility, whether or not war has been declared, or ■ chemical, biological, radioactive or nuclear contamination, including the effects of burning chemicals or nuclear fuel. 	✗
	<p>Exception: eligible treatment needed following a terrorist act is covered as long as the act doesn't cause chemical, biological, radioactive or nuclear contamination.</p>	✓
9 Convalescence, rehabilitation and general nursing care	<p>Accommodation isn't covered if it's mainly for:</p> <ul style="list-style-type: none"> ■ convalescence, rehabilitation, supervision or anything other than providing eligible treatment ■ general nursing care or other services which could be provided in a nursing home or anywhere else which isn't a recognised facility, or ■ services from a therapist, complementary medicine practitioner or mental health and wellbeing therapist. <p>Need to know</p> <p>This does not apply to addiction treatment programmes covered by your policy under 'Mental health treatment' (benefit 5).</p>	✗

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Exclusion	Description	Cover
10 Cosmetic, reconstructive or weight-loss treatment	Exception 2: eligible operations following an accident, eligible cancer surgery or eligible preventive surgery (prophylactic surgery) to restore the appearance of the affected part of your body are covered. This includes operations on a healthy breast to make its appearance match the other breast which has been reconstructed following cancer surgery. Once you've had initial eligible treatment to restore your appearance (including delayed operations), any repeat operations , reconstructions and further treatment to restore or amend your appearance aren't covered.	✓
	Exception 3: gender dysphoria treatment is covered as set out in benefit 11.	✓
11 Deafness	Treatment for or arising from deafness that is present from birth, or that develops due to maturing or ageing isn't covered.	✗
	Exception: treatment for deafness caused by an infection, injury or tumour is covered.	✓
12 Dental or oral treatment	Dental and oral treatment isn't covered. This includes: <ul style="list-style-type: none"> fitting dental implants or dentures, or repairing or replacing damaged teeth, including crowns, bridges, dentures, or any other dental prosthesis management of, or treatment for, jaw shrinkage or loss as a result of having teeth removed or gum disease, and bone disease treatment for gum or tooth disease or damage. 	✗
	Exception 1: we cover eligible treatment for oral cancer treatment as set out in 'Cancer treatment' (benefit 4).	✓
	Exception 2: an eligible operation is covered if it is carried out by a consultant to: <ul style="list-style-type: none"> treat a jawbone cyst, as long as it's not for a cyst or abscess on the tooth root, or any other tooth or gum disease or damage, or surgically remove a complicated, buried or impacted tooth or root, which is causing infection or pain (such as an impacted wisdom tooth), as long as it's not to make space for dentures. 	✓
13 Dialysis	Treatment for or linked to kidney dialysis (haemodialysis and peritoneal dialysis) isn't covered.	✗
	Exception: eligible treatment for short-term kidney dialysis or peritoneal dialysis is covered if it's needed: <ul style="list-style-type: none"> temporarily for sudden kidney failure caused by a disease, illness or injury affecting another part of your body, or immediately before or after a kidney transplant. 	✓

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Exclusion	Description	Cover
14 Outpatient drugs, dressings, complementary and alternative products	Drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home when you leave hospital or a treatment facility aren't covered.	✗
	Complementary or alternative therapy products aren't covered. This includes homeopathic remedies.	✗
	Exception 1: outpatient common drugs, advanced therapies and specialist drugs for eligible treatment of cancer are covered only as set out in 'Cancer treatment' (benefit 4).	✓
	Exception 2: outpatient common drugs or specialist drugs that are integral to assisted fertility treatment are covered.	✓
15 Unproven drugs and treatment	Treatment or procedures which are, in our reasonable opinion, unproven based on established medical practice in the UK aren't covered. This includes: <ul style="list-style-type: none"> drugs used outside their licence or procedures which haven't been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence), and licensed advanced therapies for conditions other than cancer that haven't been tested in phase-3 clinical trials. 	✗
	Exception: unproven drug treatment for cancer is covered as long as: <ul style="list-style-type: none"> it follows an unsuccessful initial licensed treatment you speak regularly to our nurses, so we can support you and monitor your treatment, and it has been agreed by a multidisciplinary team (MDT) which meets the NHS Cancer Action Team standards. <p>Before we can confirm the treatment is covered we'll need a detailed MDT report, including evidence that there are published phase-3 clinical trial results for the drug showing that it's safe and effective for your condition. Please contact us for more information or ask your consultant to contact us.</p>	✓
16 Eyesight	Treatment to correct your eyesight (for example, long or short sight) or treatment for poor sight due to ageing isn't covered. Glasses or contact lenses aren't covered.	✗
	Laser-assisted cataract surgery isn't covered.	✗
	Exception 1: eligible treatment for your sight is covered if it's needed as a result of an injury or an acute condition , such as a detached retina.	✓
	Exception 2: eligible treatment for cataract surgery performed using ultrasonic emulsification is covered.	✓

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Exclusion	Description	Cover
17 Epidemic or pandemic disease	<p>Treatment for or arising from an epidemic or pandemic isn't covered.</p> <p>Need to know</p> <p>Epidemic means significantly more cases of an illness, specific health-related behaviour or other health-related events in a community or region than would normally be expected (unless the World Health Organization provides another definition). Pandemic means the worldwide spread of a disease with epidemics in many countries and most regions of the world.</p>	✗
18 Intensive care	<p>Intensive care isn't covered if:</p> <ul style="list-style-type: none"> ■ it follows a transfer from a private recognised facility to an NHS hospital ■ it follows a transfer from an NHS critical care unit to a private one ■ it's not carried out in a critical care unit, or ■ you go straight into a critical care unit when you're admitted to hospital, for example, following: <ul style="list-style-type: none"> – an NHS transfer to a recognised facility – an outpatient consultation – a GP referral – return to the UK (repatriation), or – transferring from one private facility to another. 	✗
19 Learning difficulties, behavioural and development conditions	Treatment for learning difficulties, such as dyslexia isn't covered.	✗
	Treatment for behavioural conditions, such as attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) isn't covered.	✗
	Treatment for development conditions such as shortness of stature isn't covered.	✗

continued on the next page

Exclusion	Description	Cover
20 Overseas treatment	Treatment you have outside of the UK isn't covered.	✗
	Exception 1: we cover treatment needed as a result of a sudden illness or injury when you're travelling outside the UK , but only as set out in benefit 9.	✓
	<p>Exception 2: if treatment for your condition isn't available in the UK but would have been eligible treatment if it were available in the UK, your policy will cover up to the cost of the standard alternative treatment which is routinely available in the UK. You'll need to pay the difference between the cost of treatment abroad and the cost of the standard alternative treatment which is routinely available in the UK. We need full details of the treatment from your consultant before it starts, including confirmation that the treatment is not available in the UK, so that we can confirm whether we'll pay towards it.</p> <p>Need to know</p> <p>If we agree to pay towards your treatment abroad, you'll need to pay for it yourself and send us your receipts so we can pay your claim up to the cost of the standard alternative treatment which is routinely available in the UK.</p> <p>Please also see 'Unproven drugs and treatment' (exclusion 15) in this section.</p>	✓
21 Physical aids and devices	Treatment for supplying or fitting physical aids and devices isn't covered. This includes hearing aids, glasses, contact lenses, crutches, walking sticks and CPAP machines.	✗
	Exception 1: recognised facility charges for prostheses or appliances that are needed as part of outpatient treatment , day-patient treatment or inpatient treatment are covered as set out in 'Outpatient therapies and other outpatient charges' (benefit 1.2) and 'Prostheses and appliances' (benefit 3.2f).	✓
	Exception 2: the costs of maintaining, refitting or replacing a prosthesis or appliance which was fitted as part of eligible treatment are covered if you have acute symptoms that directly relate to the prosthesis or appliance , as set out in 'Prostheses and appliances' (benefit 3.2f).	✓
	Exception 3: a blood pressure monitor is covered as set out in benefit 1.6e in the section 'What is covered'.	✓
22 Pre-existing conditions and special conditions	This exclusion does not apply to your cover	✗
23 Moratorium conditions	This exclusion does not apply to your cover	✗

continued on the next page

Exclusion	Description	Cover
24 Pregnancy and childbirth	<p>Treatment isn't covered for:</p> <ul style="list-style-type: none"> pregnancy, including treatment of an embryo or foetus childbirth (including delivery of a baby by caesarean section), or termination of pregnancy, or any condition resulting from this. <p>Need to know</p> <p>Routine maternity care is covered as set out in benefit CB10 Maternity cash benefit.</p>	✗
	<p>Exception 1: eligible treatment of the conditions below, including complications following them, is covered regardless of the type of conception:</p> <ul style="list-style-type: none"> Miscarriage Stillbirth Abnormal cell growth in the womb (hydatidiform mole) Foetus growing outside the womb (ectopic pregnancy) Heavy bleeding immediately after childbirth (post-partum haemorrhage) Part of the afterbirth being left in the womb after having a baby (retained placental membrane). 	✓
	<p>Exception 2: eligible treatment of an acute condition of the mother that relates to pregnancy or childbirth is covered as long as:</p> <ul style="list-style-type: none"> it's needed to treat a flare-up, and it's likely to lead to a quick and complete recovery of the mother or restore her to how she was before the condition flared up, without needing prolonged treatment. 	✓
	<p>Exception 3: assisted fertility treatment is covered as described in benefit 12.</p>	✓
25 Screening, monitoring and preventive treatment	<p>Health checks and screening aren't covered. Health screening is where you may or may not know that you're at risk of, or affected by, a disease or its complications, and answer questions or have tests to find out if you are.</p>	✗
	<p>Routine tests or monitoring of medical conditions isn't covered. This includes:</p> <ul style="list-style-type: none"> antenatal care or screening of the mother or foetus during pregnancy checks or monitoring of chronic conditions such as diabetes mellitus or high blood pressure (hypertension), and tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are for screening or monitoring (for example, an endoscopy, when you don't have any symptoms). 	✗
	<p>Preventive treatment, procedures or medical services aren't covered. This includes:</p> <ul style="list-style-type: none"> vaccinations, and medication reviews and appointments where there's no change in your usual symptoms. 	✗

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Exclusion	Description	Cover
25 Screening, monitoring and preventive treatment	Exception 1: genetic tests to measure your future risk of cancer are covered if: <ul style="list-style-type: none"> you have cover for cancer you're being treated for cancer you have a strong direct family history of cancer, and your consultant recommends the test. We'll need full details of your treatment from your consultant before it starts so that we can confirm whether it's covered.	✓
	Exception 2: if an eligible genetic test shows your risk of developing more cancers is high, preventive surgery (prophylactic surgery) recommended by your consultant is covered. Reconstructive surgery following eligible preventive surgery is also covered, as described in 'Cosmetic, reconstructive or weight-loss treatment' (exclusion 10 under exception 2 in the 'What isn't covered' section).	✓
	Exception 3: eligible treatment to monitor cancer , is covered as described in 'Outpatient consultations for cancer' (benefit 4.1a in the 'What is covered section) and 'Outpatient diagnostic tests for cancer' (benefit 4.1d in the 'What is covered' section).	✓
	Exception 4: eligible monitoring and management of a chronic condition is covered as set out in benefit 1.6.	✓
26 Sleep problems	Treatment for or needed as a result of sleep problems such as snoring isn't covered.	✗
	Exception 1: cognitive behavioural therapy (CBT) for the treatment for insomnia is covered as set out in 'Sleep apnoea and insomnia treatment' (benefit 14).	✓
	Exception 2: eligible treatment of sleep apnoea is covered as set out in 'Sleep apnoea and insomnia treatment' (benefit 14). We'll need full details of your treatment from your consultant before it starts so that we can confirm whether it's covered.	✓
27 Speech and language disorders	Treatment for, or relating to, developmental speech, language and communication difficulties, including stammering, isn't covered.	✗
	Exception 1: short-term speech therapy provided by a therapist is covered when it's part of eligible treatment and takes place during or immediately after it.	✓
	Exception 2: up to 12 sessions of speech therapy is covered for acute symptoms of glue ear which affect speech development.	✓
	Exception 3: speech therapy when it's part of gender dysphoria treatment is covered as set out in benefit 11.	✓

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Exclusion	Description	Cover
28 Gender dysphoria or gender affirmation	Treatment for gender dysphoria or gender affirmation isn't covered.	✗
	Exception: the diagnosis and treatment of gender dysphoria is covered as set out in benefit 11.	✓
29 Temporary relief of symptoms	Treatment which is mainly to temporarily relieve symptoms or is for the ongoing management of a condition isn't covered.	✗
	Exception 1: up to 21 days of treatment to support your end-of-life care for a terminal illness is covered if: <ul style="list-style-type: none"> it's needed as part of your care plan your consultant tells you that the ongoing treatment will be to support your end-of-life care, and you're no longer receiving treatment to stop or improve the illness. Treatment can take place in a recognised facility or in another location of your choice, such as your home . The treatment must be provided by services registered with the CQC (Care Quality Commission). This treatment is covered on the same basis as 'Consultants' fees for hospital treatment' (benefit 2.1) and 'Staying in hospital' (benefit 3.2a). This benefit can only be claimed once.	✓
	Exception 2: eligible monitoring and management of a chronic condition is covered as set out in benefit 1.6.	✓
30 Unrecognised healthcare professionals, hospitals and clinics	We don't cover any of your treatment costs, from any consultants , healthcare professionals, hospitals, clinics or any treatment facility if your treatment is provided under the care or supervision of a consultant who isn't recognised by us for: <ul style="list-style-type: none"> treating the medical condition you have, or providing the treatment you need. This includes treatment provided under the care or supervision of consultants who are not in our open-referral network, if your cover option is open referral.	✗
	We don't cover any part of your treatment costs for day-patient or inpatient treatment that takes place in a hospital, clinic or treatment facility that isn't included in the facility access list that applies to your policy or isn't recognised for the type of treatment you need or treating the medical condition you have.	✗
	We don't cover any treatment costs from consultants , healthcare professionals, hospitals, clinics or treatment facilities that aren't recognised by us for the type of treatment you need or medical condition you have.	✗
	Exception: if, for medical reasons, your day-patient or inpatient treatment can't take place in a recognised facility , we may cover your treatment somewhere else. We need full details of your treatment from your consultant before it starts so that we can confirm whether it's covered.	✓

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Exclusion	Description	Cover
31 Advanced therapies and specialist drugs	Any gene therapy, somatic-cell therapy and tissue engineered medicines that aren't on the list of advanced therapies that applies to your cover aren't covered. You can find the list of advanced therapies at bupa.co.uk/policyinformation .	✗
	Any drugs or medicines which the recognised facility charges separately for that aren't common drugs or specialist drugs aren't covered.	✗

How your health insurance policy works



The agreement between your group and us

Your cover is provided by a **group** policy. This is governed by the **agreement** and the terms and conditions of your cover, which we and your **group** have agreed. Only we and your **group** have any legal rights under the **agreement**. There's no legal contract between you and us for your cover. However, if you're a **contributing member** you will have some legal rights, as set out under 'Contributing members' in this section.

The documents that set out your cover

There are two documents which set out full details of how your health insurance works under the **agreement**:

- This policy guide which contains:
 - your **benefit table** which shows your specific cover and **allowances**
 - the general terms and exclusions for you and anyone else on your policy.
- Your **membership certificate** which shows when your cover starts and ends and is personal to you.

Although these are separate documents, you should read them together as a whole. Each **year**, we'll send you a **membership certificate** and a policy guide, both of which apply from your latest **cover start date**.

Paying for treatment

Your policy pays for **treatment** you have while you're covered under the **agreement**. We only pay **benefits** in line with the cover that applies to you on the date the **treatment** takes place. We don't cover any **treatment** that takes place after the date your cover ends, even if we've pre-authorized it.

When you receive private medical **treatment** you have a contract with the providers of your **treatment**. You are responsible for the costs of having private **treatment**. However, we pay the costs that are covered under your policy. If your **treatment** isn't covered under your policy, you'll be responsible for paying the costs of that **treatment** to your treatment provider.

We don't provide private **treatment** or any other clinical services that are covered by your policy. In many cases we have agreements with **consultants**, healthcare professionals, hospitals and clinics for how much they charge our customers for **treatment** and how we pay them. We'll usually pay the **consultant**, healthcare professional, hospital or clinic direct for your **treatment**. Otherwise, we'll pay the **main member**. We'll 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 a co-insurance) to explain how much and who to pay.

Changes to lists

If we tell you that a list may change (for example, a list of recognised services, **treatments** or facilities), we will only change it for one or more of the following reasons.

- We are required to make a change under any industry code, law or regulation that applies.
- A contract (for example, with a treatment provider) ends or is amended by a third party for any reason.
- We decide to end or amend a contract (for example, because of quality concerns or changes to the facilities or specialist services provided).
- To make sure we are providing a balanced service – for example, we may need to add or remove treatment providers if we find that services in some areas of the **UK** are no longer in line with similar **treatments** or services (in terms of effectiveness or cost) or are not in line with accepted standards of medical practice.
- A new service, **treatment** or facility is available.

The lists we may change include the following.

- **Advanced therapies**
- **Appliances**
- **Complementary medicine practitioners**
- **Consultants**
- **Critical care units**
- **Fee-assured consultants**
- **Medical treatment providers**
- **Mental health and wellbeing therapists**
- **Prostheses**
- **Recognised facilities**
- **Schedule of procedures**
- **Specialist drugs**
- **Therapists.**

Please note, we cannot guarantee that any facility, practitioner or **treatment** on one of our lists will be available.

When your cover starts, renews and ends

Starting your cover

You can find your **cover start date** on your **membership certificate**. This applies to you and your **dependants**. Your **cover start date** and your **dependants' cover start date** may be different.

Your cover under the **agreement** must be confirmed by your **group**.

Cover for a newborn baby

If your **group** agrees, your newborn baby can be added to your policy as one of your **dependants**.

Renewing your cover

Your cover will renew as long as your **group's** policy is renewed and it includes you and your **dependants** (if any).

If you're a **contributing member**, please see 'Contributing members' in this section.

How your cover can end

The **main member** or your **group** can end your cover (and the cover of anyone else included on your policy) at any time.

If you'd like to do this, you must write to us. If the **main member's** cover ends, so does the cover of everyone else on your policy. If you're a **contributing member**, please see 'Contributing members' in this section.

Your cover and the cover for your **dependants** (if any) will automatically end if:

- the **agreement** is ended
- the terms of the **agreement** say that it must end
- your **group** doesn't pay premiums or any other payment due under the **agreement** for you or anyone else
- you stop living in the **UK** (you must let us know if you stop living in the **UK**), or
- you die.

Cover for your **dependants** will automatically end if:

- your cover ends
- the terms of the **agreement** say that it must end
- your **group** doesn't renew the policy for them
- they stop living in the **UK** (you must let us know if they stop living in the **UK**), or
- they die.

A child **dependant's** cover will automatically end on the first **renewal date** after they reach age 25.

If there is reasonable evidence that you or a **dependant** didn't take reasonable care answering our questions correctly (for example, you gave false information or kept important information from us), the following will apply.

- If this was intentional, we may treat your or your **dependant's** (or both of your) cover as if it never existed, not pay any claims and, if you're a **contributing member**, keep any premiums you have paid.
- If this was careless, depending on what we would have done if you or they had answered our questions correctly, we may treat your or your **dependant's** (or both of your) cover as if it had never existed and refuse to pay all claims, change your or their cover, or reduce any claim payment we make. (If we refuse to pay all claims, you may need to repay any claims we've already paid and, if you're a **contributing member**, we'll return to your **group** any premiums you've paid for your or your **dependant's** cover.)

Continuing your cover if you leave your group policy

If your cover or cover for your **dependants** (if any), ends, we may be able to offer a **Bupa** personal policy with no break in cover. If you want to transfer to a **Bupa** personal policy without any break in your cover, you must transfer within three months of the date your or your **dependants'** **Bupa** group scheme cover ends.

We can explain how to do this. Please call us on **0800 600 500** to discuss the options available. We may record or monitor phone calls.

Paying premiums and other charges

Your **group** must pay us premiums and any other payment that is due for your cover and the cover of anyone else included on your policy. Bupa Insurance Services Limited acts as our agent for arranging and administering your policy and collects premiums for the purpose of receiving, holding and refunding premiums and paying claims.

If you're a **contributing member**, please see 'Contributing members' in this section.

Making changes to your policy

The terms and conditions of your policy, including your **benefits**, may be changed from time to time as long as we and your **group** agree to this.

No-one else is allowed to make or confirm any changes to your policy or your **benefits** on our behalf or decide not to enforce any of our rights. No change to your policy or your **benefits** will apply unless it is specifically agreed between your **group** and us, and confirmed in writing.

If we and your **group** agree any changes to the terms and conditions of your policy, including your **benefits**, we'll let you know before the change takes effect. If you don't accept any of the changes, you can end your policy by letting your **group** know within 28 days of either the date when:

- the change happens, or
- we (or your **group**) tell you about the change

whichever is later.

If you're a **contributing member**, please see 'Contributing members' in this section.

General information

Change of address

The **main member** should let us know if you change your address.

Documents and communications

We'll send:

- policy documents to the **main member**
- all claims correspondence to the **main member** or to the **dependant** having **treatment** (if they are aged 16 or over)
- copies of any original documents you send us if you ask us for the documents back (because we can't return the originals), and
- an invitation to create a **Bupa** digital account if you or anyone covered who is aged 16 or over gives us their email address.

The law that applies to this agreement

This **agreement** is governed by English law.

Private Healthcare Information Network

You can get independent information about the quality and cost of private **treatment** available from doctors and hospitals from the Private Healthcare Information Network (www.phin.org.uk).

Contributing members

This section only applies to **contributing members**.

Your **group** must pay premiums and any other payment due for your cover, and that of your **dependants** and every other person covered under the **agreement**, to us. If you contribute to the cost of premiums, this does not in any way affect the contract that exists between us and your **group**, as set out in the section 'The agreement between your group and us'.

If you pay for your cover, we will take it that we have received your contributions to the premiums the **group** has paid for you (for example, by payroll deduction) once these are received by your **group**.

We'll send you the terms and conditions that will apply to your cover as soon as we can, and your **group** will let you know the amount you will need to contribute from the **cover start date** for the next membership **year**.

If you do not want your cover (and therefore the cover of all of your **dependants**) to renew on your **renewal date**, you can let your **group** know at any time before the policy **renewal date**. The same applies if you want to remove a **dependant** from your policy, but you want your cover to continue.

If you want to end your cover (or the cover of any of your **dependants**) the following terms apply.

- You can end your cover (and therefore the cover of all your **dependants**) by letting your **group** know within 21 days of either:
 - the date you receive your terms and conditions (including your **membership certificate**) confirming your cover, or
 - your **cover start date**

whichever is later. During this 21-day period, if you have not made any claims we will refund to your **group** all of the premiums it has paid for you for that **year**.

After this 21-day period, you can end your cover (and therefore the cover of all of your **dependants**) by letting your **group** know at any time during the **year**. We will refund to your **group** any premiums it has paid for you that relate to the period after your cover ends.

- You can end the cover of any **dependant** by letting your **group** know within 21 days of either:
 - the date you receive your terms and conditions (including your **membership certificate**) confirming the cover for that **dependant**, or
 - the **cover start date** for that **dependant**

whichever is later. During this 21-day period, if no claims have been made relating to that **dependant** we will refund to your **group** all of the premiums it has paid for you that relate to that **dependant** for that **year**.

After this 21-day period you can cancel a **dependant's** cover by letting your **group** know at any time during the **year**. We will refund to your **group** any premiums it has paid for you that relate to that **dependant** for the period after their cover ends.

Your cover, and your **dependants'** cover, will automatically end if your **group** doesn't pay the premiums or any other payments due under the **agreement**. However, we'll continue to pay claims covered by your policy if you can confirm (for example, by providing a copy of your payslips) that you paid your contributions to your **group**.

If we refund premiums paid for you or your **dependants** to the **group**, you should ask the **group** administrator to refund your contributions.

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 on 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 at **bupa.co.uk/complaints**.

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

If you need to send us sensitive information you can email us using Egress, which is a free secure email service. Visit **switch.egress.com**.

Write to us at **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**, or
- 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 can't 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, if 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**.

What some of the words and phrases in this guide mean

Wherever the following words and phrases appear in this guide in bold type, they have the meanings shown below.

Word or phrase	Meaning
Activities of daily living	<ul style="list-style-type: none"> ▪ Being able to move from one place to another to carry out day-to-day activities. ▪ Having a shower or bath. ▪ Feeding yourself. ▪ Maintaining personal hygiene (for example, brushing your teeth, washing your hands and washing your hair). ▪ Going to the toilet. ▪ Being able to work or take part in education.
Acute condition	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.
Advanced therapies	<p>Gene therapy, somatic-cell therapy or tissue-engineered medicines which:</p> <ul style="list-style-type: none"> ▪ the UK medicines regulator has classified as advanced therapy medicinal products (ATMPs) to be used as part of your eligible treatment, and ▪ at the time of your eligible treatment are included (with the medical conditions we cover them for) on the list of advanced therapies that applies to your benefits, as shown on your benefit table under the heading 'Advanced therapies list'. <p>The list of advanced therapies that applies to your benefits is available at bupa.co.uk/policyinformation, or you can contact us.</p> <p>The advanced therapies on the list will change from time to time.</p>
Agreement	The agreement between your group and us, which sets out the terms under which we provide your cover.
Allowances	The financial allowances of your benefits , as shown on your benefit table .
Appliances	Any medical appliances which are on our appliance list for your cover when you have your treatment . You can find the list at bupa.co.uk/prostheses-and-appliances .
Assisted fertility consultant	A healthcare professional who, at the time you or (where applicable) your partner receive assisted fertility treatment , is recognised by us for the purpose of providing assisted fertility treatment and egg and sperm freezing .
Assisted fertility treatment	<p>Eligible treatment to assist conception of a child, and may include:</p> <ul style="list-style-type: none"> ▪ consultations ▪ pathology and scans ▪ assisted conception, such as intrauterine insemination or in vitro fertilisation (including donor eggs or sperm from a donor bank, where required), and ▪ operation(s).
Benefits	The benefits you're covered for, as listed on your benefit table .

Word or phrase	Meaning
Benefit table	The benefit table that applies to your scheme as set out in this policy guide.
Blood pressure monitor	A device used to measure blood pressure. As at the 'Effective from' date of this guide The British and Irish Hypertension society maintain a list of validated blood pressure monitors for home use.
Bupa	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ.
Cancer	A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	Systemic anti-cancer therapies (SACT), not including anti-hormone therapies. SACT are used to destroy cancer cells or stop them growing and spreading.
Chronic condition	A disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none"> ■ 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.
Common drugs	Commonly used medicines (such as antibiotics and painkillers) which, in our reasonable opinion based on established clinical and medical practice, should be an essential part of your eligible treatment .
Complementary medicine practitioner	An acupuncturist, chiropractor or osteopath who is recognised by us. You can search for a complementary medicine practitioner at finder.bupa.co.uk or contact us.
Consultant	A registered medical healthcare professional who, when you have your treatment is: <ul style="list-style-type: none"> ■ recognised by us as a consultant ■ recognised by us for treating your condition and providing the type of treatment you need, and ■ on our list of recognised consultants, which applies to your policy. <p>You can search for a consultant at finder.bupa.co.uk or contact us.</p>
Contributing member	A main member who contributes to the costs of premiums for themselves or any of their dependants .
Cover end date	The date when your current cover ends. This is either: <ul style="list-style-type: none"> ■ the 'Cover end date' on your membership certificate, or ■ if there is no cover end date shown, the day before your policy renews.
Cover start date	The date when your current cover starts – this is shown as the 'Cover start date' on your membership certificate .
Critical care unit	Any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is recognised by us, at the time of your treatment , for the type of intensive care that you need. You can search for a critical care unit at finder.bupa.co.uk or contact us.

Word or phrase	Meaning
Day patient	A patient who is admitted to a hospital, treatment facility or day patient unit because they need a period of medically supervised recovery, but who does not occupy a bed overnight.
Day-patient treatment	Eligible treatment you have as a day patient .
Dependant	Your partner or any child you or your partner is responsible for and who is covered under your policy named on your membership certificate .
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Digital primary care provider	A digital primary care provider we recognise for providing a digital primary care consultation, this can include a GP and other healthcare professionals registered with the digital primary care provider. (Primary care services provide the first point of contact in the healthcare system).
Egg and sperm freezing	<p>Egg freezing, also known as oocyte cryopreservation, this means treatment to freeze eggs, and sperm freezing may include:</p> <ul style="list-style-type: none"> ▪ diagnostic tests ▪ drugs ▪ egg and sperm collection ▪ egg and sperm freezing ▪ egg and sperm storage.
Egg and sperm storage	Storage of frozen eggs collected after ovarian stimulation and sperm so that, if wished, they may be used later to create embryos via IVF. The law currently restricts this to a period of 10 years.
Eligible treatment	<p>Treatment (including any products and equipment used as part of the treatment):</p> <ul style="list-style-type: none"> ▪ of an acute condition, cancer, a mental health condition, or ▪ covered on your policy through benefits 1.6, 11, 12, 14 and Well-Health benefit WH1. <p>The treatment must be:</p> <ul style="list-style-type: none"> ▪ 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 from your benefits.
Facility access	The network of recognised facilities which you're covered for, as shown on your benefit table . This is participating facility .

Word or phrase	Meaning
Fee-assured consultant or healthcare professional	A consultant or other healthcare professional recognised by us, who is on the fee-assured list. They won't send you any extra bills for treatment and care as long as it's covered by your policy and the costs are within your allowances . You can search for a fee-assured consultant or healthcare professional at finder.bupa.co.uk or contact us. The list may change from time to time.
Gender dysphoria	When someone has a sense of unease because of a mismatch between their biological sex (the sex they were assigned at birth) and the gender they identify with.
Gender dysphoria treatment	Eligible treatment for gender dysphoria to support gender affirmation.
GP	A doctor who refers you for a consultation or treatment and who is on the UK General Medical Council's General Practitioner Register.
Group	The company, business or organisation we have entered into an agreement with to provide cover.
Hair removal	The removal of hair by any clinically recognised method including electrolysis, laser hair removal or pulse light hair removal.
Home	The place where you normally live or another non-healthcare setting where you have your treatment .
Infertility	Your consultant has confirmed that you or (where applicable) your partner haven't been able to conceive a child within the clinically expected time frame and that a formal investigation is justified.
Inpatient	A patient who is admitted to a hospital or treatment facility and who occupies a bed overnight (or for longer) for medical reasons.
Inpatient treatment	Eligible treatment you have as an inpatient .
Intensive care	Eligible treatment for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Lifetime allowance	A benefit limit that applies once in total across the entire time you and (where applicable) your partner are member(s), irrespective of any breaks in you or your partner being member(s) for any reason. The benefit will not re-set if you and (where applicable) your partner leave but later re-join the scheme.
Main member	The person named as the main member on the membership certificate . The term main member doesn't include any dependants .
Medical assistance company	The company who works with us as a medical assistance company for arranging repatriation and evacuation. The medical assistance company may change from time to time and current details are available on request.
Medical treatment provider	A person or company recognised by us as a medical treatment provider for the type of treatment at home that you need. The list of medical treatment providers and the type of treatment we recognise them for will change from time to time. You can search for details of these providers at finder.bupa.co.uk .

Word or phrase	Meaning
Membership certificate	The most recent membership certificate we send you for your cover.
Mental health and wellbeing therapist	<p>A healthcare professional recognised by us who is:</p> <ul style="list-style-type: none"> ■ a psychologist registered with the Health and Care Professions Council ■ a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy, or the British Psychoanalytic Council ■ a counsellor accredited with the British Association for Counselling and Psychotherapy, or the National Counselling and Psychotherapy Society, or ■ a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies. <p>You can search for a recognised mental health and wellbeing therapist at finder.bupa.co.uk.</p>
Mental health condition	An illness or condition which a reasonable medical authority considers to be a mental health condition (for example, anxiety or depression).
Mental health treatment	Eligible treatment as set out in benefit 5 'Mental health treatment' in the 'What is covered' section of this guide.
Mobile application	A software program that runs on a mobile device.
NHS	<ul style="list-style-type: none"> ■ The National Health Service in Great Britain and Northern Ireland. ■ The healthcare system that is operated by the relevant authorities of the Channel Islands. ■ The healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
Operation	Eligible treatment that is a medical procedure. This includes surgery and complex diagnostic procedures (such as an endoscopy) and all associated treatment that is medically necessary.
Oral chemotherapy	Chemotherapy taken by swallowing a pill, capsule or liquid.
Outpatient	A patient who attends a hospital, consulting room, outpatient clinic or treatment facility and is not admitted as a day patient or an inpatient .
Outpatient treatment	Eligible treatment that you have as an outpatient .
Participating facility	<p>A hospital or a treatment facility, centre or unit that is on our participating facility list that applies to your policy, and is recognised by us for:</p> <ul style="list-style-type: none"> ■ treating your medical condition, and ■ carrying out the type of treatment you need. <p>The hospitals, treatment facilities, centres or units on these lists, and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a participating facility at finder.bupa.co.uk.</p>
Partner	Your husband, wife, civil partner or the person you live with in a relationship.
Prostheses	Any prostheses which are on our list of prostheses for your cover when you have your treatment . The prostheses on the list may change from time to time. You can find the list at bupa.co.uk/prostheses-and-appliances .

Word or phrase	Meaning
Recognised assisted fertility treatment facility	A treatment facility which, at the time you or (where applicable) your partner receive assisted fertility treatment and/or egg and sperm freezing , is recognised by us for the purpose of providing assisted fertility treatment and/or egg and sperm freezing .
Recognised facility	A participating facility according to the facility access that applies to your policy. The hospitals, treatment facilities, centres or units on these lists, and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a recognised facility at finder.bupa.co.uk .
Renewal date	The date agreed between your group and us on which your group's cover is due for renewal. Cover is usually renewed each year. Depending on the month in which you first join, your initial period of cover may not be a full 12 months. Your benefits and allowances and, if you are a contributing member , your premiums may change on the renewal date.
Schedule of procedures	The rates up to which we will pay consultants for treating our customers. These rates are set out in our Schedule of Procedures and are based on the complexity of the procedure and the time and skill needed to perform it. You can find the Schedule of Procedures at bupa.co.uk/codes .
Specialist drugs	Drugs and medicines to be used as part of your eligible treatment which are not common drugs and which are included on our list of specialist drugs that applies to your policy. The list is available at bupa.co.uk/policyinformation . The specialist drugs on the list will change from time to time.
Therapist	<p>A healthcare professional registered with the Health and Care Professions Council (HCPC), and on our list of recognised therapists, who is:</p> <ul style="list-style-type: none"> ■ a chartered physiotherapist ■ an occupational therapist registered with the British Association of Occupational Therapists ■ an orthoptist registered with the British and Irish Orthoptic Society ■ a speech and language therapist registered with the Royal College of Speech and Language Therapists ■ a podiatrist registered with the Society of Chiropodists and Podiatrists, or ■ a dietitian registered with the British Dietetic Association. <p>You can search for a recognised therapist at finder.bupa.co.uk. The therapists on the list will change from time to time.</p>
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.
UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Voluntary sterilisation	A procedure undertaken to permanently remove an individual's fertility to prevent conception. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion).
Year	The period beginning on your cover start date and ending on your cover end date . Depending on when you join the policy, your first year may not be a full 12 months. Your benefits , allowances and, if you are a contributing member , your premiums may change on the renewal date .

How we use and protect your information

Privacy notice – in brief



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, 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 Privacy Team, Bupa, 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 applies to anyone who interacts with 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 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. Categories of personal information

We process the following categories of personal information about you and, if appropriate, 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 allows 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. Purposes and legal grounds for processing personal information

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 it is. We normally process standard personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is needed or allowed by law. We process special categories of information (commonly referred to 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 Privacy Team, Bupa, 1 Angel Court, London EC2R 7HJ**.

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a fairer, quicker, better, and more consistent service, and provide 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 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 allow us 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. International transfers

Some companies that we work in partnership with or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) are located in, or run their services from, countries across the world. As a result, we may transfer your personal information to different countries for the purposes set out in this privacy notice. This may include transferring information 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. When we transfer your personal information to another country, we take steps to make sure that appropriate protection is in place, in line with global data-protection laws.

9. How long we keep your personal information

We keep your personal information for periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have the right to access your information and to ask us to correct, delete and restrict the use of your information. 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.

11. 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 complain to your local privacy supervisory authority. Our main office is in the **UK**, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate).

Financial crime and sanctions



Financial crime

Your **group** agree to keep to all **UK** laws relating to detecting and preventing financial crime (including, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the **UK**, or the US)
- put us at risk of being sanctioned by any relevant authority competent body, or
- put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we will take any action we consider necessary to make sure we continue to be to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your policy, and we may not be able to pay any claim.

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. Financial Services registration number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services registration number 312526.

You can check the Financial Services Register by visiting: <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

Well Health - Menopause plan, Bupa Anytime HealthLine, Family Mental HealthLine, Menopause HealthLine and Digital GP services are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Well Health - Menopause plan, Menopause HealthLine and Bupa Anytime 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

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