

Better for business

 **MercerMarsh
Benefits**

A young woman with dark, curly hair is smiling warmly while looking at a laptop. She is wearing an orange knit vest over a white t-shirt. The background is a bright, indoor setting with a window and some decor.

**A little
extra for
Mercer Marsh
Benefits
members**

From 1 April 2024

This document gives a high level overview of our products that are provided by Bupa and arranged by Mercer for Mercer Marsh Benefits customers.

Mercer Marsh Benefits is an employee benefits service, through which Mercer arrange financial services products for their small to medium sized customers. As part of this service, Bupa have been chosen as the health insurance provider for groups with 1 to 15 members inclusive. For groups larger than 15, Bupa are included in a pre-selected panel of insurers. Details regarding the appropriateness and suitability of any of the products that Bupa provides under this offering should be obtained from Mercer.

This document should be read in conjunction with the relevant policy summary for each of the products listed below. Full policy terms are available in the Bupa Membership Guide for each of the products set out below, and this guide will be provided to you by Mercer should you wish to become a Bupa policyholder via Mercer Marsh Benefits.

Our levels of cover – Select Key, Enhanced and Complete

Our healthcare options have been designed with the needs of small and medium businesses in mind. Choose the cover that's relevant to your work and budget. You can also choose different levels of cover for each of your employees. If you'd like to customise your cover, please see Select Custom on page five.

Select Comprehensive healthcare cover			
Benefit allowances for each person covered on the policy			
Benefits	Select Key Our base level of cover	Select Enhanced Extra cover for added reassurance	Select Complete Our highest tier of cover
Facilities			
Facility access	over 300 partnership facilities nationwide or Guided Care ⁴		over 600 participating facilities nationwide or Guided Care ⁴
Out-patient consultations and treatment			
Out-patient consultations and diagnostic tests	£1,000 a year ¹	£1,500 a year ¹	paid in full ¹
Out-patient therapies (eg physiotherapy) and charges related to out-patient treatment			
Out-patient complimentary medicine treatment (acupuncture, chiropractic and osteopathy)	up to £250 within your out-patient benefit allowance above ¹	up to and within your out-patient benefit allowance above ¹	paid in full ¹
Out-patient MRI, CT and PET scans	paid in full ¹		
Being treated in hospital as a day-patient or in-patient			
Consultant fees and facility charges	paid in full ²		
Cancer treatment			
Cancer cover	paid in full ²		
NHS cancer cash benefit If you choose to have certain eligible cancer treatment under the NHS rather than privately	£100 each night for NHS in-patient treatment or £100 for each day you have NHS out-patient, day-patient or home treatment or £100 for each three-weekly course during which you take oral chemotherapy or oral anti-hormone therapy that isn't available from a GP		
Mental health treatment			
Business Mental Health Advantage Consultant and facility charges for day-patient and in-patient care	paid in full up to 45 days each year ²		

Select Comprehensive healthcare cover			
Benefit allowances for each person covered on the policy			
Benefits	Select Key Our base level of cover	Select Enhanced Extra cover for added reassurance	Select Complete Our highest tier of cover
Medical consultations, advice and support			
Bupa Blua Health Smartphone application for diagnosis, GP appointments and prescriptions	unlimited GP appointments by phone or video call at any time, order and track prescriptions (prescription costs not included), and a symptom checker.		
Bupa Anytime HealthLine Telephone service for medical advice from a qualified nurse	unlimited calls and call time, available all day and every day. Provides guidance to customers and their immediate family on any medical issue		
Bupa Family Mental HealthLine Telephone service for mental health support with a trained adviser	unlimited calls and unlimited call time between 8am and 6pm Monday to Friday. Provides guidance to parents and carers who are concerned about their child's mental health or wellbeing		
Bupa Menopause HealthLine Telephone service for clinical advice and support with a menopause trained nurse	unlimited calls and unlimited call time between 8am and 8pm, everyday. Provides guidance and support to anyone covered on the policy to help understand and manage menopause symptoms		
Additional benefits			
Direct Access No GP referral needed for certain conditions	you can call us about cancer symptoms, mental health, or muscle, bone and joint conditions, without a GP referral. We'll provide support, advice and a referral for consultations, tests and treatment if you need them		
Home nursing When immediately following private eligible in-patient treatment	£2,000 each year for medical treatment carried out under the supervision of your consultant. Our written agreement is needed before treatment starts. Eligibility criteria apply – see membership guide for details		
Ambulance cover When related to private eligible in-patient, day-patient treatment	up to £80 each single trip – no annual limits		
NHS cash benefit If you choose to have in-patient treatment under the NHS rather than privately	£50 a night for up to 35 nights a year for treatment that would have otherwise been covered for private in-patient treatment		
Procedure specific NHS cash benefit If you choose to have certain eligible treatment under the NHS rather than privately	applies to treatment that would otherwise have been covered under your benefits. The amount we pay depends on the procedure you're having. Call us or go to bupa.co.uk/pscb for more information		
Options to enhance cover (additional premiums apply)			
Island cover	for residents of Jersey, Guernsey or the Isle of Man only – includes travel to UK mainland. This option cannot be selected with the Guided Care option		
Options to manage costs			
Excess options	You can choose from £0, £100, £150, £200 or £500		
Six week scheme	if the NHS can't offer the day-patient or in-patient treatment (including diagnostic procedures) you need within six weeks of a consultant saying that you need it, your policy will cover the cost of you having your treatment privately. Selecting this option removes cover for NHS cash benefits for NHS in-patient treatment. This option gives 15% to 25% discount on the cost of cover – subject to member's age		
Fixed rate	this option allows you to fix the rate you pay for each person covered for two years at an extra cost. However, these rates aren't protected from any changes the Government makes to Insurance Premium Tax. If you make any membership changes during the two-year period, this won't affect the fixed rate, but may affect the price of the policy after renewal. Need to know: you may be unable to change your cover options at your first renewal if you choose this option		

Select Comprehensive healthcare cover			
Benefit allowances for each person covered on the policy			
Benefits	Select Key Our base level of cover	Select Enhanced Extra cover for added reassurance	Select Complete Our highest tier of cover
Add-ons (optional benefits you can add to your cover, additional premiums apply)			
Family cash benefit	£200 for each birth or adoption – applies to the main policyholder only		
Add-ons (provided for free, no additional subscriptions apply). The following benefits are not available for anyone under 16 years old			
Optical cash benefit	up to £100 in any two year benefit period, when provided to or prescribed for you by a scheme recognised optician or consultant		
Accidental dental injury cash benefit	up to £900 each year, with a scheme recognised dentist or orthodontist		
Prescription cash benefit	up to £20 each year for eligible treatment		
Key notes - Select			
What isn't covered	Here's a list of the main types of treatments, services and charges which aren't covered		
	<ul style="list-style-type: none"> ■ Accident and emergency treatment ■ Ageing, menopause and puberty ■ Allergies, allergic disorders or food intolerances ■ Birth control, conception or sexual problems ■ Chronic conditions ■ Convalescence, rehabilitation or general nursing care ■ Cosmetic, reconstructive or weight loss treatment ■ Deafness 	<ul style="list-style-type: none"> ■ Dementia or learning, behavioural and developmental conditions⁵ ■ Dialysis ■ Eyesight ■ Gender dysphoria or gender affirmation ■ Physical aids and devices ■ Pregnancy and childbirth ■ Screening, monitoring and preventative treatment ■ Sleep problems ■ Speech disorders 	

¹Check your Facility Access to see if the Guided Care option has been chosen:

- **If the Guided Care option has not been chosen** – the benefit limit is for eligible treatment on your core health insurance when you use a Bupa recognised consultant or therapist or complimentary medicine practitioner and a healthcare facility within the Bupa network that applies to your policy.
- **If the Guided Care option has been chosen** – the benefit limit is for eligible treatment on your core health insurance when you use a consultant in our list of Open Referral Network consultants or a Bupa recognised therapist or complimentary medicine practitioner, and a healthcare facility within our participating facility network.

²Check your Facility Access to see if the Guided Care option has been chosen:

- **If the Guided Care option has not been chosen** – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within your chosen Bupa network using a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complimentary medicine practitioner.
- **If the Guided Care option has been chosen** – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within our Participating facility network using a consultant in our list of Open Referral Network consultants who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complimentary medicine practitioner.

³Any treatment for learning difficulties, behavioural or developmental conditions (LBD) will remain ineligible. However, we will now cover any related mental health condition in relation to an LBD, for example anxiety or depression. Related mental health conditions will be eligible under Benefit 5.3 Exclusion GE20.

⁴**With the Guided Care option:** participating facility is the network of recognised facilities for which you are covered under your benefits; and the Open Referral service applies to your benefits. This means that you must be referred to a consultant or to treatment either by our Direct Access service (if it is available for your condition), or by obtaining an open referral letter from a GP. This is a referral that details the care you need but is not addressed to a named consultant or healthcare practitioner. You then must call us to pre-authorise your consultation or treatment and use a consultant in our list of Open Referral Network consultants that applies to your benefits, or a Bupa recognised practitioner (as relevant), from the choice we give you. There are no extra bills for treatment provided by the surgeons or anaesthetists we offer you. Excess and benefit limits still apply. The Open Referral service doesn't apply to children aged 17 or under.

Our levels of cover – Select Custom

Our healthcare options have been designed with your needs in mind. You can choose the customised cover that fits to your work and to your budget' with 'customise your cover to suit your work and budget.

Select Comprehensive healthcare cover	
Benefit allowances for each person covered on the policy	
Benefits	Select Custom* Choose customised cover with the right benefits for your team
Facilities	
Facility access	over 300 partnership facilities nationwide or over 600 participating facilities nationwide or Guided Care ⁴
Out-patient consultations and treatment	
Out-patient consultations and diagnostic tests, out-patient therapies (eg physiotherapy) and charges related to out-patient treatment, and out-patient complimentary medicine treatment	<p>up to £250 combined allowance¹, including complimentary medicine</p> <p>or</p> <p>up to £500 combined allowance¹. Maximum of £250¹ for complimentary medicine from combined allowance of £500</p> <p>or</p> <p>up to £750 combined allowance¹. Maximum of £250¹ for complimentary medicine from combined allowance of £750</p> <p>or</p> <p>up to £1,000 combined allowance¹. Maximum of £250¹ for complimentary medicine from combined allowance of £1,000</p> <p>or</p> <p>£1,000 combined allowance¹. No limit¹ on complimentary medicine within combined allowance of £1,000</p> <p>or</p> <p>up to £1,500 combined allowance each membership year¹. No limit¹ on complimentary medicine within combined allowance of £1,500</p> <p>or</p> <p>Paid in full¹</p>
Out-patient MRI, CT and PET scans	paid in full ¹
Being treated in hospital as a day-patient or in-patient	
Consultant fees and facility charges	paid in full ²
Cancer treatment	
Cancer cover	paid in full ²
NHS cancer cash benefit If you choose to have certain eligible cancer treatment under the NHS rather than privately	<p>£100 each night for NHS in-patient treatment</p> <p>or</p> <p>£100 for each day you have NHS out-patient, day-patient or home treatment</p> <p>or</p> <p>£100 for each three-weekly course during which you take oral chemotherapy or oral anti-hormone therapy that isn't available from a GPP</p>

Select Comprehensive healthcare cover	
Benefit allowances for each person covered on the policy	
Benefits	Select Custom* Choose customised cover with the right benefits for your team
Medical consultations, advice and support	
Bupa Blua Health Smartphone application for diagnosis, GP appointments and prescriptions	unlimited access to GP consultations 24/7 via phone or video call, clinical triage powered by artificial intelligence, and private prescription writing (prescription costs not included) with delivery or collection from a chosen pharmacy
Bupa Anytime HealthLine Telephone service for medical advice with a qualified nurse	unlimited 24/7 calls and unlimited call time. Provides guidance to members and their immediate family on any medical issue
Bupa Family Mental HealthLine Telephone service for mental health support with a trained adviser	unlimited calls and unlimited call time between 8am and 6pm Monday to Friday. Provides guidance to parents and carers who are concerned about their child's mental health or wellbeing
Bupa Menopause HealthLine Telephone service for clinical advice and support with a menopause trained nurse	unlimited calls and unlimited call time between 8am and 8pm, everyday. Provides guidance and support to anyone covered on the policy to help understand and manage menopause symptoms
Additional benefits	
Direct Access No GP referral needed for certain conditions	you can call us about cancer symptoms, mental health, or muscle, bone and joint conditions, without a GP referral. We'll provide support, advice and a referral for consultations, tests and treatment if you need them.
Home nursing When immediately following private eligible in-patient treatment	£2,000 each year for medical treatment carried out under the supervision of your consultant. You need to have our written agreement before the treatment starts
Ambulance cover When related to private eligible in-patient, day-patient treatment	up to £80 each single trip – no annual limits
NHS cash benefit If you choose to have in-patient treatment under the NHS rather than privately	£50 a night for up to 35 nights a year for treatment that would have otherwise been covered for private in-patient treatment
Procedure specific NHS cash benefit If you choose to have certain eligible treatment under the NHS rather than privately	applies to treatment that would otherwise have been covered under your benefits. The amount we pay depends on the procedure you're having. Call us or go to bupa.co.uk/pscb for more information
Add-ons (optional benefits you can add to your cover, additional premiums apply)	
Family cash benefit	£200 for each birth or adoption – applies to main member only
Add-ons (provided for free, no additional premiums apply). The following benefits are not available for members under 16 years old	
Optical cash benefit	up to £100 in any two year benefit period, when provided to or prescribed for you by a scheme recognised optician or consultant
Accidental dental injury cash benefit	up to £900 each year, with a scheme recognised dentist or orthodontist
Prescription cash benefit	up to £20 each year for eligible treatment
Options to enhance cover (additional premiums apply)	
Mental health treatment Consultant and facility charges for day-patient and in-patient care	paid in full up to 45 days each year ²
Surgeon and Anaesthetist fees	full refund for consultants' fees for eligible out-patient, day-patient and in-patient surgical operations with a Bupa recognised consultant – irrespective of consultant partnership status – in a scheme recognised facility. This option cannot be select with the Guided Care option
Island cover	for residents of Jersey, Guernsey or the Isle of Man only – includes travel to UK mainland. This option cannot be selected with the Guided Care option

	Select Comprehensive healthcare cover
	Benefit allowances for each person covered on the policy
Benefits	Select Custom* Choose customised cover with the right benefits for your team
Options to manage costs	
Excess options	you can choose from £0, £100, £150, £200 or £500
Six week scheme	<p>if the NHS can't offer the day-patient or in-patient treatment (including diagnostic procedures) you need within six weeks of a consultant saying that you need it, your policy will cover the cost of you having your treatment privately. Selecting this option removes cover for NHS cash benefits for NHS in-patient treatment.</p> <p>This option gives 15% to 25% discount on the cost of cover – subject to member's age</p>
Fixed rate	<p>this option allows you to fix the rate you pay for each person covered for two years at an extra cost. However, these rates aren't protected from any changes the Government makes to Insurance Premium Tax. If you make any membership changes during the two-year period, this won't affect the fixed rate, but may affect the price of the policy after renewal.</p> <p>Need to know: you may be unable to change your cover options at your first renewal if you choose this option</p>
The following option only applies to groups if we've classified your group as a sports club	
Sports clubs The following treatments aren't covered: <ul style="list-style-type: none"> ■ Out-patient physiotherapy ■ Complimentary medicine ■ MRI and CT scans ■ Mental health treatment ■ NHS cash benefits for NHS in-patient treatment 	Sports clubs exclusions or sports clubs benefits not included
Key notes – Select	
What isn't covered	<p>Here's a list of the main types of treatments, services and charges which aren't covered</p> <ul style="list-style-type: none"> ■ Accident and emergency treatment ■ Ageing, menopause and puberty ■ Allergies, allergic disorders or food intolerances ■ Birth control, conception or sexual problems ■ Chronic conditions ■ Chronic mental health conditions⁵ ■ Convalescence, rehabilitation and general nursing care ■ Cosmetic, reconstructive or weight loss treatment ■ Deafness ■ Dementia or learning, behavioural and developmental conditions³ ■ Dialysis ■ Eyesight ■ Gender dysphoria or gender affirmation ■ Physical aids and devices ■ Pregnancy and childbirth ■ Screening, monitoring and preventative treatment ■ Sleep problems ■ Speech disorders

¹**Check your Facility Access to see if the Guided Care option has been chosen:**

• **If the Guided Care option has not been chosen** – the benefit limit is for eligible treatment on your core health insurance when you use a Bupa recognised consultant or therapist or complimentary medicine practitioner and a healthcare facility within the Bupa network that applies to your policy

• **If the Guided Care option has been chosen** – the benefit limit is for eligible treatment on your core health insurance when you use a consultant in our list of Open Referral Network consultants or a Bupa recognised therapist or complimentary medicine practitioner, and a healthcare facility within our participating facility network.

²**Check your Facility Access to see if the Guided Care option has been chosen:**

• **If the Guided Care option has not been chosen** – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within your chosen Bupa network using a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complimentary medicine practitioner.

• **If the Guided Care option has been chosen** – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within our Participating facility network using a consultant in our list of Open Referral Network consultants who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complimentary medicine practitioner.

³Any treatment for learning difficulties, behavioural or developmental conditions (LBD) isn't covered. However, we will now cover any related mental health condition in relation to an LBD, for example anxiety or depression. Related mental health conditions will be eligible under Benefit 5.3 Exclusion GE20.

⁴**With the Guided Care option:** participating facility is the network of recognised facilities for which you are covered under your benefits; and the Open Referral service applies to your benefits. This means that you must be referred to a consultant or to treatment either by our Direct Access service (if it is available for your condition), or by obtaining an open referral letter from a GP. This is a referral that details the care you need but is not addressed to a named consultant or healthcare practitioner. You then must call us to pre-authorise your consultation or treatment and use a consultant in our list of Open Referral Network consultants that applies to your benefits, or a Bupa recognised practitioner (as relevant), from the choice we give you. There are no extra bills for treatment provided by the surgeons or anaesthetists we offer you. Excess and benefit limits still apply. The Open Referral service doesn't apply to children aged 17 or under.

⁵Does not apply if the Mental health treatment option is included.

***Need to know:** For renewing customers buying directly from Bupa, and for customers purchasing via an intermediary or asking for a comparable quote directly from Bupa. A different version of Select Custom is available for new customers purchasing directly from Bupa. Speak to your Bupa representative for further information.

Continuity of care

For customers who are mid-treatment when their SME health insurance scheme moves to Bupa from another insurer.

When a UK SME health insurance scheme moves to us from another insurer, employees who are receiving treatment at the time will continue to be eligible for funding under their new Bupa scheme. This is a summary[†] to explain the approach we take to ensuring that their treatment can continue for six months after the transfer.

Our continuity of care arrangement is in place to protect any employees and dependants who are mid-treatment when their SME health insurance scheme moves to us. It makes sure that these employees and dependants can continue with and complete their treatment within six months. This is the case even for treatment through a non-Bupa provider or treatment that we may not normally cover. We'll honour this promise even if the previous health insurance scheme has authorised treatment which is yet to start.

As we're not normally made aware of any surgical payment limits applied on the previous health insurance scheme, we agree to pay the consultant and anaesthetist charges in full when we authorise surgery under our continuity of care agreement. This is to protect your employees and dependants from any unexpected cost shortfall.

Not everyone will be having treatment that would be eligible under their Bupa scheme, which is why we assess each case individually to make sure that your employees and dependants can continue to have the right treatment in the right place, at the right time.

Please note

- As part of the continuity of care arrangement, any employees and dependants who have started treatment, which was authorised by their previous health insurance scheme, can continue with treatment where it is likely to be completed within six months.
- Where treatment is with a provider who is not recognised by us, we won't have a direct invoicing or payment arrangement with the provider. In these cases, your employee may need to pay for treatment themselves and we'll reimburse them.
- Where we agree to fund treatment under the continuity of care arrangement with a provider who isn't Bupa recognised, we will advise of the continuity of care period (6 months). We can give your employee or their dependant details of Bupa recognised providers with the same medical specialty, who have experience of treating customers with the same condition and whose surgical charges will be covered in full.
- If the previous health insurance scheme included something which is now excluded or limited under your Bupa health insurance scheme, the limit or exclusion will apply to the next stage of treatment. We will pay for a check-up or appointment to monitor/manage chronic conditions during the continuity of care period (6 months), if the previous health plan had been funding them.
- Any policy excess applicable to your Bupa health plan will apply to treatment authorised under the continuity of care arrangement.

[†]This is a summary only and does not form part of the Agreement between the SME group and Bupa for the provision of the scheme. Bupa can make changes to its continuity of care process at any time.

Choose a complimentary product for your employees

You can choose from one of the additional products at no extra cost. Only one product can be selected for your group. Employees cannot choose a different product to add to their individual cover, but other products can be purchased to enhance their health and wellbeing benefits.

Choose one of the following:

Dental Plan – Level 1

- You can see any dentist for private or NHS treatment
- Worldwide preventative dental treatment benefits including routine examinations, dental X-rays and scans and scale and polish
- Worldwide restorative dental treatment benefits
- Cover for emergency dental treatment and dental injury treatment worldwide alongside orthodontic treatment and oral cancer treatment in the UK

Please see page 10

Be.Reassured health assessment

One assessment every two year benefit period for each employee named on the policy

- Up to 60 minutes with a health adviser for a core set of tests aimed at identifying key health risks
- Male or female health checks aimed at early detection of gender-specific cancers
- A consultation with a Bupa doctor for up to 60 minutes
- Lifestyle coaching during and after the assessment

Please see page 11

Elect Well Health

Employees can choose from a range of health plans to suite their individual needs. These include:

- Period Plan
- Menopause Plan
- Men's Sexual Function Plan
- Cancer Checks
- Flu vaccination vouchers

Please see page 13

Bupa Dental Plan

This table describes the benefit allowances each person covered can claim up to in a policy year.

Worldwide preventative and restorative benefits

Level 1	
Worldwide preventative dental treatment	
Routine examination <i>Cover for two visits a year</i>	£80, up to £40 for each visit
Scale and polish (by your dentist or hygienist) <i>Cover for two visits a year</i>	£100, up to £50 for each visit
Virtual routine examination	£20 a year
Dental X-rays and scans	£40 a year
Worldwide restorative dental treatment	
Fillings, fissure sealant and topical fluoride	£150 a year
Extractions	£100 a year
Major restorative dental treatment We cover 80% of restorative treatment costs up to your yearly allowance	up to £275 a year

Other dental benefits

Level 1	
Orthodontic treatment UK only	£300 a year
Emergency dental treatment Worldwide cover	£1,000 a year made up of four emergencies, up to £250 each
Dental injury treatment Worldwide cover	£5,000 a year
Oral cancer treatment UK only	paid in full to diagnose and treat oral cancer when using a fee-assured consultant in a partnership facility
Cash benefit for hospital stay UK only	£100 for each night you stay in hospital, up to £1,000 in each policy year

Be.Reassured health assessment

Including male and female specific tests, Be.Reassured health assessments can give an extensive profile of your employees' health plus recommendations and lifestyle support.

Health adviser – 60 minutes

Doctor – up to 60 minutes

Features	What's included
Core tests	<p>Anthropometry (or physical measurements)</p> <ul style="list-style-type: none"> ■ Height assessment ■ Weight assessment ■ Weight to height ratio ■ Body Mass Index (BMI) ■ Body fat percentage ■ Estimated energy requirement (calories needed to maintain energy balance in healthy individuals) ■ Basal metabolic rate (number of calories required to keep your body functioning at rest) <p>Cardiovascular health</p> <ul style="list-style-type: none"> ■ Blood pressure ■ Kardia heart rhythm screening ■ Resting heart activity (ECG)* ■ Qrisk Cardiovascular disease risk score ■ Comprehensive cholesterol profile <p>Musculoskeletal assessment</p> <ul style="list-style-type: none"> ■ Mobility and flexibility review <p>Wellbeing assessment</p> <ul style="list-style-type: none"> ■ Wellbeing review ■ Sleep review ■ Lifestyle review ■ Goal setting <p>Mental Health and wellbeing assessment</p> <ul style="list-style-type: none"> ■ Anxiety assessment ■ Wellbeing index assessment ■ Depression assessment <p>Diabetes screening</p> <ul style="list-style-type: none"> ■ HBA1C blood test ■ Qdiabetes type 2 risk score
Follow-up support	<ul style="list-style-type: none"> ■ Personalised report ■ GP letter generated if needed ■ Onward referral if needed ■ Two follow-up coaching calls ■ Access to Be.Me app ■ Access to Silvercloud digital wellbeing app ■ Access to 24/7 Anytime HealthLine

*Examination included if clinically indicated.

Features	What's included
Up to 60 minutes with a doctor	<p>Targeted Cancer screening</p> <ul style="list-style-type: none"> ■ Physical Breast screening examination ■ Cervical cancer screening* ■ Physical testicular screening examination ■ Prostate screening examination* ■ PSA Prostate cancer screening blood test* ■ Bowel cancer screening stool test (qFIT)* <p>Organ specific tests</p> <ul style="list-style-type: none"> ■ Lung age test* ■ Kidney function blood test* ■ Liver function blood test* ■ Thyroid function blood test* <p>Nutritional and digestive blood tests</p> <ul style="list-style-type: none"> ■ Vitamin D* ■ Ferritin* ■ B12* ■ Folate* ■ Coeliac* <p>Other tests or consultation</p> <ul style="list-style-type: none"> ■ Full blood count* ■ Haemoglobin anaemia blood test ■ Targeted physical examination (Doctor) ■ Doctor consultation to discuss health concerns (within time allocated)
Bupa Be.Me app	<ul style="list-style-type: none"> ■ Motivational virtual coach ■ Health and wellbeing and mental health questionnaires ■ Health risk profile ■ Bespoke recommendations and wellbeing content

*Examination included if clinically indicated.

Elect Well Health

This option allows your employees to choose a wellbeing solution that suits their individual needs. Each year they can access a new plan of their choosing alongside our health insurance. If they require treatment, a referral can be made as part of their health insurance policy, or through the NHS.

Benefits	Eligibility
<p>Period Plan - one every two years</p> <ul style="list-style-type: none"> ■ 45-minute appointment with a GP for a physical check and tests ■ personalised care plan based on symptoms including premenstrual syndrome, premenstrual dysphoric disorder, and heavy, painful or irregular periods ■ treatment to manage symptoms including prescription writing ■ follow-up referrals if you need further investigations and tests with an NHS or private GP ■ 15-minute follow-up GP appointment, in person or over the phone ■ period advice from our nurse-led helpline for 24/7 support 	<p>Access for the employee</p>
<p>Menopause Plan - one every two years</p> <ul style="list-style-type: none"> ■ 45-minute appointment with a GP specially trained in menopause ■ personalised care plan based on your personal needs ■ onward referrals including hormone therapy treatment, physios, counsellors and prescription writing ■ 30-minute follow-up appointment up to a year after your initial appointment, normally with the same GP ■ menopause advice from our nurse-led helpline for 24/7 support 	
<p>Men's Sexual Function Plan - one every two years</p> <ul style="list-style-type: none"> ■ 30-minute consultation with a Bupa GP, including diabetes, cholesterol and testosterone blood tests ■ 15-minute follow-up appointment ■ consultations and testing kits available face-to-face or remote ■ help with next steps including an onward referral or prescription, if needed 	
<p>Cancer Checks - Female every three years & Male every five years</p> <ul style="list-style-type: none"> ■ 30-minute appointment with a GP to discuss any breast, cervical, prostate or testicular cancer concerns ■ physical examination to check any lumps or swelling ■ PSA blood test or HPV test if needed ■ follow-up private or NHS referral if needed 	
<p>Flu vaccination voucher</p> <ul style="list-style-type: none"> ■ annual flu vaccination voucher posted to your workplace ahead of flu season ■ can be redeemed at Bupa Health Centres and participating pharmacies, subject to availability 	

Helpful information

Consultant and facilities finder

Finder is an easy-to-use, online directory that allows employees to search for Bupa-recognised consultants, therapists and hospitals, as well as Bupa dentists, health centres and care homes. It enables teams to make informed decisions about where to go and who to see for treatment. So they can access the right support for them and be back at their best quicker for you.

Please visit finder.bupa.co.uk

Health and Wellbeing Rewards by Bupa

We're always looking for ways to give your team more from their health cover. Our free Everyday Rewards programme is an attractive incentive that encourages a healthier approach to down-time. It offers discounts from some of the UK's biggest names in health and wellbeing, leisure, travel, home entertainment and retail.

Privacy notice

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

Everyday Rewards by Bupa is not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Rewards by Bupa is promoted by Bupa Investments Limited, 1 Angel Court, London EC2R 7HJ. Terms and conditions can be found at bupa.co.uk/rewards

Bupa Investments Limited will use your information for the purposes of the administration of Rewards by Bupa. For details of how your information will be processed by Bupa, please visit: bupa.co.uk/privacy

Terms and conditions can be found at bupa-rewards.bupa.co.uk/terms-conditions

Health and Wellbeing Rewards by Bupa and Health Trusts are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa Investments Limited will use your information for the purposes of the administration of Health and Wellbeing Rewards by Bupa. For details of how your information will be processed by Bupa, please visit: bupa.co.uk/privacy

For more information about your Bupa policy, speak to your Mercer Marsh Benefits consultant

Notes

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