What is this type of insurance?
Private health insurance, which is designed to cover the costs of private healthcare treatment. This policy has a number of cover levels and options available.

What is insured?

**In-patient and day-patient treatment**
- Hospital treatment – paid in full
- Mental health treatment – up to 28 days per person, per year, paid in full
- Post treatment scans (MRI, CT, PET) and post treatment diagnostic tests – paid in full

**Out-patient treatment**
- Consultations, scans (MRI, CT, PET) and diagnostic tests – paid in full
  - only when they follow on from, and are related to, private day-patient treatment, in-patient treatment or an out-patient surgical operation and they take place within six months of the discharge date of that treatment
- Therapies and complementary medicine – paid in full
- When out-patient treatment is for eligible cancer treatment, benefit and time limits don’t apply
- Our mental health benefits cover eligible treatment of mental health symptoms related to or arising from certain conditions and/or treatment otherwise excluded in the policy benefits and terms booklet

**Other benefits:**
- Anytime HealthLine – 24/7, unlimited telephone consultations with our team of nurses and GPs
- Family Mental HealthLine – 8am to 6pm Monday to Friday, telephone information and advice from a trained adviser and mental health nurse about your child’s emotional wellbeing
- Parent accommodation – child aged 17 or under, one parent per night
- Private ambulance – £60 per journey
- NHS Cash Benefit for NHS hospital in-patient treatment – £50 per night up to 35 nights per year

**Cancer cover options available**
- Full cancer cover
- NHS Cancer Cover Plus (covered if chemotherapy, radiotherapy, drug therapy or surgical operation for cancer treatment is not available on the NHS)
- No cancer cover

**Other options**
- Hospital lists:
  - Essential Access; Extended Choice; Extended Choice with Central London
- A number of excess options are available. You can choose to pay a policy excess, where you pay up to the first £100, £150, £200, £250, £500, £1,000 or £2,000 of your eligible treatment costs in any policy year. Details of the excess option that you have chosen are shown on your membership certificate. The policy benefits and terms booklet provides full details of how it works

Other benefits apply, see full terms and conditions.

What is not insured?

- Complementary and alternative therapy products or preparations
- Convalescence, rehabilitation and general nursing care
- Diagnosis of a condition
- Drugs and dressings for out-patient or take home use other than for cancer
- Excluded treatment or medical conditions
- Experimental drugs which are not licenced
- Health screening, routine tests, monitoring and preventative treatment other than certain cancer exceptions
- Medical exclusions (special conditions) as detailed on any confirmation of special conditions we send
- Treatments that are unproven based on established medical practice

**Treatment of or relating to**
- Accident and emergency admissions
- Allergies, allergic disorders or food intolerances
- Birth control, conception and sexual problems
- Complications from excluded conditions/treatment and experimental treatment
- Deafness that is not due to an acute condition or injury
- Eyesight correction that is not due to an acute condition or injury
- Gender dysphoria or gender affirmation
- Pandemic or epidemic disease
- Sleep related disorders
- Weight loss

Are there any restrictions on cover?

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

Restrictions are continued on page 2
Are there any restrictions on cover? (continued)

Restrictions apply to treatment of the following:
- Chronic Conditions (we pay for treatment of unexpected acute symptoms resulting from a flare-up)
- Cosmetic surgery to change or restore your appearance
- Dental/oral treatment
- Learning, behavioural and developmental conditions
- Pre-existing conditions
- Pregnancy and childbirth
- Speech disorders

Other restrictions:
- Advanced therapies and specialist drugs
- Contamination, wars, riots and terrorist acts
- Critical and intensive care
- Dialysis
- Overseas treatment
- Supply or fitting of physical aids and devices eg crutches, hearing aids
- Temporary relief of symptoms
- Treatment to relieve the symptoms of ageing, menopause and puberty
- Varicose veins of the legs

Other restrictions apply, see full terms and conditions.

Where am I covered?

- UK, including Channel Islands and the Isle of Man

What are my obligations?

Obligations at the start of the contract:
- You must pay your premiums on or before the date they are due
- You must be a UK resident and registered with a GP
- You must provide medical history (as required)

Obligations during the term of the contract:
- You must tell us of any changes in your or your dependants’ address

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

When and how do I pay?

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

When does the cover start and end?

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

How do I cancel the contract?

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