

Your policy summary

Bupa Select Enhanced

Effective from 1 January 2021



Welcome to Bupa Select Enhanced (the scheme). This policy summary contains key information about the scheme. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover under the Agreement, which you will find in the Bupa Select membership guide. Also, the terms of your cover may change from time to time, particularly at renewal. The helpline can provide further details.

About your cover

The insurer

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

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

The type of insurance provided

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

The type of treatment covered

You are only covered for eligible treatment. This means treatment of:

- an acute condition, or
- a mental health condition (depending on your cover for mental health treatment under the Agreement)

together with the products and equipment used as an integral part of the treatment that:

- 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
- are not provided or used primarily for the expediency of you or your consultant or other healthcare professional

and the treatment, services or charges are not excluded under the terms and conditions of the Agreement between the Sponsor and Bupa.

The consultant in overall charge of your treatment must be a Bupa recognised consultant.

For certain medical conditions you can call us directly for a referral to a consultant or therapist, usually without consulting a GP. We call this our Direct Access service. Further details about the Direct Access service and the medical conditions it is available for can be found on [bupa.co.uk/direct-access](https://www.bupa.co.uk/direct-access) or you can call us.

Sometimes, when you have had a consultation with another healthcare practitioner before consulting a GP and they believe referral to a consultant is appropriate, a GP appointment may not be clinically necessary. The situations in which we will accept such a referral are set out on [bupa.co.uk/referrals](https://www.bupa.co.uk/referrals) or you can call us.

If these routes are not available, or if you prefer, you will need to consult a GP for a referral. We accept referrals from a digital GP service.

Important information about cover for children aged 17 or under

When a paediatric referral is required we ask that you obtain a named referral from a GP.

Some private hospitals do not provide services for children or have restricted services available for children, so treatment may be offered at an NHS hospital. You can ask us about recognised facilities where paediatric services are available or you can find them on [finder.bupa.co.uk](https://www.finder.bupa.co.uk)

In-patient and day-patient eligible treatment for children is likely to be provided in a general children's ward in line with good paediatric practice.

Bupa recognised practitioners and facilities

Your cover depends on you using certain Bupa and scheme recognised medical practitioners (for example, depending on your cover a 'consultant' or a 'fee-assured consultant') and treatment facilities within the facility access that applies to your cover (for example a 'partnership facility'). Who you use and the facilities you use can affect the level of benefits you are covered for. Also, they may only be recognised by us for certain types of treatment or levels of benefits. The type of treatment and/or level of benefits that we recognise them for can change from time to time. Please call us before your treatment to check you are covered.

Summary of cover

This table sets out the type of charges for eligible treatment that are covered under the scheme and the monetary limits available for certain benefits. It also shows certain options that are available for Sponsors to select. (See the Bupa Select membership guide and your membership certificate for details of the benefits that apply to your cover under the Agreement.)

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

Facility access

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Facility access	partnership facilities	see your membership certificate and the Select membership guide for full details

When you are not admitted to hospital

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Out-patient consultations and treatment		
Out-patient consultations with a consultant	paid in full up to £1,500 each membership year for these out-patient benefits combined and not individually	<ul style="list-style-type: none"> with a scheme recognised consultant remote consultations are available if the consultant is recognised to provide them
Out-patient therapies and complementary medicine		<ul style="list-style-type: none"> with a scheme recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only) remote consultations are available if the therapist is recognised to provide them
Facility charges for out-patient diagnostic tests on consultant referral		in a scheme recognised facility
MRI, CT and PET scans	paid in full	in a scheme recognised facility for the type of scan you need as part of your eligible treatment

When you are admitted to hospital

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Out-patient surgical operations, day-patient or in-patient treatment		
Consultants' fees for surgical and medical hospital treatment	<ul style="list-style-type: none"> ■ consultants who are fee-assured consultants – paid in full ■ scheme recognised consultants who are not fee-assured consultants – up to the limits of the Bupa consultant fees schedule 	in a scheme recognised facility
Facility charges for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or in-patient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances	paid in full	<ul style="list-style-type: none"> ■ in a scheme recognised facility ■ for eligible intensive care in a scheme recognised critical care unit ■ a list of the prostheses and appliances covered is available on request
Parent accommodation		for one parent only, accompanying a child aged 17 or under who is a member of the scheme and receiving eligible in-patient treatment in a scheme recognised facility
Treatment at home	discretionary – if we agree, we pay in full for the charges that we agree to pay on your behalf	with a scheme recognised medical treatment provider

Additional benefits

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Private ambulance	up to £80 each single trip	when medically necessary and related to private eligible day-patient or in-patient treatment
Home nursing	up to £2,000 each year	when immediately following private eligible in-patient treatment

Cash benefits

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
NHS cash benefit for NHS in-patient treatment	£50 a night for up to 35 nights a year	<ul style="list-style-type: none"> NHS cash benefits are available only when the treatment you need is provided to you free of charge under the NHS and it would otherwise have been eligible under your benefits except for NHS cash benefit for cancer treatment taken by mouth, none of these NHS cash benefits is payable at the same time as any other cash benefit for NHS treatment
NHS cash benefit for NHS in-patient treatment for cancer	£100 each night	
NHS cash benefit for NHS out-patient or day-patient treatment or NHS home treatment for cancer	<ul style="list-style-type: none"> £100 for each day you receive radiotherapy and/or proton beam therapy in a hospital setting £100 for each day you receive IV-chemotherapy £100 for each day on which you have a consultation with your consultant and they provide you with a prescription for cancer treatment taken by mouth £100 on the day of your surgical operation 	
Procedure Specific NHS cash benefit	available for certain eligible treatments. Call us or go to bupa.co.uk/pscb for more information	

Cancer treatment

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Cancer treatment after a diagnosis of cancer has been confirmed – as for other treatment set out in this table except for:		
<ul style="list-style-type: none"> ▪ Out-patient consultations with a consultant ▪ Out-patient therapies and complementary medicine 	paid in full	<ul style="list-style-type: none"> ▪ with a scheme recognised consultant, therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only) ▪ remote consultations are available if the consultant or therapist is recognised to provide them
<hr/> Hospital charges for out-patient tests and investigations on consultant referral		<hr/> in a scheme recognised facility
<hr/> Hospital charges for out-patient cancer drugs		<hr/> in a scheme recognised facility when: <ul style="list-style-type: none"> ▪ unavailable from a GP, or ▪ an initial small supply is provided by the recognised facility on discharge to enable you to start your treatment straight away

Mental health treatment

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Mental health day-patient and in-patient treatment	up to a maximum of 45 days each membership year for mental health day-patient and in-patient treatment combined and not individually	for eligible mental health treatment in scheme recognised facilities and with scheme recognised consultants
Consultant psychiatrists' fees and mental health and wellbeing therapists' fees for out-patient treatment	paid in full up to and from within your available out-patient benefits combined limit specified above in this table	<ul style="list-style-type: none"> ■ with a scheme recognised consultant psychiatrist or mental health and wellbeing therapist ■ remote consultations are available if the consultant psychiatrist or mental health and wellbeing therapist is recognised to provide them
Facility charges for out-patient tests and investigations on consultant referral		in a scheme recognised facility
Consultant psychiatrists' fees for day-patient and in-patient treatment	<ul style="list-style-type: none"> ■ scheme recognised consultants who are fee-assured consultants – paid in full ■ scheme recognised consultants who are not fee-assured consultants – up to the limits of the Bupa consultant fees schedule <p>up to a maximum of 45 days each membership year for mental health day-patient and in-patient treatment combined and not individually</p>	in a scheme recognised facility
Facility charges for day-patient and in-patient treatment	paid in full up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually	in a scheme recognised facility

Add-on – family cash benefit (available when purchased via an insurance intermediary, or to customers whose policy was purchased direct from Bupa and already includes it)

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Family cash benefit	£200 for each birth or adoption	this cover applies to a main member only

Add-on – optical, dental, prescription cash benefit

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
The following benefits are not available for members aged 16 or under (see the Cash Benefit section in the Bupa Select membership guide for details)		
Optical cash benefit	up to £100 in any two year benefit period	when provided to or prescribed for you by an optician or a scheme recognised consultant
Accidental dental injury cash benefit	up to £900 each year	with a registered dentist, orthodontist or a scheme recognised consultant
Prescription cash benefit	up to £20 each year	for eligible treatment

Option to enhance cover (additional subscriptions apply)

Type of treatment cost depending on your cover under the Agreement	Maximum benefit available depending on your cover under the Agreement	Notes as applicable depending on your cover under the Agreement
Island cover – for residents of Jersey, Guernsey or the Isle of Man only		
Consultants' fees for eligible day-patient and in-patient surgical operations – consultants' fees for other types of treatment are as set out in this table	paid in full	with a Bupa recognised consultant – irrespective of consultant fee-assured status – in a scheme recognised facility
Travel costs to the UK mainland for you to receive eligible treatment	up to £240 for a return trip	specific conditions apply – see the Select Island guide for details
Travel costs to the UK mainland for a parent, nurse or relative to accompany you when medically necessary	up to £240 for a return trip	specific conditions apply – see the Select Island guide for details
Nursing care by a qualified nurse during your journey	up to £100 for a single trip	specific conditions apply – see the Select Island guide for details

Options to manage costs

Name of option	Choice available	Notes
Policy excess	£0, £100, £150, £200 or £500	<ul style="list-style-type: none"> ▪ if the Sponsor agrees with us that an excess applies to your cover, it applies to each member each membership year. This means that each member is responsible for paying the first part of his or her eligible treatment costs up to the amount of the excess each year ▪ the Bupa Select membership guide and your membership certificate together provide details, including the amount, of any excess that may apply to your cover or details are available from the helpline
Six week scheme	six week scheme not selected (default) or six week scheme selected	<ul style="list-style-type: none"> ▪ if the NHS can provide day-patient or in-patient treatment or diagnostic tests within six weeks of the date the consultant recommends the treatment or tests, then treatment or tests are with the NHS. If not, the treatment or tests will be covered by Bupa ▪ selecting this option removes cover for NHS cash benefits for NHS in-patient treatment
Fixed price	two-year fixed price option not selected (default) or two-year fixed price option selected	<p>you can fix your subscriptions for two years at an extra cost. However, this is not protected from any increases in Insurance Premium Tax (IPT) when your policy is next renewed. Changes to membership made during the two-year fixed period may also affect the price of the policy after renewal, although the rate per member will remain fixed. Examples of membership changes include: adding or removing members from the policy, complimentary babies becoming paid-for child dependants at their first renewal, and child dependants reaching the age of 24 during the first fixed year who would then be required to pay the adult rate in the second year. Please note, you may not be able to amend your benefit options at your first renewal when choosing this option</p>

What your policy does not cover

There are certain medical conditions and treatments that you are not covered for. There are some exceptions to some exclusions. The Bupa Select membership guide (in the 'What is not covered' section and, for mental health treatment in the 'Benefits' section) and your membership certificate together provide the details of those exceptions and they are also available from the helpline.

The excluded medical conditions and treatments include:

- ageing, menopause and puberty
- accident and emergency treatment
- advanced therapies and specialist drugs
- allergies, allergic disorders or food intolerances
- benefits that are not covered and/or are above your benefit limits
- birth control, conception, sexual problems and gender dysphoria or reassignment
- chronic conditions
- complications from excluded conditions, treatment and experimental treatment
- contamination, wars, riots and some terrorist acts
- convalescence, rehabilitation and general nursing care
- cosmetic, reconstructive or weight loss treatment
- deafness
- dental/oral treatment
- dialysis
- drugs and dressings for out-patient or take-home use and complementary and alternative products
- excluded treatment or medical conditions
- experimental drugs and treatment
- eyesight
- pandemic or epidemic disease
- intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)
- learning difficulties, behavioural and developmental problems
- overseas treatment
- physical aids and devices
- pregnancy and childbirth
- screening, monitoring and preventive treatment
- sleep problems and disorders
- special conditions
- speech disorders
- temporary relief of symptoms

- treatment in a treatment facility that is not a scheme recognised facility
- unrecognised medical practitioners, providers and facilities
- moratorium conditions for moratorium members: any disease, illness or injury which existed in the five years before cover started, unless after two years continuous membership of the scheme you haven't received medication, advice or treatment or experienced symptoms of that disease, illness or injury
- pre-existing conditions for underwritten members: by underwritten members we mean a member who as part of his/her application to join the scheme was required to provide details of his/her medical history to us for the purpose of underwriting.

How long your cover will last

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

Changing your mind

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

Getting in touch

If you have any questions about your membership or your cover please call the helpline and we will be happy to help you. Please call us on: **0345 604 0623*** between 8am and 8pm Monday to Friday and 8am to 1pm Saturday.

Alternatively, you can write to us at: **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use the prefix **18001** followed by your Bupa helpline number.

We also offer a choice of Braille, large print or audio for correspondence.

How to make a claim

Always call the helpline before you see a consultant or other healthcare practitioner and before you arrange any diagnostic tests or treatment. We will check your cover and the benefits available to you and explain about the claiming process.

Helpline number: **0345 604 0623***

Lines are open 8am to 8pm Monday to Friday, 8am to 1pm Saturday.

*We may record or monitor our calls.

Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

If you need help or support or have any comments or complaints, please call your dedicated Bupa helpline number shown on your membership certificate. Alternatively you can contact us:

In writing: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

By email: **customerrelations@bupa.com**

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress.

For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we will write to you to confirm this. Where we are unable to resolve your complaint within this time, we will promptly write to you to acknowledge receipt. We will then continue to investigate your complaint and aim to send you our final written decision within four weeks from the day of receipt. If we are unable to resolve your complaint within four weeks following receipt, we will write to you to confirm that we are still investigating it.

Within eight weeks of receiving your complaint we will either send you a final written decision explaining the results of our investigation or we will send you a letter advising that we have been unable to reach a decision at this time.

If you remain unhappy with our response, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: **Exchange Tower, London E14 9SR** or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** (calls to this number are free on mobile phones and landlines) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers).

For more information you can visit **www.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 what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact us.

Your complaint will be dealt with confidentially and will not affect how we treat you in the future. Following the complaints procedure does not affect your right to take legal action.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: www.fscs.org.uk

Privacy notice

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

Notes

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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