Your additional summary

Product information for distributors

Effective from 1 October 2022
Under rules described in the FCA Product Intervention and Product Governance Sourcebook (PROD), Bupa UK Insurance is obliged to provide information to distributors for them to determine which products would best suit their customers’ needs. In addition, we have chosen to also include information in the summary on our Health Trust arrangements.

This document describes the target market, strategy and key product characteristics to help our distributors identify and match the relevant Bupa products to the identified needs of the customer.

We recommend distributors read in full this document, the membership and trust guides, policy wordings, policy summaries and tables of cover (as applicable). These are available from the intermediary portal or from your account manager. Together they provide information on the main features, benefits, limitations and exclusions of our insurance products and health trust administration schemes, and their costs.

It also provides a summary of:

- details of our product approval and development process
- target market and the suggested distribution strategy
- conflicts of interest.

Please note
This document is for intermediary use only and must not be shared with customers.

If you have any questions about any of the content of this document or need any further information then please contact your account manager.
Product approval process

1. Bupa’s process for new product development
Proposition lifecycle management is a core capability for Bupa, to effectively develop, market and manage propositions designed to meet the needs of a target market; this includes developing and designing new products.

The process ensures Bupa’s propositions will be high quality, and will meet our regulatory requirements in this area.

This diagram shows the high level product or proposition process:

The product development process is controlled through a governed gated sign off process ensuring that products are developed to meet customers’ needs and the target market. All key business functions are part of this governance process including Legal, Compliance, Risk, and Medical Policy teams.

2. Bupa’s process for In-Life Product Management
Product management is a core capability for Bupa, which enables us to effectively manage our existing portfolio of products. This includes regular review of products and propositions and enhancing existing products and benefits. The ‘In-Life Product Management’ (ILPM) process ensures that products continue to be marketed to, and continue to meet, the needs of the target market.

**Fair Value Assessments**
We carry out an annual fair value assessment on the products listed in this document to ensure that

- they continue to provide fair value for customers in the target market,
- the total benefits provided are proportionate to the costs and
- the distribution strategy remains appropriate.

We monitor and review product performance to ensure that the product continues to meet the interests, needs, objectives and characteristics of customers in the target market.

The fair value assessments take into account commission paid by Bupa to distributors. If distributors charge customers additional fees they will need to consider the effect this may have on the value of the product.

The fair value assessment includes a review of key metrics including loss ratios, claims frequency, claims acceptance rates, services levels and customer complaints. For Bupa’s value measures products (Cash Plan and Dental) the fair value assessments incorporate values measures data.

In the event that an assessment indicates that a product does not provide fair value we will take appropriate and necessary steps to remedy, including informing intermediaries and customers of this outcome and any actions they need to take.
Target market, product value and distribution channels – Health Insurance and Health Trusts

1. Target market for Health Insurance (Private Medical Insurance (PMI)) and Health Trusts
PMI and Health Trusts are designed to cover the costs of pre-planned (ie not accident and emergency treatment) private healthcare interventions, from diagnosis to treatment (depending on the level of cover required and purchased) and may even give a cash benefit for stays in NHS hospitals. Bupa has a range of products designed to appeal to individuals, families, small medium enterprise (SME) and Corporate customers. Health Trusts are only available to Corporate customers. A Health Trust is an alternative to an insurance arrangement for employers to provide healthcare benefits for their employees.

2. Value provided by Health Insurance (PMI) and Health Trusts
- With the NHS coming under increasing pressure to provide its services, PMI and Health Trusts provide customers with peace of mind and faster access to medical treatment if they need it.
- PMI and Health Trusts provide greater flexibility and choice, eg access to Digital GP, Family Mental HealthLine and Anytime HealthLine for expert support and advice.
- Convenience and peace of mind – being able to plan treatment to suit life and commitments.
- Access to eligible breakthrough cancer drugs and treatments, often before they are available on the NHS or approved by NICE as long as they are evidence based. Subject to policy benefits and terms.
3. Distribution channels for Health Insurance and Health Trust products and particular targeting characteristics

In order to help distributors understand the products offered by Bupa, the following table provides some further guidance on the distribution channels and refinement of the target market which should be taken into consideration, for each product.

In addition to the below, please visit the Consumer Intermediary Portal or Bupa Connect for more information about the key benefits, eligibility criteria, limitations and exclusions for each product or contact your account manager for further information.

All intermediaries must comply with the terms, limitations and restrictions as set out in their Terms of Business Agreement with Bupa.

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<tr>
<th>Product name</th>
<th>Distribution channels</th>
<th>Target segment</th>
<th>Provides value to customers with the following characteristics, needs and objectives</th>
<th>Customers for whom the product would not provide the intended level of value</th>
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</table>
| Bupa By You (BBY) | Telephone/online/face-to-face | Consumer | - Standard age band for joining is 18 to 100.  
- All members must be resident in the UK and have been resident there for at least six months (including Channel Islands and Isle of Man).  
- All members must have been registered continuously with a UK GP for a period of at least six months, and/or be able to provide full medical records in English.  
- Child dependants can be enrolled up to and including 20 years old. If they are a student in full-time education they can be enrolled up to and including 23 years of age.  
- Once the child dependant is a member, we then allow him/her to stay on the policy indefinitely.  
- All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case. | - Members resident outside the UK or seeking treatment outside the UK.  
- Members seeking cover for:  
  - pre-existing medical conditions  
  - Chronic conditions  
  - Cosmetic surgery  
  - Accident and emergency admissions.  
- Members who receive payment for taking part in sports. |
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| Bupa Fundamental Health Insurance (BFHI) | Telephone/face-to-face | Consumer      | - Standard age band for joining is 18 to 100.  
- All members must be resident in the UK and have been resident there for at least six months (including Channel Islands and Isle of Man).  
- All members must have been registered continuously with a UK GP for a period of at least six months or have access to their medical records in English.  
- Members must not receive payment for taking part in sports.  
- Child dependants can be enrolled up to and including 20 years old. Students in full-time education can be enrolled up to and including 23 years of age.  
- Once the child dependant is a member, we then allow him/her to stay on the policy indefinitely.  
- All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case. | - Members resident outside the UK or seeking treatment outside the UK.  
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▪ Bupa Health is open to new business from selected affinity schemes and ex group schemes.  
▪ Bupa Health is open to renewal transfers from existing customers holding other products within the Bupa Health suite who are seeking to change their cover and/or price.  
▪ All members must be resident in the UK and have been resident there for at least six months (including Channel Islands and Isle of Man).  
▪ All members must have been registered continuously with a UK GP for a period of at least six months.  
▪ Child dependants can be enrolled up to and including 20 years old. If they are a student in full-time education they can be enrolled up to and including 23 years of age.  
▪ Once the child dependant is a member, we then allow him/her to stay on the policy indefinitely.  
▪ All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case. | ▪ Members resident outside the UK or seeking treatment outside the UK.  
▪ Members seeking cover for:  
  ▪ pre-existing medical conditions  
  ▪ Chronic conditions  
  ▪ Cosmetic surgery  
  ▪ Accident and emergency admissions.  
▪ Members who receive payment for taking part in sports. |
| Standard/Care products | Telephone/face-to-face | Consumer       | ▪ Standard/Care products include: BupaCare, SeniorCare, EssentialCare, Senior EssentialCare, LocalCare, Local HospitalCare, EmployeeChoice and EmployeeChoice Essential.  
▪ SeniorCare, EssentialCare and Senior EssentialCare are closed to new business. | |


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| Standard/ Care products (continued) | Telephone/ face-to-face | Consumer      | - EmployeeChoice products are closed to new business but remain open to renewal transfers from existing customers within the EmployeeChoice suite who are seeking to change their cover and/or price – ie moving from Essential to Standard.  
- BupaCare, LocalCare and Local HospitalCare are open to new business from selected affinity schemes.  
- BupaCare and Local HospitalCare are open to new business from ex group schemes.  
- All members must be resident in the UK and have been resident there for at least six months (including Channel Islands and Isle of Man).  
- All members must have been registered continuously with a UK GP for a period of at least six months, and or be able to provide full medical records in English.  
- Child dependants can be enrolled up to and including 20 years old. Students in full-time education can be enrolled up to and including 23 years of age.  
- Once the child dependant is a member, we then allow him/her to stay on the policy indefinitely.  
- The rules for some affinity schemes and selected EmployeeChoice Groups require child dependants to be removed at the first renewal after their 21st birthday (24th birthday if they are a student in full-time education).  
- Members may apply to add a new born baby to their policy. New born babies will be covered free of charge until the member’s next renewal.  
- All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case. | - Members resident outside the UK or seeking treatment outside the UK.  
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| ClientChoice and Bupa Options products | Telephone/face-to-face | Consumer | - ClientChoice and Bupa Options products include: ClientChoice, ClientChoice Essential, ClientChoice Plus, Bupa Options Essential, Bupa Options Essential Plus and Bupa Options Enhanced.  
- ClientChoice products are closed to new business but remain open to renewal transfers from existing customers within the ClientChoice suite who are seeking to change their cover and/or price – ie moving from Essential to Standard.  
- All members must be resident in the UK and have been resident there for at least six months (including Channel Islands and Isle of Man).  
- All members must have been registered continuously with a UK GP for a period of at least six months.  
- Members must not receive payment for taking part in sports.  
- Child dependants can be enrolled up to and including 20 years old. If they are a student in full-time education they can be enrolled up to and including 23 years of age.  
- Once the child dependant is a member, we then allow him/her to stay on the policy indefinitely.  
- Members may apply to add a new born baby to their policy. New born babies will be covered free of charge until the member’s next renewal.  
- All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case. | - Members resident outside the UK or seeking treatment outside the UK.  
- Members seeking cover for:  
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- Heartbeat products are closed to new business but Healthcare Select 2, Healthcare Select 3 and Healthcare Select 3 Plus remain open to renewal transfers from existing customers holding other products within the Heartbeat suite who are seeking to change their cover and/or price.  
- All members must be resident in the UK and have been resident there for at least six months (including Channel Islands and Isle of Man).  
- All members must have been registered continuously with a UK GP for a period of at least six months.  
- Child dependants can be enrolled up to and including 20 years old. If they are a student in full-time education they can be enrolled up to and including 23 years of age.  
- Once the child dependant is a member, we then allow him/her to stay on the policy indefinitely.  
- Members may apply to add a new born baby to their policy. New born babies will be covered free of charge until the member’s next renewal.  
- All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case. | - Members resident outside the UK or seeking treatment outside the UK.  
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| Bupa Kingston Products  
(In 2021 Bupa acquired CS Healthcare  
- CS Healthcare is a Friendly Society providing health insurance cover for members of the UK Civil Service). | Telephone/Face to face | Consumer | ▪ Bupa Kingston products include: Bupa Your Choice, Bupa Standard and Bupa Premium.  
▪ Bupa Kingston products are closed to new business but Bupa Standard and Bupa Premium members can transfer to Bupa Your Choice if they are seeking to change their cover and/or price. | ▪ Members resident outside the UK or seeking treatment outside the UK.  
▪ Members seeking cover for:  
  - pre-existing medical conditions  
  - Chronic conditions  
  - Cosmetic surgery  
  - Accident and emergency admissions. |
|               |                       |                | ▪ Product Eligibility  
  ▪ All members must have been resident in the UK for at least 2 years and  
  ▪ All members must have been registered with an NHS GP, who is not a family member for at least 2 years.  
  ▪ Members must not receive payment for taking part in sports. | |
|               |                       |                | ▪ Society Eligibility – pre 2019  
  The following persons are eligible for membership of the society:  
  ▪ Serving civil servants (members of the home civil service, the diplomatic service, and the Northern Ireland civil service).  
  ▪ Other crown servants (including employees of the Royal Households, the Houses of Parliament, the Scottish Parliament, the Welsh Assembly, the Northern Ireland Assembly and judiciary).  
  ▪ Members of her majesty's armed forces (including the reserve forces).  
  ▪ Employees of government agencies, non-departmental government public bodies, research councils, libraries, museums and galleries and other grant aided bodies.  
  ▪ Other public sector staff (including local government employees, national health service employees, police officers, university staff and teachers). | |


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| Bupa Kingston Products (continued) | Telephone/ Face to face | Consumer | ▪ Employees of bodies formerly part of the civil service (including the Post Office, BT, Civil Aviation Authority, Stationary Office, BNFL, QinetiQ).  
▪ Employees of organisations in the voluntary, charity and not for profit sectors.  
▪ Employees or members of any other group or organisation approved by the board for the purpose of this rule.  
▪ Persons who formerly met the criteria above.  
▪ The spouse, partner or adult relative of a person qualifying under the rules above.  
▪ Other public sector staff (including local government employees, national health service employees, police officers.  
▪ Employees of bodies formerly part of the civil service (including the Post Office, BT, Civil Aviation Authority, Stationary Office, BNFL, QinetiQ).  
**Society Eligibility – post 2019**  
The following persons are eligible for membership of the society:  
▪ Any person may become a Member, at the discretion of the Board on consideration of evidence of health and such other matters as the Board may determine from time to time.  
▪ In the case of a group scheme the Qualifying Person shall be treated as the Member for the purposes of these.  
▪ Members resident outside the UK or seeking treatment outside the UK.  
▪ Members seeking cover for:  
  ▪ pre-existing medical conditions  
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  ▪ Accident and emergency admissions.  
▪ Members who receive payment for taking part in sports. |
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<th>Special targeting characteristics</th>
<th>Not suitable for</th>
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</thead>
<tbody>
<tr>
<td>Select Community/age rated</td>
<td>Telephone/online/face-to-face</td>
<td>SME</td>
<td>Sponsor</td>
<td>Members who are either resident or are seeking treatment outside the UK.</td>
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<td>The company, partnership, sole trader or charitable organisation described as the ‘group sponsor’ in the Group Certificate. In order to be eligible the sponsor must:</td>
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<td>- be involved in the performance of some business or commercial purpose which is resourced via the main members, and</td>
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<td>- include a minimum of two main members in the scheme.</td>
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<td>During the term of the Agreement we will consider, on a case by case basis, any request to reduce the number of Main Members in the Scheme to one. We will determine in our sole discretion whether to allow any such reduction or to end the Agreement.</td>
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<td>Group</td>
<td>Members who seek to cover the members for treatment, services and charges that are excluded within the 'what is not covered' section of the membership guide.</td>
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<td>Means collectively all main members and dependants covered under the scheme.</td>
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<td>The Group includes only the following members:</td>
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<td>1. the opening main members, meaning, as notified to us at the commencement of the scheme, individuals who meet at least one of the following eligibility requirements:</td>
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<td>- the sponsor (if an individual),</td>
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<td>- employees, and</td>
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<td>- any individuals who are partners of a sponsor (if the sponsor is a partnership), and</td>
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<td>- if specifically included by agreement with us:</td>
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<td>- retired former employees who, at the time of their retirement were main members of the Group, and/or</td>
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<td>- widows, widowers, or civil partners of deceased main members, and</td>
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<td>Members who seek to cover the members for treatment, services and charges that are excluded within the 'what is not covered' section of the membership guide.</td>
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<td>Members who seek to cover the members for treatment, services and charges that are excluded within the 'what is not covered' section of the membership guide.</td>
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<td>Members who intend to opt for a moratorium or underwritten scheme and seek to cover the members for treatment or services for pre-existing medical conditions as cover may be limited or restricted.</td>
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<td>Members who want their employees to pay Bupa direct.</td>
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<tr>
<td><strong>Select</strong></td>
<td>Telephone/online/face-to-face</td>
<td>SME</td>
<td>2. if specifically included by agreement with Us, Dependents of Main Members (Child Dependents will be removed from cover on the first Cover End Date, as defined in the Membership Guide, following their 30th birthday); and 3. any main members or dependants who are added to the scheme mid-year, following the occurrence of a Life Event. Bupa may request reasonable evidence of a Life Event to be provided, before permitting a new member to be added to the scheme. All members must be resident in the United Kingdom. All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case.</td>
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<td>Product name</td>
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<td>Special targeting characteristics</td>
<td>Bupa’s PMI and Health Trust contracts are not suitable for</td>
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</tbody>
</table>
| Bupa Select including Stop Loss Experience rated | Telephone/face-to-face     | Corporate     | - UK registered businesses only.  
- Minimum group size of 50 registrations for Insurance scheme.  
- Minimum group size of 300 registrations for Master Trust.  
- Minimum group size of 700 registrations for Client Health Trust.  
- Standard age bands for joining cover are 0 to 65 and 65+, with ability for Corporate clients to tailor this product feature.  
- Standard maximum dependant age 24, with ability for Corporate clients to tailor this product feature.  
- Customers must be resident in the UK. All treatment must be carried out in a recognised facility in the UK unless we specifically authorise otherwise in a particular case.  
- Customers who are either resident or are seeking treatment outside the UK.  
- Customers seeking cover for treatment, services and charges that are excluded within the ‘what is not covered’ section of the membership / trust guide.  
- Customers seeking treatment by non-recognised consultants and/or non-recognised facilities unless we specifically authorise otherwise in a particular case.  
- Cover may be limited or restricted for customers who are seeking treatment or services for pre-existing medical conditions and are part of a moratorium or underwritten scheme.  
- Customers who want their employees to pay Bupa direct.  
- Customers on a health trust scheme who will not provide consent to process special category information. |
1. Target market for Dental Insurance
Dental Insurance policies are designed to cover eligible preventative and restorative dental treatment, treatment of dental injury, emergency dental treatment and oral cancer.

Our range of products for SME and Corporate sectors are designed to appeal to a variety of customers across the UK, from those looking to spread the cost of their treatment to those who are looking for cover should they need more significant dental treatment. Pre-existing conditions are not covered on some benefits on Dental Choice/Plan products.

Bupa has specific products aimed at customers that offer a broad choice of cover to help suit their needs and budgets.

2. Distribution channels for dental products and particular targeting characteristics
In order to help distributors understand the products offered by Bupa, the following table provides some further guidance on the distribution channels and refinement of the target market which should be taken into consideration for each product.

In addition to the below, please visit Bupa Connect for more information about the key benefits, eligibility criteria, limitations and exclusions for each product or contact your account manager for further information.

All intermediaries must comply with the terms, limitations and restrictions as set out in their Terms of Business Agreement with Bupa.
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| Dental Plan  | Telephone/face-to-face/Bupa Connect | SME/Corporate | ▪ For employers that want to offer their employees (company funded or employee funded) a simple yet comprehensive Dental Insurance product to contribute to/cover dental expenses such as preventative and restorative treatment as well as emergency and injury treatment, orthodontics, hospital cash benefit and oral cancer treatment.  
▪ There are five levels: Levels 1 to 5 with increasing levels of cover enabling employers/employees to choose the right level for their needs.  
▪ Designed for SME businesses (ie businesses with more than 2 employees or fewer than 250 employees) and Corporate businesses (> 250 employees).  
▪ We can only enter into a contract with companies which are UK legal entities.  
▪ Main members must be an employee of the sponsor or a retired employee who at the time of retirement was a main member of the scheme.  
▪ Main members can join the policy from 18 years old. There is no maximum age from which they can join.  
▪ All members must be resident in the UK. UK means Great Britain, Northern Ireland, The Channel Islands and the Isle of Man.  
▪ Child dependants are only eligible to be members if they are under 24 years old. The cover for any child dependant will end at the next annual renewal date following their 24th birthday.  
▪ Cover for dental treatment provided by a Dental Professional in the UK (Great Britain, Northern Ireland, The Channel Islands and the Isle of Man); and World Wide for preventative, restorative, emergency and injury treatment. | ▪ Not designed for consumer members (ie members of the public).  
▪ Companies seeking to provide cover to those who are not employed by them.  
▪ Not designed for companies with less than 2 employees.  
▪ Not designed for companies which are not UK legal entities.  
▪ Main members not employed by the sponsor.  
▪ Main members or partners under the age of 18.  
▪ Anyone not permanently living in the UK. UK means Great Britain, Northern Ireland, The Channel Islands and the Isle of Man.  
▪ Those seeking treatment provided by non-dental professionals.  
▪ Those seeking cosmetic dental treatment.  
▪ Those seeking treatment for pre-existing gaps. |
## Product targeting

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| Dental Choice | Telephone/face-to-face/Bupa Connect | SME/Corporate | ▪ For employers that want to offer their employees (company funded or employee funded) a cost effective Dental Insurance product to contribute to / cover dental expenses such as preventative and restorative treatment as well as emergency and injury treatment, orthodontics, hospital cash benefit and oral cancer treatment.  
▪ There are five levels: Choice 1, 2, 3, 4 and 5 with increasing levels of cover enabling employers/employees to choose the right level for their needs.  
▪ Designed for SME businesses (ie businesses with more than 2 employees or fewer than 250 employees) and Corporate businesses (> 250 employees).  
▪ We can only enter into a contract with companies which are UK legal entities.  
▪ Main members must be an employee of the sponsor or a retired employee who at the time of retirement was a main member of the scheme.  
▪ Main members can join the policy from 18 years old. There is no maximum age from which they can join.  
▪ All members must be resident in the UK. UK means Great Britain, Northern Ireland, The Channel Islands and the Isle of Man.  
▪ Child dependants are only eligible to be members if they are under 24 years old. The cover for any child dependant will end at the next annual renewal date following their 24th birthday.  
▪ Cover for dental treatment provided by a Dental Professional in the UK (Great Britain, Northern Ireland, The Channel Islands and the Isle of Man); and World Wide for preventative, restorative, emergency and injury treatment. | ▪ Not designed for consumer members (ie members of the public).  
▪ Companies seeking to provide cover to those who are not employed by them.  
▪ Not designed for companies with less than 2 employees.  
▪ Not designed for companies which are not UK legal entities.  
▪ Main members not employed by the sponsor.  
▪ Main members or partners under the age of 18.  
▪ Anyone not permanently living in the UK. UK means Great Britain, Northern Ireland, The Channel Islands and the Isle of Man.  
▪ Child dependants over the age of 24.  
▪ Those seeking treatment provided by non-dental professionals.  
▪ Those seeking cosmetic dental treatment.  
▪ Those seeking treatment for pre-existing gaps. |
Target market and distribution channels – Health Cash Plans

1. Target market for Health Cash Plans
Cash plans are products designed to help claim money back towards everyday health expenses for a monthly premium. The cover provides a number of routine health benefits, such as money back towards dental treatments and check-ups, optical tests and prescriptions. Depending on the cash plan product chosen, a cash plan can also cover some less routine health expenses such as therapies, laser eye treatment and consultations.

Bupa offers full cash back up to annual benefit limits and a choice of levels of cover for main members, their partners and up to four child dependants under 24 years old.

Cash plans are products suitable for a wide range of customer types across the SME and Corporate segments.

2. Distribution channels for Health Cash Plan products and particular targeting characteristics
In order to help distributors understand the products offered by Bupa, the following table provides some further guidance on the distribution channels and refinement of the target market which should be taken into consideration, for each product.

In addition to the below, for more information about the key benefits, eligibility criteria, limitations and exclusions for each product please contact your account manager.

All intermediaries must comply with the terms, limitations and restrictions as set out in their Terms of Business Agreement with Bupa.
<table>
<thead>
<tr>
<th>Product name</th>
<th>Distribution channels</th>
<th>Target segment</th>
<th>Special targeting characteristics</th>
<th>Customers outside the target market</th>
</tr>
</thead>
</table>
| Cash Plan 100      | Telephone/face-to-face | Corporate      | - Cash Plan 100 is a product specifically designed for a sponsor or an employee of the sponsor (or a partner of the sponsor if a partnership) living permanently in the UK. Sponsor means the entity with whom Bupa have entered into an agreement to provide cover. Once accepted as a main member, there is no maximum age limit for being a main member on this policy.  
- Only entities that are registered in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland.  
- Partners can only be accepted initially if aged between 18 and 69. However, once accepted as members, there is no maximum age limit for being a main member or partner on this policy. | - Products designed to claim money back towards non-health or non-wellbeing related expenses.  
- Anyone who is not a sponsor or an employee of the sponsor (or a partner of the sponsor if a partnership).  
- Partners under the age of 18 or 70 or above when setting up a new policy.  
- Not designed for entities that are not registered in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland. |
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</tr>
</thead>
</table>
| Cash Plan 100 | Telephone/face-to-face | Corporate      | ▪ Child dependants are only eligible to be members if they are under 24 years old. Once child dependants are accepted as members, they can continue to be covered under the policy until the end of the month in which they have their 24th birthday.  
▪ All members must permanently live in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland.  
▪ Cover for treatment, goods or services received in the UK, Channel Islands or Isle of Man. Goods (e.g., prescribed glasses or contact lenses, including those purchased over the internet) provided by a UK, Channel Islands or Isle of Man based and registered company, and invoiced in pounds sterling.  
▪ A one year qualifying period applies before the birth and adoption benefit will be payable. | ▪ Child dependants over the age of 24.  
▪ Anyone not permanently living in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland.  
▪ We don't cover for treatment, goods or services received outside the UK, Channel Islands or Isle of Man. Goods (e.g., prescribed glasses or contact lenses, including those purchased over the internet) that are not provided by a UK, Channel Islands or Isle of Man based and registered company, and not invoiced in pounds sterling. |
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</thead>
<tbody>
<tr>
<td>Bupa Wellbeing Health Expenses</td>
<td>Telephone/face-to-face</td>
<td>SME/Corporate</td>
<td>Bupa Wellbeing Health Expenses is a product specifically designed for a sponsor or an employee of the sponsor (or a partner of the sponsor if a partnership) living permanently in the UK. Sponsor means the entity with whom Bupa have entered into an agreement to provide cover. Where there is a sponsor funded arrangement the sponsor must fund premium in full for the membership level the sponsor specifies. However, the sponsors’ employees can have the option to upgrade to a higher membership level, at their own cost. Once accepted as a main member, there is no maximum age limit for being a main member on this policy. Partners can only be accepted initially if aged between 18 and 69. However, once accepted as members, there is no maximum age limit for being a partner on this policy. Child dependants are only eligible to be members if they are under 24 years old. Once child dependants are accepted as members, they can continue to be covered under the policy until the end of the month in which they have their 24th birthday. All members must permanently live in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland.</td>
<td>Products designed to claim money back towards non-health or non-wellbeing related expenses. Anyone who is not a sponsor or an employee of the sponsor (or a partner of the sponsor if a partnership). This product is not suitable where there is not a sponsor funded arrangement ie the sponsor must fund premium in full for the membership level the sponsor specifies. Partners under the age of 18 or 70 or above when setting up a new policy. Child dependants over the age of 24. Under 18s who wants the Bupa health assessment benefit (if applicable to the cash plan). Anyone not permanently living in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland. Not designed for entities that are not registered in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland. We don’t cover for treatment, goods or services received outside the UK, Channel Islands or Isle of Man. Goods (eg prescribed glasses or contact lenses, including those purchased over the internet) that are not provided by a UK, Channel Islands or Isle of Man based and registered company, and not invoiced in pounds sterling.</td>
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<tr>
<td>Bupa Wellbeing Health Expenses (continued)</td>
<td>Telephone/face-to-face</td>
<td>SME/Corporate</td>
<td>▪ Only entities that are registered in the UK. UK means Great Britain (England, Scotland and Wales) and Northern Ireland. ▪ Cover for treatment, goods or services received in the UK, Channel Islands or Isle of Man. Goods (eg prescribed glasses or contact lenses, including those purchased over the internet) provided by a UK, Channel Islands or Isle of Man based and registered company, and invoiced in pounds sterling.</td>
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</tbody>
</table>
Conflict of interest

A conflict of interest is defined as a situation whereby a party (an entity or an individual) has an interest in an outcome that differs to that of the customer, or has the ability to influence an outcome so that it is different to that of the customer. This includes, but may not be limited to:

- whether a financial gain may be made to the detriment of the customer
- whether a party has a financial or other incentive to favour the interests of another party to the detriment of the customer
- situations where a party may have influence on the pricing of a product or its distribution costs to the detriment of the customer.

Bupa has a Conflict of Interest Policy, which sets high level standards for the management of conflicts of interest, including the actions Bupa will take to manage any risk of detriment to customers.

The Policy has procedures in place to identify and mitigate conflicts of interest; these include:

- procedures to prevent or control the exchange of information where staff are engaged in activity that presents a risk of a conflict of interest to customers or other third parties that Bupa has a commitment to
- the segregation of duties of staff whose duties may put them at risk of conflicting with the interest of customers
- restricted access to systems and documentation in event of a potential conflict
- a gifts and benefits policy which sets out the circumstances under which gifts and benefits can be accepted or granted and the steps to be taken when accepting or granting gifts and benefits.

Where Bupa identifies a conflict of interest that cannot be managed, customers will be informed. Such disclosure will include:

- a description of the conflict
- the general nature and sources of the conflict
- an explanation of the risks to the consumer of the conflict
- a statement that it has not been possible to manage the conflict of interest
- sufficient detail to enable customers to make an informed choice.

Bupa reminds intermediaries that the entity in direct contact with the customer has an obligation to declare any conflicts of interest they may have to the customer.
Other useful information

1. Where can an intermediary obtain an up-to-date version of this document?
You can approach your Bupa account manager, or the document will be on the Consumer Intermediary Portal.

2. Where can I find more information about Bupa products and services?
The Consumer Intermediary Portal and Bupa Connect contain more information about our products and services, and our Bupa account managers will also be able to help with more information.
Bupa health assessments are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa health assessments are provided by:
Bupa Occupational Health Limited.
Registered in England and Wales No. 631336.
Registered office: 1 Angel Court, London EC2R 7HJ

Bupa health insurance, dental insurance and cash plan are provided by:
Bupa Insurance Limited. Registered in England and Wales No. 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 No. 3829851.

Bupa health trusts are administered by:
Bupa Insurance Services Limited. Registered in England and Wales No. 3829851.
Registered office: 1 Angel Court, London EC2R 7HJ

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