

Bupa health insurance

Important points about your cover

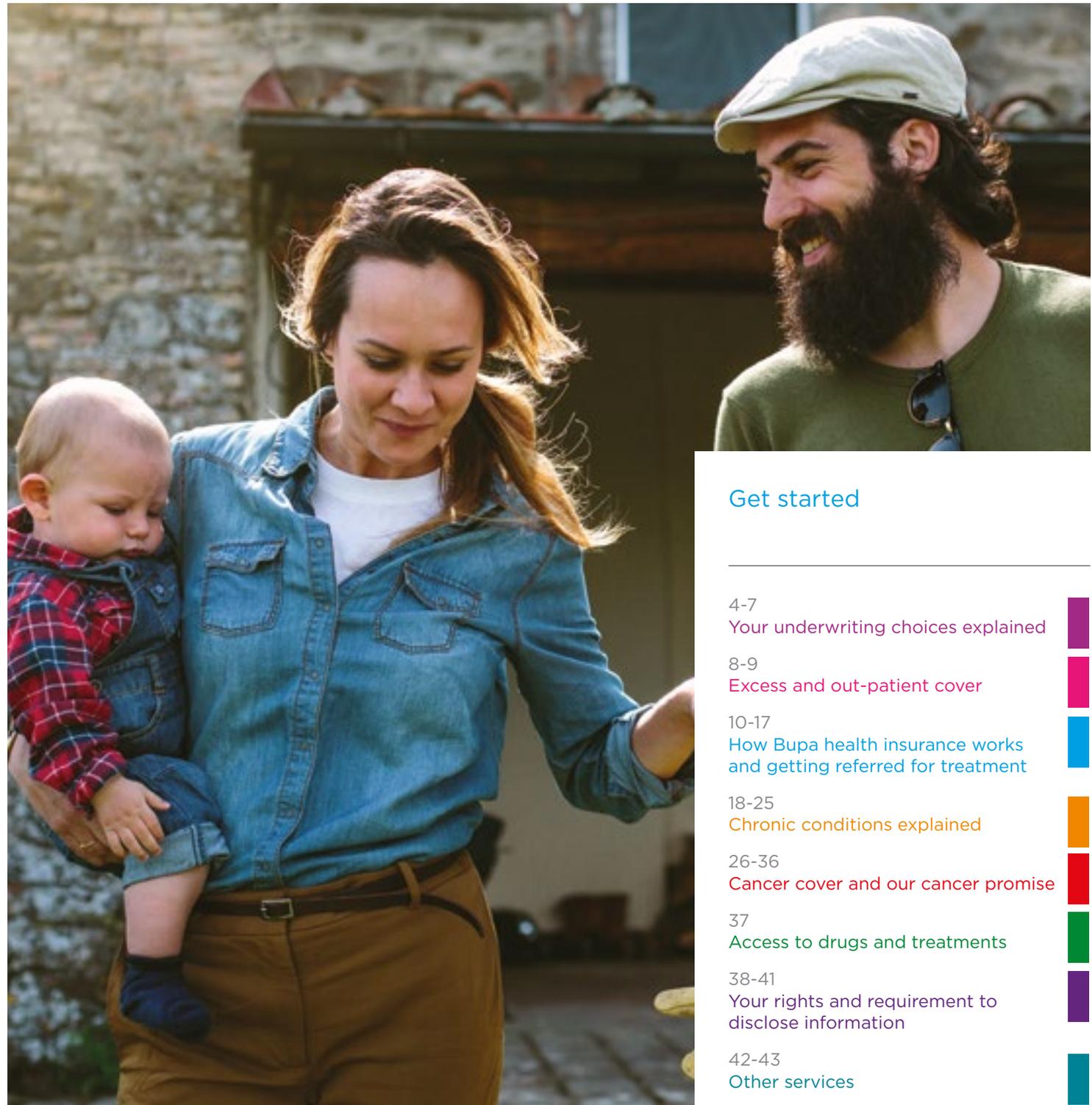
Please read this document carefully and keep it safe. You may need to refer back to it in future.



Bupa 

Keeping things simple

We've created this booklet to explain how your cover works.



Get started

- 4-7
Your underwriting choices explained
- 8-9
Excess and out-patient cover
- 10-17
How Bupa health insurance works and getting referred for treatment
- 18-25
Chronic conditions explained
- 26-36
Cancer cover and our cancer promise
- 37
Access to drugs and treatments
- 38-41
Your rights and requirement to disclose information
- 42-43
Other services

Your underwriting choices explained

- When you take out health insurance, it's important to make sure you've got the right cover to suit your needs.
- Underwriting is the way health insurers use someone's personal and health information to decide what cover they can offer.
- Bupa offers two main underwriting options: Full Medical and Moratorium.
- If you've got health insurance via your employer, there may be other options available depending on the policy, or whether you're transferring from another Bupa policy or insurer.
- It's important that you know which underwriting option applies to you and what is and isn't covered by your policy. You can find this information on your membership certificate.
- Whichever underwriting option you have, you'll need to call us before having any consultations, tests or treatment so we can check they're covered by your policy.

Top tip!

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

Full medical underwriting – available to all customers

Full medical underwriting means that we use information about your medical history to decide what cover we can offer you before your policy starts. Medical conditions that you, or anyone on your policy, had before you take out insurance with us aren't usually covered.

When you choose full medical underwriting, we'll ask you some questions about your medical history on the phone or send you a form to complete. It's really important that you give us all the information we ask for about you and anyone else covered, even if some symptoms haven't been diagnosed. If you don't, we may be unable to pay claims. If you're unsure whether to mention something to us,

you should always do so. We'll use the information you give us to confirm what cover we can offer you for your medical conditions. We may need to ask your doctor for more information to help us do this.

Why customers choose full medical underwriting

Full medical underwriting means:

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

About medical conditions you had before your policy starts

If you had a medical condition before your policy starts that may need treatment in the future, we won't usually cover it or any conditions connected to it. We'll list any medical conditions which aren't covered on your membership certificate. The same applies to anyone else on your policy.

If we're unable to cover a medical condition you had before your policy starts, we can sometimes review this in future if you've had a period of time with no symptoms or treatment for it. Please call us for more information.

When you claim

If you need to claim or have symptoms when your policy first begins, we may need to take a few extra steps to check your claim isn't connected to any medical conditions you had before your policy started. For example, we may need to ask your GP for some information. We'll also need to check when you claim for things like mental health conditions after your first policy year.

Moratorium underwriting

Moratorium underwriting starts when you make a claim instead of when you take out your policy. This means you don't need to give us your medical history before your cover begins. Bupa offers two moratorium underwriting options:

- Rolling moratorium which is available to all customers
- Fixed moratorium which is available to customers who are part of a Bupa group scheme arranged through their employer.

Rolling moratorium underwriting - available to all customers

If you or anyone else to be covered has had a medical condition before your policy starts, this will be covered two years after you've taken out the policy, so long as you've not had any symptoms, treatment, medication or consultations for the condition.

For example, John had a spinal problem five years before taking out cover with us. If he needs treatment for it in the first two years of his policy, it won't be covered. After this, it will be covered once he's had two symptom and treatment free years since his last spinal treatment.

For example, Susan had a lung condition five years before taking out cover with us. She doesn't have any symptoms or need any treatment in the first two years of her policy, so her lung condition will be fully covered from the start of her third policy year.

Fixed moratorium underwriting - available to customers who are part of a Bupa group scheme arranged through their employer

If you or anyone to be covered on the policy had a medical condition before your policy starts, this will be covered

after the first two years of joining the policy. Your employer decides how far back we take previous medical conditions into account, and this can be between two and five years.

For example, Bob's employer has decided that we should take account of all medical conditions employees had in the five years before joining the company Bupa policy. This means that any conditions Bob had in the five years before joining the scheme will only be covered after the first two years of his policy. We'll ask Bob to complete a pre-treatment form each time he claims so we can confirm if the condition he's claiming for is new, or if he had it before his policy started.

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

During the first two years of joining the company Bupa policy, if Bob needs a consultation, tests or treatment for a medical condition that he had before he joined the policy, this won't be covered. However, it will be covered after the first two years of his policy even if he's had symptoms or treatment for it during this time.

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

Medical history disregarded

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

covered on the policy. Medical history disregarded underwriting is only available to companies with more than 20 employees and is generally more expensive than other types of underwriting.

No further underwriting

If you're transferring to your employer's policy from another Bupa or UK insurer's policy, your existing medical conditions may be covered. We'll ask you to complete a form and if there's any medical condition you tell us about that we can't cover, it won't be included in the policy you're transferring to. Any exclusions that applied to the previous UK insurer's policy will apply to your Bupa policy.

Rolling Moratorium example



Fixed Moratorium example



Top tip!

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

What is an excess?

Having an excess means that you pay an agreed amount towards treatment that's covered by your policy.

For individual policies:

- Every time you renew your policy, you also renew your excess for that policy year, so if you're having treatment when you renew, you may need to pay two excesses – one for the previous policy year and the other for the new one.
- An excess applies to each person covered by the policy and for each policy year.
- For most policies, when you claim for treatment with a benefit allowance on your policy, the cost of the treatment, including your excess, will be subtracted from your benefit allowance. For example:
 - You have a £1,500 out-patient allowance and a £100 excess
 - You have out-patient treatment which costs £100
 - Because you have an excess, you need to pay the first £100 of treatment costs
 - You've also used £100 from your out-patient allowance which means you have £1,400 left for the rest of your current policy year
 - When your policy renews, your benefit allowances and excess will also renew.

We'll let you know who to pay the excess to, for example, your consultant, therapist or hospital or clinic. The excess must be paid directly to them - not to Bupa. We'll also let you know how much of your excess remains (if any).

To make sure your claims costs are counted towards your excess, you should always claim for treatment even if we won't pay the claim because of your excess and we explain more about surgery on page 13.

Please note, on some policies, the excess may work in a different way. Please call us and we'll be happy to explain.

Top tip!

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

What is out-patient cover?

Some Bupa policies have an annual allowance for out-patient cover. Your membership certificate will tell you if this applies to your policy.

Out-patient cover is for when you have an appointment at a hospital or clinic, but you're not admitted so don't stay overnight.

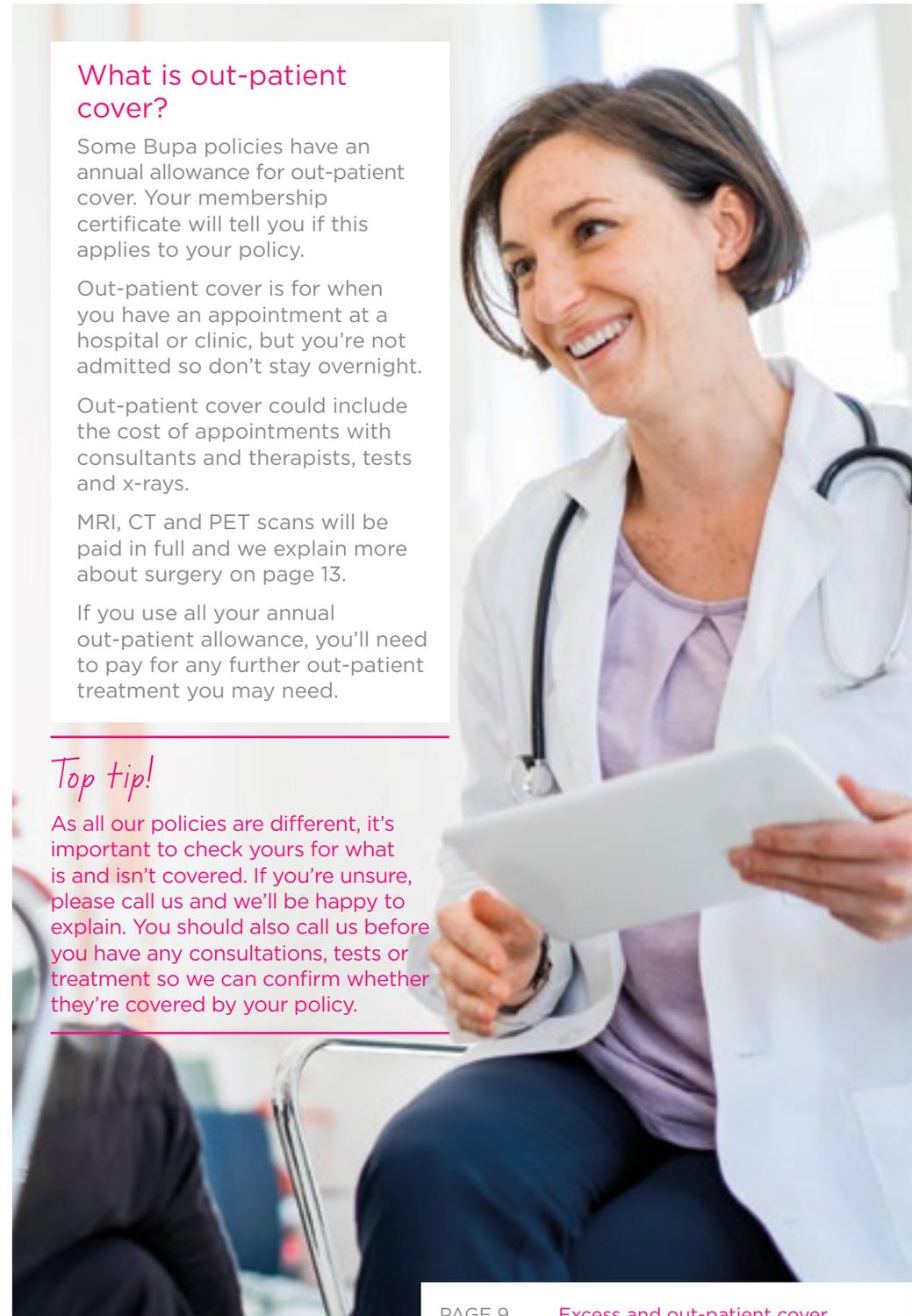
Out-patient cover could include the cost of appointments with consultants and therapists, tests and x-rays.

MRI, CT and PET scans will be paid in full and we explain more about surgery on page 13.

If you use all your annual out-patient allowance, you'll need to pay for any further out-patient treatment you may need.

Top tip!

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



How Bupa health insurance works

Health insurance gives you fast access to private care for acute conditions which are covered by your policy, starts after your policy begins and are in line with your underwriting terms (please see page 5 for more details).

An acute condition is a disease, illness or injury that is expected to respond quickly to treatment and get people back to their previous level of health.

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

Our health insurance can give fast access to diagnosis and treatment for new conditions which are covered by your policy. It covers the cost of:

- medically necessary, planned private consultations, tests and treatment for acute conditions
- consultations and treatment from consultants we work with (Bupa recognised consultants)
- care at private hospitals and clinics we work with (Bupa recognised).

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

Top tip!

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

If you're unwell

You should talk to a GP if you feel unwell. They will assess your symptoms and carry out any tests. If they think you need to see a specialist, they can help you to see someone on the NHS, privately using your health insurance or pay for private consultation yourself.

If you decide to use your health insurance, Bupa will cover the cost of any tests, specialist consultations

and treatment your GP recommends so long as these are covered by your policy. Seeing a private GP or going to a private urgent walk-in centre isn't usually covered by your Bupa health insurance.

You can still access NHS care even if you've had your first consultation privately. NHS care is free and you won't be asked to pay for this apart from things like prescription charges.

Private GPs

Some Bupa health insurance policies include cover for private GPs. If you have this cover, you can see a private GP in the UK to assess your symptoms, refer you to a consultant or refer you for treatment covered by your policy.

Getting referred

If you need to see a specialist using your health insurance, you usually need to get a referral from a GP. This will describe your symptoms, the type of specialist you need to see and the care the GP thinks you need. As soon as you get a GP's referral, call us so we can confirm whether the consultation, tests or treatment are covered by your policy and the allowances available. If they're covered, we'll give you a pre-authorisation number which confirms what you're covered for. Alternatively, you may be able to use our direct access service. You'll find further information on page 15.

Top tip!

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



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

How do I make sure my treatment is covered?

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

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

Also, our recognised consultants may have different charges for their services, so it's important when you choose to see someone that their charges are within Bupa agreed rates. We've set these rates with advice from independent medical professionals. Bupa works with around 17,000 consultants nationwide who have agreed to charge within them. We call these fee assured consultants. If you don't see a fee-assured consultant, you'll need to pay any difference in costs yourself.

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

All Bupa fee-assured consultants meet the same criteria as any other medical consultant we work with.

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

Open Referral

If you ask your GP for an open referral letter, we can suggest a consultant for you.

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

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

*If the claim is for someone under 16 we're unable to offer an open referral, so please ask the GP to recommend a paediatrician by name. We may accept named referrals for people older than 16 years too, but this depends on your scheme so please call us to find out.

What are the benefits of open referral?

With open referral, you'll also get...

- convenient access to healthcare near your home or work - 90% of our customers' healthcare needs can be found within 45 minutes of their home address.
 - a choice of the most appropriate consultants for your medical needs - and all the consultants we offer you are on our online directory, **finder.bupa.co.uk**, so you can look up more info about them before you decide who to see.
 - help booking your appointment - we can book appointments with some consultants for you while you're on the phone to us. Or we can send you links to their online diaries so you can book one yourself once you've decided who to see.
 - certainty about costs - we'll always offer you fee-assured consultants who have agreed to charge within your policy benefit allowances. You can find out more information about fee-assured consultants on the previous page. We'll also let you know whether you have an excess to pay or you're likely to run out of any out-patient benefit allowance you may have on your policy, so you're not faced with any unexpected costs.
- As with most of our policies, you'll have access to specialist support if you need treatment for cancer, cardiac, or muscle, bone and joint conditions. We can offer health information and coaching from qualified healthcare professionals to help you decide which treatment is right for you.

What our customers say

- 93% of customers rated their consultant as 'excellent' or 'very good'.

Do I always need a GP referral if I want to claim?

There are some conditions where a GP referral isn't usually needed. Our Direct Access* services give you fast and convenient access to specialist therapists in the following areas:

Muscle, joint or bone conditions

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

Mental health support

You can speak to one of our qualified mental health therapists who can listen to you in complete confidence and guide you to the support you need. (Our mental health Direct Access service may not be available on some corporate policies.) Please check your membership certificate to see if mental health treatment is covered as part of your benefits.

Cataract surgery

If you need cataract surgery, your optometrist can refer you directly to our Specialist Eye Care Team. They'll let you know where you can receive treatment in our network of approved ophthalmic units.

Cancer symptoms

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

*You can find out more about our Direct Access services here:

[bupa.co.uk/direct-access](https://www.bupa.co.uk/direct-access)
Direct Access telephone services are available on most policies. Please call us to check if your policy covers Direct Access services. We may update the conditions when a GP referral may not be needed. You can find an up-to-date list online at **[bupa.co.uk/policyinformation](https://www.bupa.co.uk/policyinformation)**

Our Direct Access service may not be available on some corporate policies.

Top tip!

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

Medical reports – when we need more information from your doctor

When we need to ask your doctor for more information about your consultation, tests or treatment, we'll need your permission. The Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (NI) Order 1991 give you certain rights which are:

1. You can give permission for your doctor to send us a medical report without asking to see it before they do.
2. You can give permission for your doctor to send us a medical report and ask to see it before they do.
 - You'll have 21 days from the date we ask your doctor for your medical report to contact them and arrange to see it.
 - If you don't contact your doctor within 21 days we'll ask them to send the report 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 insist on adding your own comments to the report before they send it to us.
 - Once you've seen the report, you can withdraw your permission for it to be sent to us.

3. You can withhold your permission for your doctor to send us a medical report. If you do, we'll be unable to see whether the consultation, test or treatment is covered by your policy, so won't be able to give you a pre-authorisation number or confirm whether we can contribute to the costs.

You also have the right to 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 of the information in the report if in their view the information:

- might cause physical or mental harm to you or someone else or
- it would reveal someone else's identity without their permission (unless the person is a healthcare professional and the information is about your care provided by that person).



What if I need emergency treatment?

Our policies don't cover NHS Accident and Emergency (A&E) treatment or treatment at a private urgent care hospital or clinic. If you need emergency treatment, please visit your local NHS emergency services in the usual way or pay for treatment at a private urgent care hospital or clinic.

If you need treatment following an emergency admission to an NHS hospital, you may be able to transfer to private care which is covered by your policy so long as:

- the consultant in overall charge of your care agrees that you're well enough to transfer to a private hospital
- the consultant you're transferring to at the private hospital accepts responsibility for your care
- we've confirmed to you or your consultant that your private treatment is covered by your policy.

Top tip!

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

Chronic conditions explained

Health insurance doesn't cover the treatment and care of chronic or long-term conditions. These are diseases, illnesses or injuries that need ongoing monitoring, continuous or long-term control or relief of symptoms; require rehabilitation; continue indefinitely; have no known cure or are likely to come back again.

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



Am I covered for chronic conditions?

Your policy may cover you for diagnosis and some tests if you're unwell. However, once a chronic condition is diagnosed, health insurance cover for it is no longer available. The NHS will provide the ongoing management, screening and monitoring of the condition. Please note, we don't believe cancer is a chronic condition. We explain more on page 27.

What if my condition gets worse?

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

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

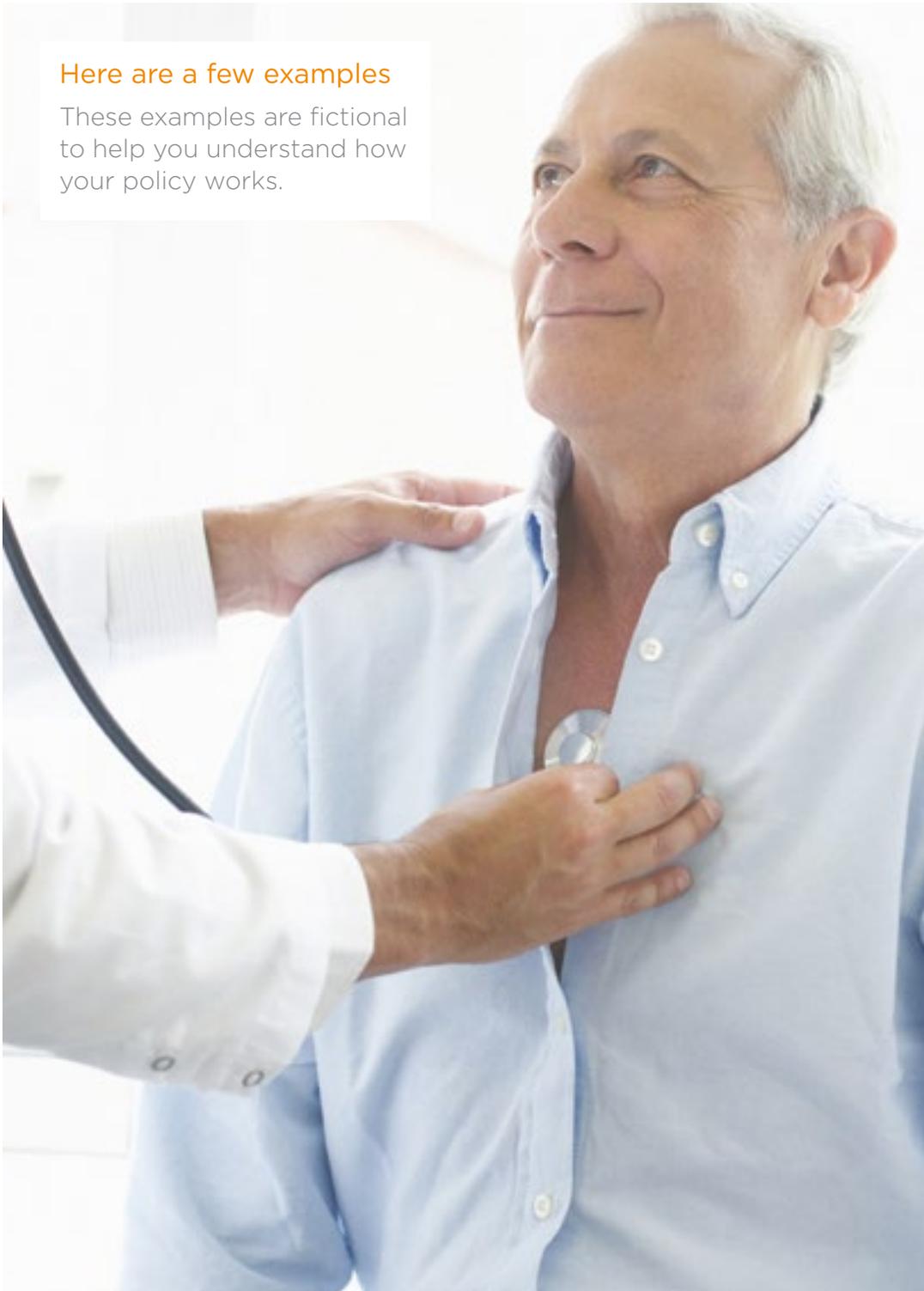
We recommend that you call us before having any consultations, tests or treatment for a chronic condition to make sure it's covered by your policy. You should also check your policy for what is and isn't covered. If you're unsure, please call us and we'll be happy to explain.

Mental health conditions

Some policies cover mental health conditions, even those which would normally be considered a chronic condition. The only exceptions are the treatment of dementia, learning difficulties and behavioural and developmental problems. You should always check your policy documents for which treatment is and isn't covered. If you're unsure, please call us and we'll be happy to let you know.

Here are a few examples

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



Angina and heart disease

Alan has had Bupa health insurance for many years. He develops chest pains and is referred by his GP to a specialist. He has a number of investigations and is diagnosed as having a heart condition called angina. Alan is placed on medication to control his symptoms.

Will Alan be covered?

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

What if Alan's condition gets worse?

Two years later, Alan's chest pain recurs more severely, and his specialist recommends that he has a heart by-pass operation.

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

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

Top tip!

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

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

Asthma

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

Will Eve be covered?

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

What if Eve's condition gets worse?

Eighteen months later, Eve has a bad asthma attack.

This is an acute flare-up of Eve's condition and she needs emergency treatment. As health insurance doesn't cover emergency care, Eve will be treated in the Accident and Emergency (A&E) department at her local NHS hospital. She may then be referred to a private consultant which her policy will cover, to investigate what caused the flare-up. As Eve's asthma is a chronic condition, her policy won't cover any further medication, treatment or check-ups. Her GP will be able to help her with these on the NHS or she may choose to pay for them herself.

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

[^]Bupa Anytime HealthLine is not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Diabetes

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

Will Deidre be covered?

The tests Deidre needs to diagnose her symptoms will be covered by her Bupa policy. However, following diagnosis, her care and the ongoing management of her diabetes, including medicines and any regular reviews, won't be covered and need to be provided by the NHS. If Deidre is ever worried about her diabetes, she can contact the Bupa Anytime HealthLine[^] for 24/7 advice to help her understand and manage her condition. She can also visit our online diabetes health hub at bupa.co.uk/diabetes

Top tip!

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

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

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Glaucoma

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

Will Ricky be covered?

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

What if Ricky's condition gets worse?

Two years later, one of Ricky's follow-up appointments finds that his glaucoma has got worse and his ophthalmologist recommends surgery. Ricky can use his Bupa policy to cover his operation and the follow-up consultation afterwards to make sure everything went well. His GP and the NHS will then continue to monitor his condition.

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

Hip pain

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

Will Bob be covered?

If Bob's policy includes cover for complementary therapies, he'll be covered for the osteopathy he needs to manage his pain. He can find out by checking the benefit and allowance on his membership certificate. Bob will need to return to the NHS for any monitoring and additional treatment he needs to prevent his original symptoms returning as his policy doesn't cover preventive treatment.

Top tip!

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

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





Cancer cover

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

Where cancer is covered as part of your core health insurance, there are no time limits and all your cancer treatment costs are paid in full when they're covered by your policy, you use a hospital or clinic from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa rates*.

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

*If you have health insurance provided by your employer and your employer has selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.

Treatment location

What is covered

Hospital-based

We'll cover in-patient, out-patient and day-patient treatment.

At home

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

What isn't covered

Hospice care

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

Diagnosis

What is covered

Investigations

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

Mental health support

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

Genetics

If you're having cancer treatment and there's a strong, direct family history of cancer and your consultant has recommended that you can receive

a genetically-based test to evaluate the risk of you developing further cancers, we'll cover the test.

Surgery

What is covered

Operations to treat cancer and/or relieve symptoms.

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

Reconstructive surgery

Your quality of life after cancer is important to us, so if you need reconstructive surgery as a result of your cancer treatment, we'll cover the cost.

Experimental treatments

We'll pay for experimental treatments after we've carefully reviewed your condition and the medical evidence available and it's proven that the treatment works.

What isn't covered

Unproven treatments

We don't pay for unproven treatments. Our policies don't usually cover treatment which we believe is experimental or unproven including drugs outside their licence.

Top tip!

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

*If you have health insurance provided by your employer and your employer has selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.

Drug therapy

What is covered

Medicines to treat your cancer

You'll be covered for chemotherapy and biological therapy (eg adoptive cell transfer, gene therapy or cytokine therapy) to treat your cancer.

Innovative and experimental medicines

If your consultant says you need a drug that hasn't yet been licensed, we'll review their request. As long as there's enough clinical evidence to prove that the drug works and it's covered by your health insurance policy, we will pay for it.

What isn't covered

Drugs during remission

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

Drugs used in trials

We pay for hospitals, consultations and nursing care associated with drug trials which we've agreed to fund. The drugs themselves are usually paid for by the drug company.

Radiotherapy

What is covered

Radiotherapy for cancer treatment

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

Palliative

What is covered

Palliative treatment

You're covered for palliative treatment (to help relieve the symptoms of your condition) to help

you maintain the highest quality of life possible. However, it's important to know that palliative treatment is only available in certain areas so call us to find out more.

End of life care

What is covered

End of life care

We'll provide cover and support at every stage of your cancer, even if it becomes incurable.

Clinically proven palliative treatment

We cover all clinically proven palliative treatment, (eg chemotherapy or radiotherapy) to manage symptoms. Sometimes this may include drugs that aren't widely available on the NHS.

Support with your care plan

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

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

Choice of setting

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

What isn't covered

Nursing support

If you're in residential care, we'll be unable to provide extra nursing support as this is included as part of your residential care accommodation.

Remission

What is covered

Tests after remission

If you're having any symptoms or if pain returns when you're in remission, we'll cover further investigations and treatment.

Limits

What is covered

Time limits

As long as you remain a Bupa customer there are no time limits on your cancer cover.

Financial limits

We don't impose financial limits on our cancer cover.* All your cancer treatment costs that are covered by your policy are paid in full when you use a hospital from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa rates.

Bupa recognised consultants are called 'partnership consultants' or 'fee-assured consultants' depending on which Bupa health insurance scheme you've chosen.

Stage of illness

We'll cover you at every stage until you no longer need us - until remission or the end of your life.

Clinical research trials

You may be covered to take part in a clinical trial so long as we've approved its protocols which explain what the trial will do, how it will be done, and why it is being done.

Top tip!

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

*If you have health insurance provided by your employer and your employer has selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.

Additional benefits

What is covered

Access to breast cancer specialists

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

Side-effects

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

Mental health and wellbeing support

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

Decision making

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

Recovering from cancer

Our Live Well With Cancer Programme supports people living with or recovering from cancer. It focuses on supporting the transition from active treatment to living through and beyond cancer.

The programme includes a holistic assessment and regular calls. This will provide information and support groups, action plans for individual problems identified, and lifestyle advice to support secondary prevention and staying healthy.

Direct payment

We provide direct payment to healthcare professionals and providers for all your cancer treatment costs.

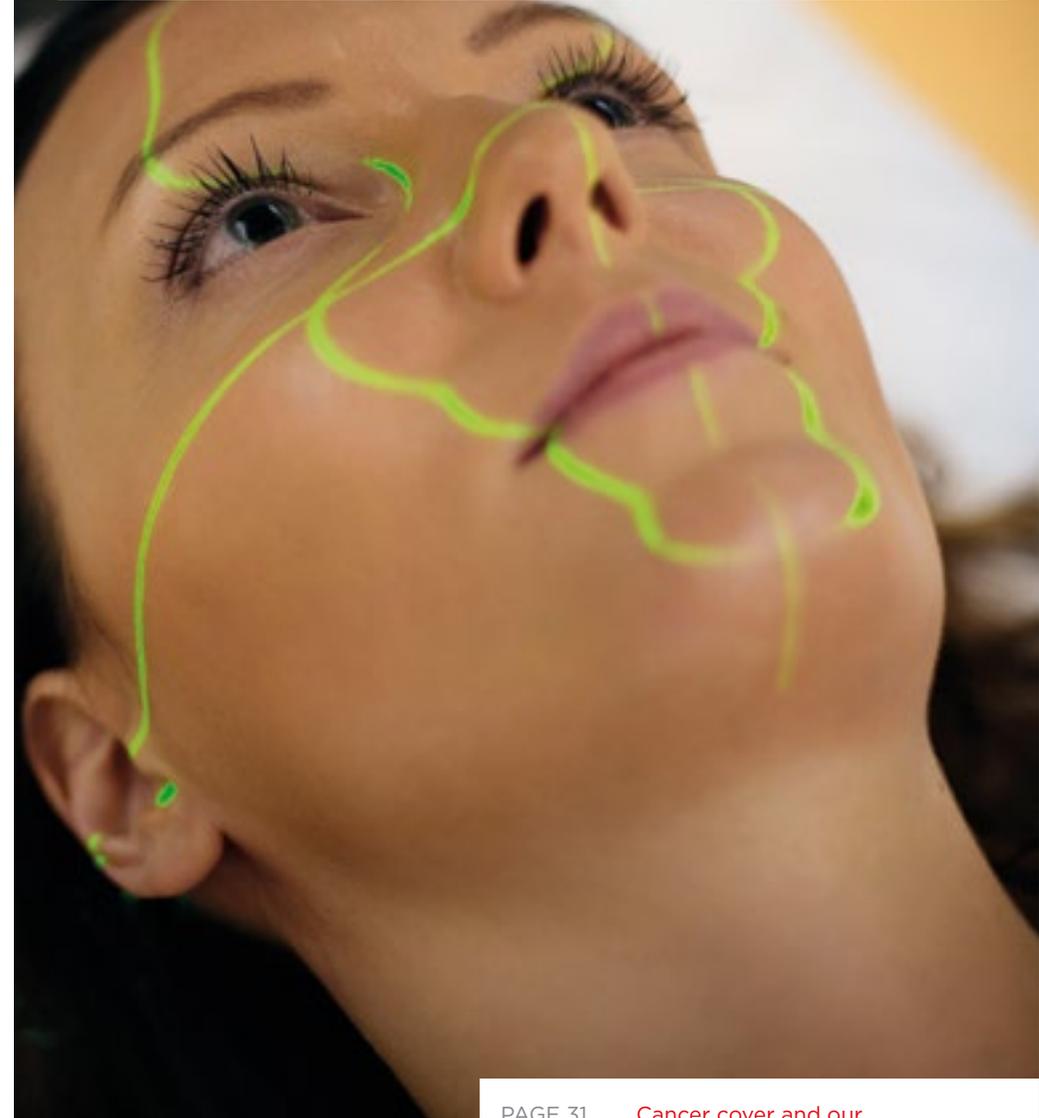
Other financial help

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

How Bupa cancer cover works

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

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



*If you have health insurance provided by your employer and your employer has selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.

Beverley

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

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

Will Beverley be covered and are there any limits?

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

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

With no financial limits on our cancer cover*, Beverley will also be covered for all the radiotherapy, chemotherapy and other medically appropriate treatment she needs until her cancer goes into remission. Then she can continue with hormone therapy within the NHS.

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

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

What if Beverley's condition changes?

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

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

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

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

Despite the injections to boost her immune system, Beverley develops an infection and needs to be admitted to hospital again for a course of antibiotics.

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

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

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

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

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

Top tip!

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

*If you have health insurance provided by your employer and your employer has selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.

David

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

Will David be covered?

As David has full medical underwriting, and because his condition developed after the start of his policy (and his GP confirms this), David will be covered for cancer regardless of how long he's been with us. We'll pay for both the high dose chemotherapy and the stem cell transplant as long as David's consultant says this treatment is clinically necessary.

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

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

David will also have access to our Live Well With Cancer programme which supports our customers in their transition to living with cancer or coping with the aftermath of the disease. This will help David manage his condition, making lifestyle changes and accessing local support.

*If you have health insurance provided by your employer and your employer has selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.

Jenny

Jenny has been diagnosed with cancer. She is concerned that health insurance policies sometimes have limits but wants to start private treatment

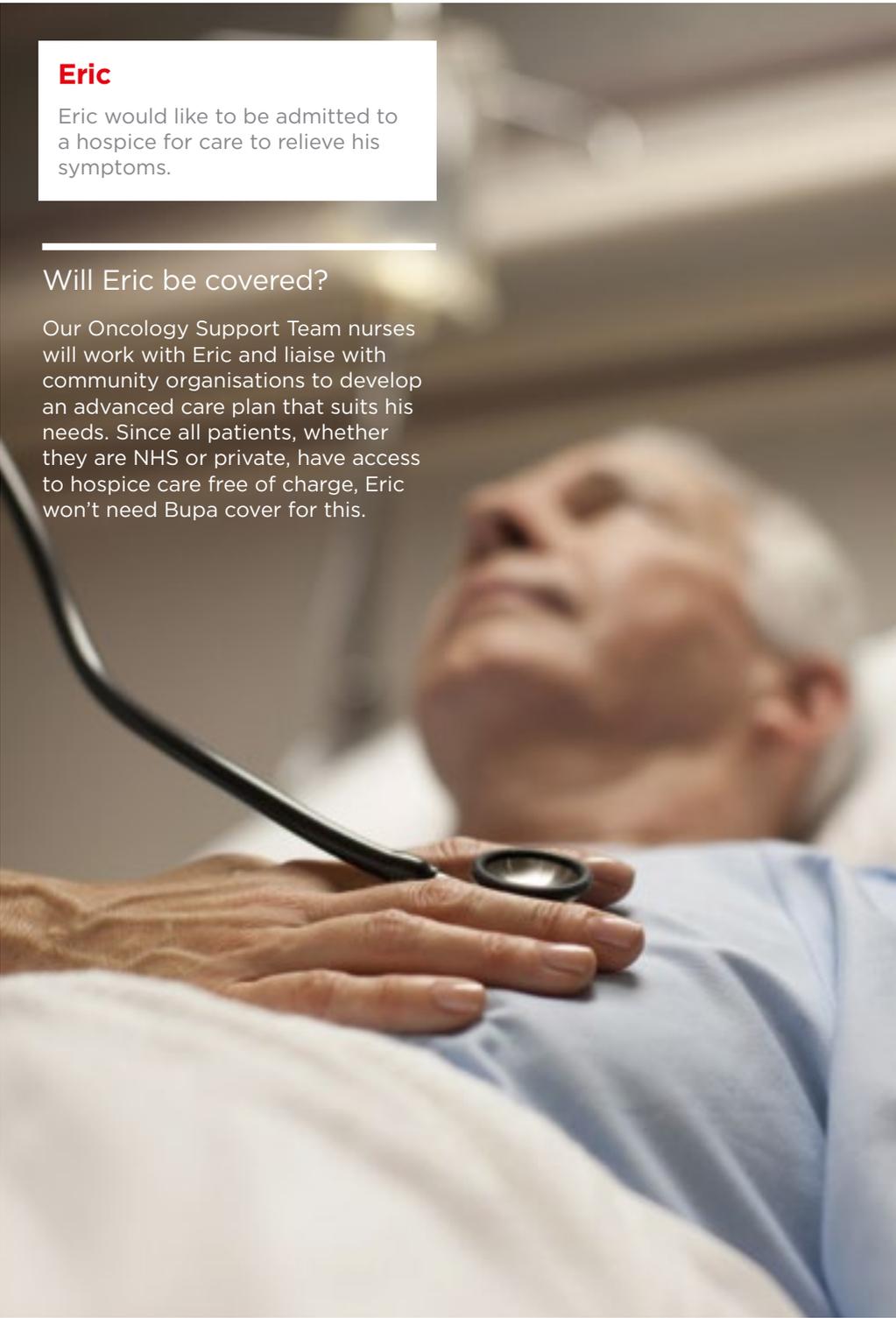
Will Jenny be covered?

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

Top tip!

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

*If you have health insurance provided by your employer and they have selected an overall annual maximum benefit, costs covered by your policy will be paid up to that limit.



Eric

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

Will Eric be covered?

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



Access to new drugs and treatments

Innovative and experimental medicines

Our policies don't usually cover treatment or procedures which we believe are experimental or unproven[^] including drugs outside of their licence.

However, sometimes we can cover this type of treatment for acute conditions. If your consultant says you need a drug that hasn't yet been licensed, we'll review their request. As long as there's enough clinical evidence to prove that the drug works and it's covered by your health insurance policy, we'll pay for it.

Please remember that drugs that your consultant gives you to take home when leaving the hospital aren't covered. You should always check your policy for what is and isn't covered and call us if you're unsure.

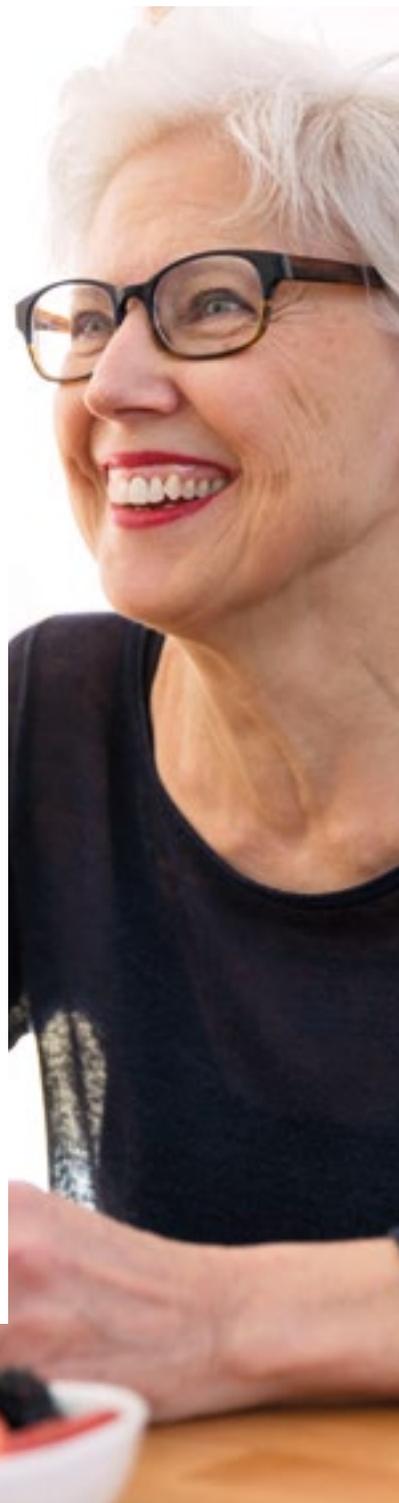
[^]unproven by established medical practice in the UK.

Top tip!

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

Your rights and requirement to disclose information

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Or, you can email the team at dataprotection@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. 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. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those 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 two categories of personal information about you and, if it applies, your dependants. This is standard

personal information (for example, information we use to contact you, identify you or manage our relationship with you) and special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and 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 health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary, so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information, because it is necessary for an insurance purpose, we have your permission or as otherwise described in our full privacy notice.

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 either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

6. Processing for profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision making.

7. Sharing your information

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

8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep your personal information

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

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions, which produce legal effects concerning you or significantly affect you.

11. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, 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) or 01625 545 745 (national rate).



Other services

Bupa Anytime HealthLine

Under your Bupa health insurance, you can access our Bupa Anytime HealthLine for health advice 24 hours a day, seven days a week. From advice about symptoms, to information on leading a healthier lifestyle – you can speak to our team of qualified general nurses. If you have a medical problem and you need more assistance, you may be able to speak to a GP, who will aim to call you back within the hour. You can ask questions about anyone in your family, they don't have to be covered on your policy.

For free 24-hour health advice, call

Personal members

 **0345 601 3216***

Corporate members

 **0345 607 7777***

Company members

 **0345 604 0537***

*Calls may be recorded and to maintain the quality of our Bupa Anytime HealthLine service a nursing manager may monitor some calls always respecting the confidentiality of the call.

^Lines are open 8am to 6:30pm Monday to Friday and 9am to 12:30pm Saturday. Closed Sundays and Bank Holidays. Calls are charged at no more than local rate and count towards any inclusive minutes from mobiles. We may record or monitor our calls.

Customer care team

Many people thinking about care for an elderly loved one find it difficult to know what to look for and where to start. That's why we've got a team of trained care advisers who can offer help and advice over the phone.

We can provide information on different types of care including short stay, convalescence, palliative, residential and specialist dementia.

Our Customer care team is open for free advice six days a week, whether you've got our insurance or not. We're here to chat through your options when you're ready.

Call our Customer Care Team free on

 **0333 920 9282^**

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

Lines open 8am-8pm
Monday to Friday
8am-4pm on Saturday.

We may record or monitor our calls.

Bupa Anytime HealthLine is not regulated by the
Financial Conduct Authority or the Prudential
Regulation Authority.

Bupa health insurance is provided by Bupa
Insurance Limited. Registered in England and Wales
No. 3956433. Bupa Insurance Limited is authorised by
the Prudential Regulation Authority and regulated by
the Financial Conduct Authority and the Prudential
Regulation Authority. Arranged and administered by
Bupa Insurance Services Limited, which is authorised
and regulated by the Financial Conduct Authority.
Registered in England and Wales No. 3829851.
Registered office: 1 Angel Court, London EC2R 7HJ.

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