

# Important information.

## Changes to your Bupa health insurance.



We have made some changes to our Bupa health insurance, which take effect when your cover renews on or after 1 January 2021.

This is a summary of some of the key changes. You should read it alongside your Bupa membership guide and membership certificate, which set out the full terms and conditions of your cover. References to sections in this document are to sections in your membership guide or membership certificate as indicated.

### Membership certificate

We have made the following changes to your membership certificate.

#### Parent accommodation (benefit note 3.2.2)

We have increased the age limit for a child whose parent needs to stay with them in a recognised facility while the child is having in-patient treatment. Benefit 3.2.2 now applies to children aged 17 or under.

### Membership guide

We have made the following changes to your membership guide.

#### About this guide

##### Welcome to your Bupa membership guide

We have added a new paragraph to this section to explain that we now use Relay UK, which offers support for individuals who are deaf, hard-of-hearing, or speech-impaired. Relay UK allows for both smartphone and textphone communication.

##### Family Mental HealthLine

This is a new service. We have added a paragraph to this section to explain that if you are a parent or care for a young person, and have concerns about their mental wellbeing, our Family Mental HealthLine is available to provide advice, guidance and support.

#### Claiming

##### Step-by-step guide to making a claim

##### Information about cover for children

We have explained that by 'children' we now mean those aged 17 or under.

### Benefits

#### What you are covered for

##### Benefit CB3 Optical cash benefit

We have widened this benefit to cover prescribed disposable contact lenses as well as non-disposable.

##### Benefit CB7 Procedure Specific NHS cash benefit

We have included new wording to explain that if stated as covered on your membership certificate, we pay Procedure Specific NHS cash benefit for certain procedures when the procedure would have been eligible for private treatment but you have chosen to have it carried out in the NHS.

#### What is not covered

##### Exclusion 1 Ageing, menopause and puberty

We have updated our ageing, menopause and puberty exclusion to clarify that we do not pay for the treatment of acne when this arises from natural hormonal changes.

##### Exclusion 4 Benefits that are not covered and/or are above your benefit limits

We have amended this exclusion to explain that we do not pay for any personal travel and/or accommodation costs which are not expressly set out in your benefits.

##### Exclusion 9 Convalescence, rehabilitation and general nursing care

In the exception to this exclusion we have amended some of the conditions that must be satisfied in order for us to pay for rehabilitation after in-patient treatment. The new conditions are that the rehabilitation must:

- immediately follow the in-patient treatment and take place at a recognised facility
- be part of a personalised programme involving at least two therapists, each from a different specialism not including occupational therapy, and
- be led or supported by a consultant trained and accredited in Rehabilitation Medicine.

##### Exclusion 10 Cosmetic, reconstructive or weight loss treatment

We have widened the scope of exception 2 to this exclusion. The restriction to one course or set of eligible surgical operations no longer applies. We will also now pay for eligible surgical operations to restore your appearance that are for the purposes of symmetry (eg surgery to a healthy breast to make it match a breast reconstructed following cancer surgery).

### Exclusion 12 Dental/oral treatment

We no longer pay for an eligible surgical operation to put a natural tooth back into a jawbone after it is knocked out or dislodged in an unexpected accidental injury. We previously paid for this as an exception to this exclusion.

### Exclusion 16 Experimental drugs and treatment

We have amended this exclusion to make it clear that licensed gene therapy, somatic-cell therapy or tissue engineered medicines for conditions other than cancer that have not been tested in phase III clinical trials will be considered experimental.

### Exclusion 18 Pandemic or epidemic disease

We have updated this exclusion so that we use the definition of 'epidemic' that is used by the World Health organisation (WHO).

### Exclusion 19 Intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)

We have updated this exclusion to make it clearer that we do not pay for any intensive care if you have been directly admitted into a critical care unit at the point of admission. We have provided some examples of when that might arise.

### Exclusion 30 Temporary relief of symptoms

We have expanded the exception to this exclusion. We will pay for a maximum of 21 consecutive days' treatment to manage the symptoms of a terminal illness or disease. We will pay from the date on which your consultant tells you that your ongoing treatment will be to support your end of life care only and you will not receive treatment that is intended to halt or improve the terminal illness or disease itself.

### Exclusion 34 Advanced therapies and specialist drugs

We have added a new exclusion to better explain our existing policy on advanced therapies and specialist drugs. We do not pay for:

- any gene therapy, somatic-cell therapy or tissue engineered medicines that are not on the list of advanced therapies that applies to your benefits
- any drugs or medicines that are neither common drugs nor specialist drugs for which a separate charge is made by your recognised facility.

We have also updated our definitions of 'advanced therapies', 'common drugs' and 'specialist drugs' in the Glossary.

## Glossary

We have updated our definitions of advanced therapies, and dependants.

**Advanced therapies** are gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medical Products (ATMPs) by the European Medicines Agency to be used as part of your eligible treatment and which are, at the time of your eligible treatment, included (with the medical condition(s) for which we pay for them) on our list of advanced therapies that applies to your benefits.

**Dependant** - we have widened this definition to include children for whom the main member or their partner holds responsibility. The child does not have to be the main member's, or their partner's, own child.

## Island Cover Guide

### Benefit IC.2 Parent travel costs

If you have 'Island Cover', we have updated benefit IC.2 to explain that we pay for a parent to travel to the UK mainland with their child for that child to receive eligible treatment if the child is aged 17 or under. Previously the child had to be aged under 16.