

Private Health Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited

Product: Healthcare Select 2 Policy

Registered in England and Wales. Authorised in the United Kingdom by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

This is a summary of the insurance cover. Full terms and conditions of the policy are contained in the membership guide and on your membership certificate. We will send a confirmation of special conditions for anyone to whom a special condition applies which forms part of our agreement with you. It is important you read all of these documents carefully.

What is this type of insurance?

Private health insurance, which is designed to cover the costs of private healthcare, from diagnosis to treatment.



What is insured?

In-patient and day-patient treatment

- ✓ Hospital treatment – paid in full
- ✓ Mental health treatment – paid in full up to 45 days per person, per year
- ✓ Diagnostic tests – paid in full
- ✓ Scans (MRI, CT, PET) – paid in full
- ✓ Radiotherapy and chemotherapy – paid in full

Out-patient treatment

- ✓ Consultations – paid in full
- ✓ Scans (MRI, CT, PET) and diagnostic tests – paid in full
- ✓ Radiotherapy and chemotherapy – paid in full
- ✓ Out-patient therapies (including mental health) – up to £500 per person, per year
- When out-patient therapies are for eligible cancer treatment the therapy benefit limit doesn't apply
- Our mental health benefits cover eligible treatment of mental health symptoms related to or arising from certain conditions and/or treatment otherwise excluded in the membership guide

Other benefits:

- ✓ Anytime HealthLine – 24/7, unlimited telephone consultations with our team of nurses and GPs
- ✓ Family Mental HealthLine – 8am to 6pm Monday to Friday, telephone information and advice from a trained adviser and mental health nurse about your child's emotional wellbeing
- ✓ Parent accommodation – child aged 17 or under, one parent per night
- ✓ Private ambulance – £60 per journey
- ✓ NHS Cash Benefit for treatment for cancer
 - £100 each night for NHS in-patient treatment, or
 - £100 for NHS out-patient, NHS day-patient or NHS home treatment for cancer, or
 - £100 for each three-weekly interval, or part thereof, during which you take oral chemotherapy, or oral anti-hormone therapy that is not available from a GP
- A number of excess options are available. You can choose to pay a policy excess, where you pay up to the first £100, £150, £200, £250, £500, £1,000 or £2,000 of your eligible treatment costs in any policy year. Details of the excess option that you have chosen are shown on your membership certificate. The membership guide provides full details of how it works

Other benefits apply, see full terms and conditions.



What is not insured?

- ✗ Benefits that are not covered and/or are above your benefit limits
- ✗ Complementary and alternative therapy products or preparations
- ✗ Complementary medicine including Chiropractors and Osteopaths
- ✗ Convalescence, rehabilitation, general nursing care and therapist services not related to eligible treatment
- ✗ Drugs and dressings for out-patient or take home use other than for cancer
- ✗ Excluded treatment or medical conditions
- ✗ Experimental drugs which are not licenced/proven based on phase III clinical trials
- ✗ Health screening, routine tests, monitoring and preventative treatment other than for cancer
- ✗ Medical exclusions (special conditions) as detailed on any confirmation of special conditions we send
- ✗ Treatments that are unproven based on established medical practice
- ✗ Unrecognised medical practitioners, providers and facilities

Treatment of or relating to

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



Are there any restrictions on cover?

- ! Benefit limits apply for in-patient and day-patient consultants/specialist fees if they are not fee-assured consultants
- ! Cancer treatment is only paid in full when you use a Bupa recognised facility (within your facility access) and a Bupa recognised consultant who agrees to charge within our limits (a fee-assured consultant)
- ! Treatment and scans must be in a Bupa recognised facility (within your facility access and recognised for the treatment or scan you need)
- ! Treatment must be provided by a consultant recognised by Bupa for the treatment you need
- ! When you claim for eligible treatment costs under a benefit that has a benefit limit, where applicable your excess amount will count towards your total limit for that benefit
- ! Chronic Conditions (we pay for treatment of unexpected acute symptoms resulting from a flare-up)
- ! Cosmetic surgery to change or restore your appearance
- ! Dental/oral treatment

Restrictions are continued on page 2



Are there any restrictions on cover? (continued)

Restrictions apply to treatment of the following

- ! Learning, behavioural and developmental problems
- ! Pre-existing conditions
- ! Pregnancy and childbirth
- ! Speech disorders

Other restrictions

- ! Advanced therapies and specialist drugs
- ! Contamination, wars, riots and terrorist acts
- ! Critical and Intensive care
- ! Dialysis
- ! Overseas treatment
- ! Supply or fitting of physical aids and devices eg crutches, hearing aids
- ! Temporary relief of symptoms
- ! Varicose veins

Other restrictions apply, see full terms and conditions.



Where am I covered?

- ✓ UK, including Channel Islands and the Isle of Man



What are my obligations?

Obligations at the start of the contract:

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

Obligations during the term of the contract:

- You must tell us of any changes in your or your dependants' address

Obligations in the event that a claim is made:

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



When and how do I pay?

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



When does the cover start and end?

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



How do I cancel the contract?

- You can cancel your policy, or your dependants' cover, within 21 days of receiving your policy documents or the start date of your policy (whichever is later) and receive a full refund if no claims have been made. After this period you can cancel your policy, or your dependants' cover, at any time and we will refund any premiums you have paid relating to the period after your policy ends
- To cancel call us on **0800 010 383**, we may record or monitor our calls, or write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit www.relayuk.bt.com. We also offer documents in Braille, large print or audio.