Your policy summary

Bupa Select Complete

Effective from 1 January 2025

Welcome to Bupa Select Complete. This policy summary contains key information. You should read this carefully and keep it in a safe place. 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 policy guide together with your membership certificate, and confirmation of special conditions (if any).

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 group). 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 premiums the group pays to us for you and any of your dependants, we refer to you in the policy guide as a 'Contributing member'. Contributing members have some legal rights under the Agreement. These rights are explained in the policy guide. Otherwise, only the group 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 policy offers health insurance which aims to fund eligible private medical treatment in the United Kingdom. Bupa Select contains a number of options. The group chooses those it wants to provide as part of your cover under the Agreement. Please read the Bupa Select policy 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 (including any products and equipment used as part of the treatment) of an acute condition, cancer or a mental health condition (depending on your cover for mental health treatment under the Agreement), that is:

- consistent with generally accepted standards of medical practice and best practice in the medical profession in the UK (for example, as specified by the National Institute for Health and Care Excellence (NICE), or equivalent bodies in Scotland)
- clinically appropriate, in terms of the facility or location where the services are provided and the type, frequency, extent and duration of treatment

- demonstrated through scientific evidence to be effective in improving health outcomes
- not provided or used mainly for the convenience or financial (or other) advantage of you, your consultant or another healthcare professional, and
- not excluded under the terms and conditions of the Agreement between the group and Bupa.

How to get treatment and claim

We're here to help.

If it's about:

- cancer
- muscles, bones and joints
- mental health

use our Direct Access service.

You can call us about your symptoms without needing a referral from a GP. We'll provide support, advice, and a referral for consultations, tests or treatment if you need them.

You can find more information on the next page.

If you prefer, see a digital GP or your own GP.

If it's about anything else:

You'll first need to book one of our free digital GP appointments or see your own GP. If you need a consultation, tests or treatment, ask the GP for an open referral and contact us. We can then help you find a consultant or healthcare professional covered by your policy.

We may also accept referrals from other healthcare professionals, find out more at **bupa.co.uk/referrals**.

If you're claiming for cash benefits or health expenses, please contact us and we'll let you know how to claim.

How to get in touch with us

Call

0345 604 0623

We may record or monitor phone calls. If you have hearing or speech difficulties you can use the Relay UK service. Visit **www.relayuk.bt.com** for more information.

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit **bupa.co.uk** or use the My Bupa app.

Direct Access to treatment and care

You don't always need to see a GP before contacting us. With our Direct Access service you can call us if you're worried about cancer, mental health or muscle bone and joint problems. We'll provide support, advice and a referral for consultations, tests or treatment if you need them.

If you have a GP referral, we may also offer you a phone or video assessment with a healthcare professional who specialises in your condition. This will allow you to explore all your treatment options.

If you have a Direct Access phone or video assessment you won't need to pay an excess for it, and we won't take the cost from your outpatient benefit allowance (if either of these apply to your policy). If our Direct Access service refers you for a consultation, tests or treatment you may be able to claim for that consultation, test or treatment and we'll explain how to do this after your assessment.

You can find more information about our Direct Access service at **bupa.co.uk/direct-access**.

Open referral

If you see a GP and you need a consultation, tests or treatment, ask for an open referral. This means, your GP will recommend the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your GP's recommendation to help you choose a fee-assured consultant or healthcare professional covered by your policy.

Need to know

Your membership certificate will show if guided care applies to you. (Look in the group details section, under facility access.)

If you have the guided care option, the following conditions apply.

- You must ask for an open referral from a GP or our Direct Access service (if this is available for your condition).
- You must contact us before arranging any consultations, tests or treatment for pre-authorisation.
- If you need to see a consultant, they need to be in our open-referral network – when you contact us, we'll help you find one.

For anyone aged 17 or under, please ask the GP for a named referral.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or treatment or care so we can:

- confirm whether the consultation, test or treatment is eligible treatment and if it's covered by your policy
- confirm the consultants, healthcare professionals, hospitals or clinics covered by your policy
- let you know how to claim for cash benefits or health expenses benefits, if these are covered, and
- give you a pre-authorisation number.

We may ask you for information about the history of your symptoms, including details from your GP or consultant.

You can then contact the consultant, healthcare professional, hospital or clinic to arrange an appointment. You'll need to give them your pre-authorisation number so we can pay them for your treatment that is covered by your policy. We will write to the main member or to their dependant who is having treatment (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess) to explain how much and who to pay.

Need to know

If you don't get pre-authorisation from us, you'll be responsible for paying all treatment that we wouldn't have pre-authorised if you'd contacted us before arranging it.

Cover for people aged 17 or under

We always need a named referral for a paediatric consultant. If someone aged 17 or under who is covered on your policy needs to see a consultant, please ask their GP for a named referral, not an open referral. Some private hospitals don't provide services for children or have restricted services available, so treatment may be at an NHS hospital. Please visit **finder.bupa.co.uk** to see paediatric services available in your area and contact us before any consultations, tests or treatment so we can confirm that these are covered.

The consultants, healthcare professionals, hospitals and facilities that your policy covers

Your policy covers certain Bupa recognised consultants, healthcare professionals and recognised facilities:

- The facility, consultant or the healthcare professional must be recognised by us for treating the medical condition you have, and for providing the type of treatment you need on the date you receive that treatment.
- If you need inpatient treatment or day-patient treatment (or both), the recognised facility must be part of the facility access list which applies to your cover and is shown on your membership certificate.
- The person who has overall responsibility for your treatment must be a consultant unless a GP or our Direct Access service refers you for outpatient treatment by a therapist, complementary medicine practitioner or mental health and wellbeing therapist.

Need to know

If you have the guided care option, any consultant you see needs to be in our open-referral network.

Summary of cover

This table sets out a high level summary of the type of charges for eligible treatment that are covered and the allowances available for certain benefits. It also shows certain options that are available for the group to select. For full details of your cover see your policy guide which shows the general terms, your membership certificate that shows the cover that your group has selected and is available to you and your confirmation of special conditions (if any). This means you may not have all the cover set out in the policy summary.

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

Facility access
participating facilities or guided care

When you are not admitted to hospital

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Outpatient consultations and treatment	
Outpatient consultations with a consultant	paid in full
Outpatient therapies and complementary medicine	
Facility or consultant charges for outpatient diagnostic tests	
MRI, CT and PET scans	paid in full

When you are admitted to hospital

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Outpatient surgical operations, day-patient or inpatient treatment	
Consultants' fees for surgical and medical hospital treatment	**If the guided care option has not been chosen** ■ consultants who are fee-assured consultants: paid in full ■ recognised consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures **If the guided care option has been chosen** ■ fee-assured consultants in our list of Open Referral Network consultants: paid in full ■ consultants in our list of Open Referral Network consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures
Facility charges for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or inpatient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances	paid in full
Staying in hospital with a child	

Additional benefits

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Private ambulance (when medically necessary and related to private eligible day-patient or inpatient treatment)	up to £80 each single trip
Home nursing (when immediately following private eligible inpatient treatment)	up to £2,000 each year
Treatment at home - instead of inpatient treatment, day-patient treatment or chemotherapy as an outpatient	paid in full with a recognised treatment provider

Cash benefits

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
NHS cash benefit for NHS inpatient treatment	£50 a night for up to 35 nights a year
NHS cash benefit for NHS inpatient treatment for cancer	£100 each night
NHS cash benefit for NHS or day-patient treatment or NHS home treatment for cancer	■ £100 for each day you receive radiotherapy ■ £100 for each day you receive chemotherapy other than oral chemotherapy ■ £100 on the day of your surgical operation
NHS cash benefit for oral drug treatment for cancer	£100 for each three-weekly period
Cash benefit for wigs or hairpieces related to cancer	£100 payable each time: - a new cancer is diagnosed - a previous cancer comes back
Cash benefit for mastectomy bras	£200 paid once per mastectomy operation
Procedure Specific NHS cash benefit	available for certain eligible treatments. Contact us or go to **bupa.co.uk/pscb** for more information

Cancer treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Cancer treatment after a diagnosis of cancer has been confirmed:	
Outpatient consultations with a consultant and outpatient therapies and complementary medicine	paid in full
Hospital or consultant charges for outpatient diagnostic tests	paid in full
Hospital charges for outpatient cancer drugs when 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	paid in full
Consultants' fees for surgical and medical hospital treatment	**If the guided care option has not been chosen** ■ consultants who are fee-assured consultants: paid in full ■ recognised consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures **If the guided care option has been chosen** ■ fee-assured consultants in our list of Open Referral Network consultants: paid in full ■ consultants in our list of Open Referral Network consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures

Cancer treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Cancer treatment after a diagnosis of cancer has been confirmed:	
Facility charges for cancer treatment for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or inpatient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances	paid in full

Mental health treatment

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Consultant psychiatrists' fees and mental health therapy fees for outpatient treatment	paid in full
Facility charges for outpatient mental health diagnostic tests	
Consultant psychiatrists' fees for day-patient and inpatient treatment	**If the guided care option has not been chosen** ■ consultants who are fee-assured consultants: paid in full ■ recognised consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures **If the guided care option has been chosen** ■ fee-assured consultants in our list of Open Referral Network consultants: paid in full ■ consultants in our list of Open Referral Network consultants who are not fee-assured consultants: up to the amounts shown in the Bupa schedule of procedures up to a maximum of 45 days each membership year for mental health day-patient and inpatient treatment combined and not individually
Facility charges for day-patient and inpatient treatment	paid in full up to a maximum of 45 days each year for mental health day-patient and inpatient treatment combined and not individually

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 depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Family cash benefit (this cover applies to the main member only)	£200 for each birth or adoption

Add-on – optical, accidental dental injury, prescription cash benefit

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
The following benefits are available to members who are aged 16 or over at the start of the policy year (see the Cash Benefit section in the Bupa Select policy guide for details)	
Optical cash benefit	up to £100 in any two year benefit period
Accidental dental injury cash benefit	up to £900 each year
Prescription cash benefit	up to £20 each year

Options to enhance cover (additional subscriptions apply)

Type of treatment depending on your cover under the Agreement	Allowances depending on your cover under the Agreement
Island cover – for residents of Jersey, Guernsey or the Isle of Man only. This can't be selected together with the guided care option	
Consultants' fees for eligible day-patient and inpatient operations	paid in full
Travel costs to the UK mainland for you to receive eligible treatment	up to £240 for a return trip
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
Nursing care by a qualified nurse during your journey	up to £100 for a single trip

Options to manage costs

Name of option	Choice available
Policy excess	£0, £100, £150, £200 or £500
The six-week scheme ■ if the NHS can provide day-patient or inpatient treatment (including diagnostic procedures) within six weeks of the date the consultant recommends the treatment or diagnostic procedures, then treatment or diagnostic procedures are with the NHS. If not, the treatment or diagnostic procedures will be covered by Bupa ■ selecting this option removes cover for NHS cash benefits for NHS inpatient treatment	six-week scheme not selected (default) or six-week scheme selected
Fixed rate the fixed rate option allows you to fix the rates you pay per member 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 rate period will not affect the fixed rates but may affect the price you pay for the policy after renewal. Examples of membership changes include (but are not limited to): adding or removing members from the policy, babies that are previously covered free of charge 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	two-year fixed rate option not selected (default) or two-year fixed rate option selected

What your policy does not cover

There are certain medical conditions and treatments that you're not covered for. There are exceptions to some exclusions. The Bupa Select policy guide and your membership certificate together provide the details of your cover.

The excluded medical conditions and treatments include:

- accident and emergency treatment
- advanced therapies and specialist drugs
- allergies, allergic disorders or food intolerances
- benefits that are not covered or are above your benefit allowances
- birth control, conception and sexual problems
- chronic conditions
- contamination, wars, riots and some terrorist acts
- convalescence, rehabilitation and general nursing care
- cosmetic, reconstructive or weight loss treatment
- deafness
- dental or oral treatment
- dialysis
- eyesight
- gender dysphoria or gender affirmation
- intensive care (other than routinely needed after private day-patient treatment or inpatient treatment)
- learning difficulties, behavioural and developmental conditions
- leg varicose veins
- managing symptoms of ageing, menopause and puberty
- 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, you haven't received medication, advice or treatment or experienced symptoms of that disease, illness or injury
- outpatient drugs, dressings, complementary and alternative products
- overseas treatment
- pandemic or epidemic disease
- physical aids and devices
- pre-existing conditions for underwritten members: by underwritten members we mean a member who as part of their application to join, were required to provide details of their medical history to us for the purpose of underwriting
- pregnancy and childbirth
- screening, monitoring and preventive treatment
- sleep problems
- special conditions
- speech and language disorders

- temporary relief of symptoms
- treatment or medical conditions that are not covered, and their complications
- unproven drugs and treatment
- unrecognised healthcare professionals, hospitals and clinics.

How long your cover will last

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

Changing your mind

You or your group 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.

How to get in touch with us

Call

0345 604 0623

Lines are open between 8am and 8pm Monday to Friday and 8am to 4pm Saturday. We may record or monitor phone calls.

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit **bupa.co.uk** or use the My Bupa app.

Write

Write to us at: **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

If you have hearing or speech difficulties

You can use the Relay UK service, visit **www.relayuk.bt.com** for more information.

If you have sight difficulties

We have documents in braille, large print or audio.

Please let us know if you'd like us to send your documents in any of these formats.

How to complain

We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch

Call us: using your Bupa helpline number, which you can find on your membership certificate or call our Customer Relations team on **0345 606 6739** between 9am and 5pm, Monday to Friday. (We may record or monitor phone calls.)

Chat to us online: **bupa.co.uk/complaints**.

Email us: **customerrelations@bupa.com** (please include your membership number).

If you need to send us sensitive information you can email us using Egress, which is a free secure email service. Visit **switch.egress.com**.

Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review.

You can:

- visit **financial-ombudsman.org.uk**
- call them on **0800 023 4567**
- email them at **complaint.info@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 information that is necessary to investigate your complaint, but this may include medical information. If you're concerned about this, please contact us.

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, pay compensation. You can get more information at **www.fscs.org.uk** or by calling the FSCS on **0800 678 1100** or **020 7741 4100**.

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 policy guide or the full version online at **bupa.co.uk/privacy**.

Bupa health insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales with registration number 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 with registration number 3829851.

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