When it comes to making the best choices about your health and care, it’s reassuring to know you have expert guidance. Introducing Guided Care - a fast, simple option for access to the healthcare that you want for a lower price, without compromising on the quality of care you expect from us.

Bupa Guided Care.
Giving you access to more affordable care.

With Guided Care, we provide a shortlist of choices for consultations and treatments using our Open Referral network and Direct Access service. We work with a large network of over 19,000 consultants across the UK.

Clear choices
You’re always in control. We make it simpler by offering you a shortlist of appropriate consultants to choose from. Use Finder, our online guide to discover more about the consultants we offer you. Go to finder.bupa.co.uk

Quality reassurance
All consultants in our Open Referral network offer care in line with medical best practice, a high standard of customer service, and manage the total cost of the care they deliver.

Good value
We carefully choose Open Referral consultants based on total cost of care, so you can access quality healthcare with all the costs covered by your scheme. No shortfalls for you to pay – guaranteed.

For many conditions, you can speak to a medical specialist without needing to a GP†
We call this Direct Access. This is available for the following conditions:
- any suspected symptom of cancer
- muscle, bone and joint problems
- mental health conditions

How it works

**Step one**
If you need to see a consultant, call us first if direct access* is available, or ask your GP for an 'open referral'.

**Step two**
Call us to pre-authorise any consultations, tests or treatment you need.

**Step three**
We’ll offer you two or three consultants that all meet our cost and high quality criteria for you to choose from.

90 percent of customers can find the care they need within 45 minutes of home using our network of consultants.

Over 79,000 members were able to get the help they needed quickly without waiting to see a GP via our Direct Access service.

*Excess and out-patient benefit limits still apply.

*Direct Access telephone services are available as long as the symptoms are covered under the policy. If your cover excludes conditions you had before your policy started, we’ll ask you to provide evidence from your GP that your symptoms are not pre-existing for a period of up to two years from policy start date (or five years in the case of mental health). We can then refer you to a consultant or therapist through the Direct Access service.

Always call us first to check your eligibility.

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