What is insured?

Getting Diagnosed
- Out-patient consultations – paid in full
- Diagnostic tests and surgical operations for the diagnosis of your condition – paid in full
- Diagnostic scans (MRI, CT, PET) – paid in full

Other benefits
- Anytime HelpLine – 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

Cancer cover options available
- Full cancer cover
- No cancer cover

Other options
- 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 policy benefits and terms booklet provides full details of how it works

What is not insured?

- Accident and emergency admissions
- Allergies, allergic disorders or food intolerances
- Birth control, conception and sexual problems
- Complications from excluded conditions/treatment and experimental treatment
- Contamination, wars, riots and terrorist acts
- Convalescence, rehabilitation and general nursing care
- Deafness
- Gender dysphoria or gender affirmation
- Pandemic or epidemic disease
- Learning difficulties, behavioural and developmental conditions
- Medical exclusions (special conditions) as detailed on any confirmation of special conditions we send
- Mental health treatment
- Post diagnosis in-patient, day-patient and out-patient hospital treatment
- Post diagnosis scans and tests
- Sleep problems and disorders
- Special conditions

Are there any restrictions on cover?

- Advanced therapies and specialist drugs
- 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 healthcare facility from your Bupa network and a Bupa recognised consultant who agrees to charge within our limits (a fee-assured consultant)
- Chronic conditions
- Complementary medicine including Chiropractors and Osteopaths
- Cosmetic, reconstructive or weight loss treatment
- Dental/oral treatment
- Dialysis
- Drugs and dressings for out-patient or take home use and complementary and alternative products
- Experimental drugs and treatment
- Eyesight
- Intensive care
- Physical aids and devices
- Pre-existing conditions
- Pregnancy and childbirth
- Screening, monitoring and preventive treatment
- Speech disorders
- Temporary relief of symptoms
- Treatment and scans must be in a Bupa recognised facility
- Treatment must be provided by a consultant recognised by Bupa for the treatment you need
- Treatment to relieve the symptoms of ageing, menopause and puberty
- Varicose veins of the legs

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 policy benefit and terms booklet
- 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, write to us at Bupa, Bupa Place, 102 The Quays, Salford M50 3SP, or email us at: consumer.cancellations@bupa.com. Please be careful what you include as email may not always be secure.

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](http://www.relayuk.bt.com). We also offer documents in Braille, large print or audio.