

**Small business health insurance.
Better for business**



Your underwriting explained

Full Medical Underwriting

We use information about your medical history to apply exclusions (special conditions) to your cover based on any pre-existing conditions. Medical conditions that you, or anyone on your policy, had before you take out insurance with us aren't usually covered.

To be eligible for cover the main member and dependants must have been registered continuously with a GP for a period of at least six months or have access to and be able to provide their full medical records in English.

Things to consider

If you haven't already, you'll need to complete a full medical history application containing the last seven years of your medical history before you can make a claim on your policy. You can complete an online or paper form provided by your employer and send it directly back to us. **Exclusions** may be applied to your policy, and these will remain unless you call us to request a review at your renewal (subject to certain criteria). If you need more information, please speak with our Member Services team.

Don't forget to get in touch with Bupa to pre-authorise any consultations, tests, or treatment so we can confirm whether they are covered by your policy.

Making a health insurance claim

How do I make a claim in my first year?

For any symptoms or conditions that occur within the first year of your policy, you'll need to:



Speak to a GP or use our Digital GP service, Bupa Blua Health^ for a referral. If you have Guided Care, this will need to be an Open Referral



Call us to discuss your referral so we can check this is covered on your policy

We may request more information from the registered GP where your medical records are held before confirming eligibility‡.



Ask a GP to complete the form and return it to us



We'll take a look at your form and let you know if we can cover your treatment

As long as your symptoms or conditions are not **pre-existing** and are in line with your policy, we'll give you an authorisation number and advise if any excess or shortfall applies (if you have a pre-existing symptom or condition, we may add exclusions). If you have Guided Care, you will be given a list of consultants you can see. You must use a consultant from the list we provide or you may not be covered.



You'll then be able to access eligible treatment

We'll take care of the cost of your treatment directly. If an excess applies to your claim, we'll let you know who to pay the excess to, for example, your consultant, therapist, 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).

You can also access **Bupa Touch** to view your policy information, including any excess payments.

How do I make a claim after my first year?

For any symptoms or conditions that occur after the first year of your policy, you'll need to:



Speak to a GP or use Bupa Blua Health^ for a referral. If you have Guided Care, this will need to be an Open Referral



Call us to discuss your referral so we can check this is covered on your policy

If it is, we'll give you an authorisation number and advise if any excess or shortfall applies (if you have a pre-existing symptom or condition, we may add exclusions). If you have Guided Care, you will be given a list of consultants you can see. You must use a consultant from the list we provide or you may not be covered.



You'll then be able to access eligible treatment

We'll take care of the cost of your treatment directly. If an excess applies to your claim, we'll let you know who to pay the excess to, for example, your consultant, therapist, 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).

You can also access **Bupa Touch** to view your policy information, including any excess payments.

Direct Access

You can also use our Direct Access⁺⁺ service to call us directly if you're worried about cancer, mental health or muscle, bone and joint symptoms.

Depending on your health insurance policy and nature of your symptoms, our trained advisers, experienced physiotherapists and mental health practitioners can provide support, advice and a referral if you need one usually without the need to see a GP.

Download the [SME Select Policy Guide](#) for exclusions and policy terms and conditions. Please also check your Membership Certificate to find out what is and isn't covered on your policy. You should also read your Confirmation of Special Conditions document, if applicable.



Download Bupa Touch

Register today. You'll need your membership number handy.



[^]Customers who live in the Isle of Man cannot access Digital GP provided by eMed, but instead can access GP24 provided by HealthHero.

[†]You will need to provide details of the history of the medical condition you are claiming for, including the information that you will need to ask your GP or consultant for. Your GP or consultant may charge you a fee for providing a report which we do not pay. If your symptoms are not pre-existing, we may contribute up to £15 upon receipt of your completed form.

^{**}Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. Please check your guide and certificate for further details or contact us to check your eligibility.

Bupa Blue Health is not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

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