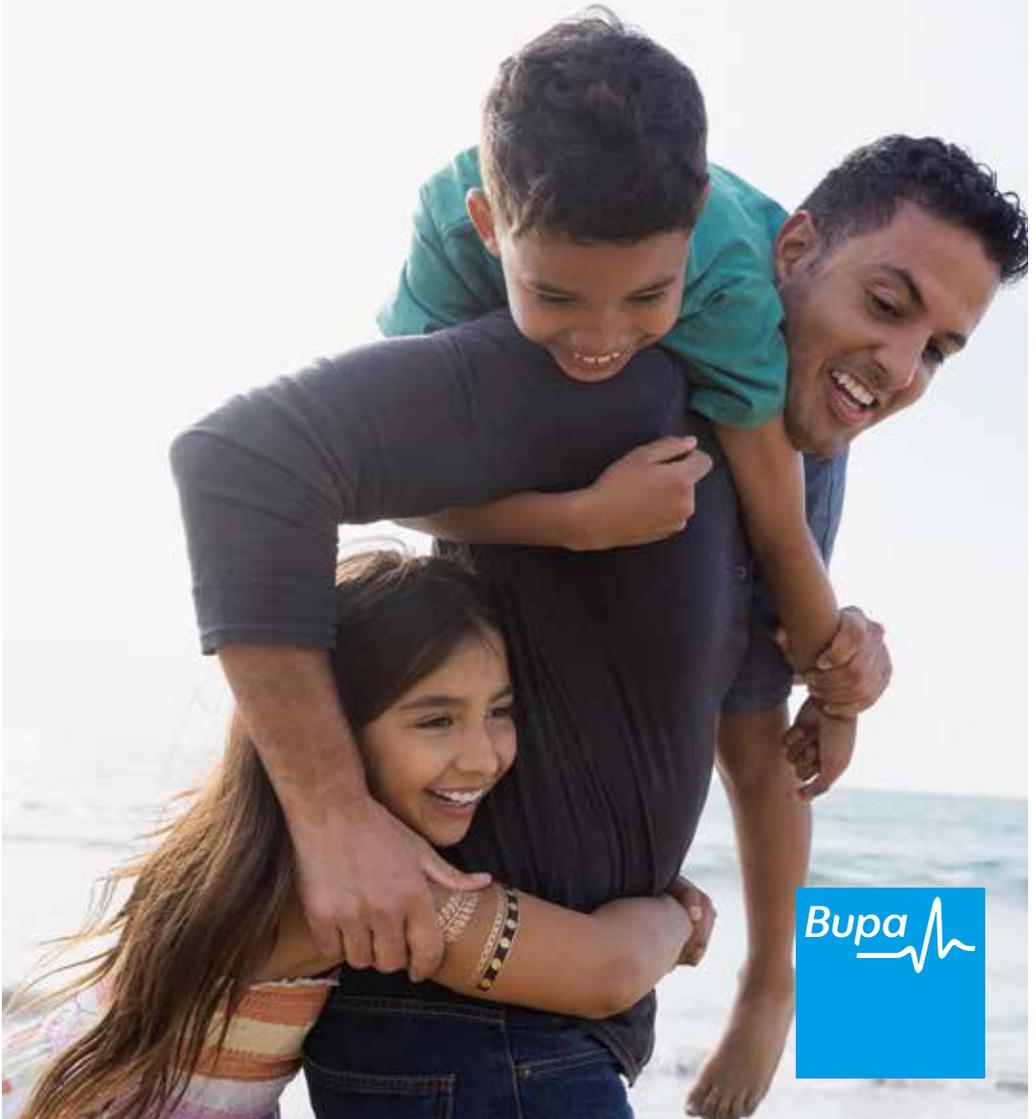


# *Bupa health insurance*

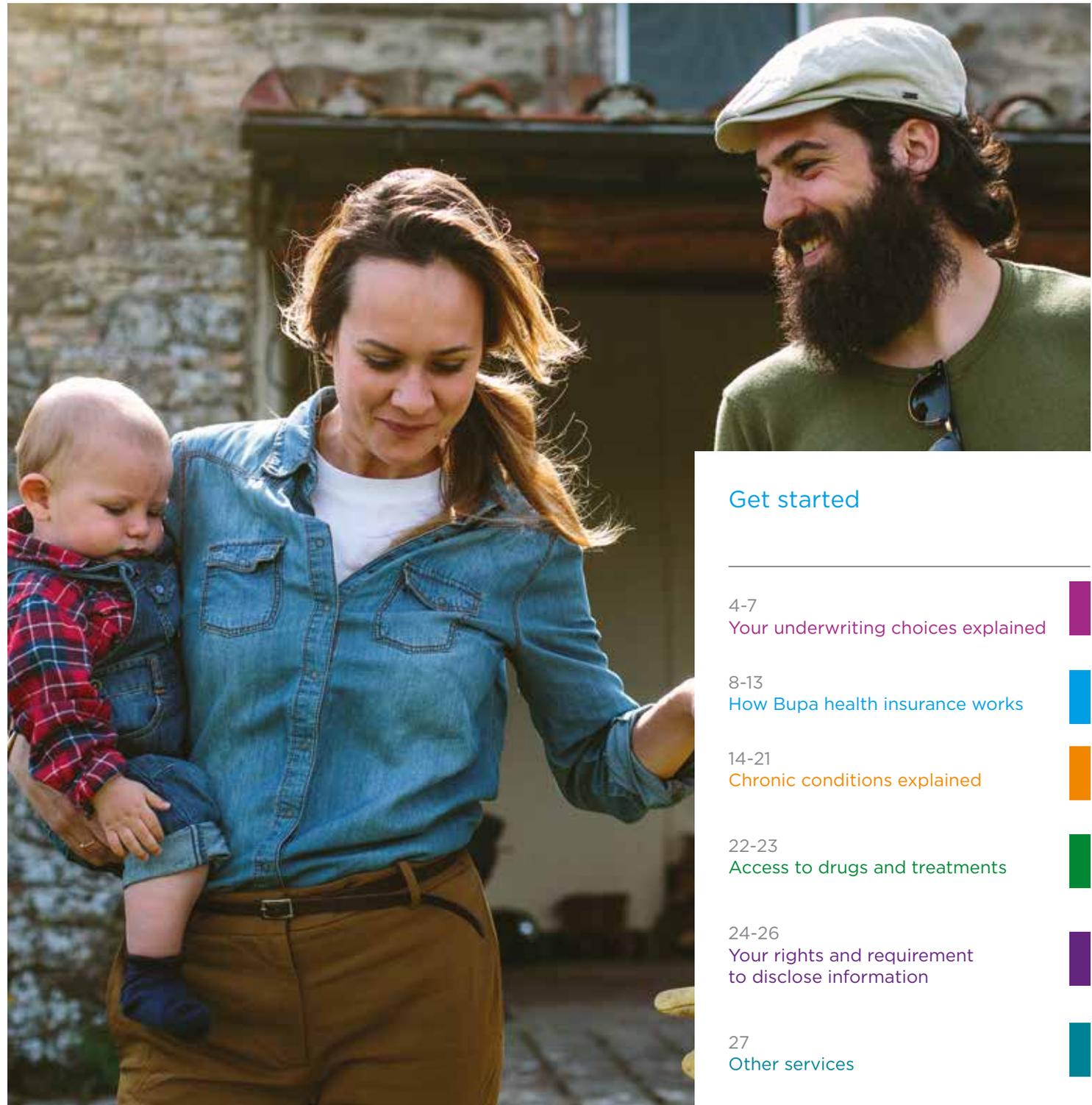
## Important points about your cover

Please read this document carefully and keep it safe.  
You may need to refer back to it in future.



# Keeping things simple

We've created this booklet to help clarify some important points about your cover. Please read it carefully alongside the information in your membership guide and certificate.



## Get started

4-7  
Your underwriting choices explained

8-13  
How Bupa health insurance works

14-21  
Chronic conditions explained

22-23  
Access to drugs and treatments

24-26  
Your rights and requirement to disclose information

27  
Other services

# Your underwriting choices explained

Underwriting for health insurance is the process by which insurers decide on what terms it will accept a person for cover based on the information they supply. With Bupa, you usually have a choice of two main options; Full Medical Underwriting and Moratorium. There may be other choices available depending upon the scheme you have chosen, or on whether you previously had health insurance with another provider, and these are explained further below. Please check to see which underwriting option applies to you.

## Top tip!

If we exclude treatment for a specific pre-existing condition at the time when your policy starts, we can in some cases, review the exclusion (or special condition) in the future if you ask us to do so.

## Option 1: Full Medical Underwriting

Full medical underwriting means that your medical history is taken into account when deciding on what conditions we may or may not be able to cover. We usually don't cover you (or any family members on your policy) for conditions that existed before you take out insurance with us.

When choosing full medical underwriting you'll be asked a number of questions about your medical history or you'll be required to complete a medical history form before you take out insurance with

us. It is essential that you give us all the information we ask for, even if you have symptoms that have not been diagnosed. If you don't, we may not pay any future claims and could even cancel your policy. If you are not sure whether or not to mention something, you should always do so. Questions should be answered accurately and completely for each person covered as your answers may affect your ability to claim.

We will review the information you give us and decide what cover for your medical conditions we can offer you. If necessary, we may need to ask your doctor for more information to help us do this.

## About pre-existing conditions

If you have a pre-existing condition that may need treatment in the future, we will usually exclude it from your cover along with any conditions related to it. We will show any exclusions on the membership certificate you receive from us when we have processed your application. The same applies to any members of your family included in your application.

## Why customers choose full medical underwriting

You would generally choose full medical underwriting to ensure certainty about the extent of your cover at the point of joining. With full medical underwriting, new medical conditions arising after the start of your policy will be covered, subject to the policy terms and conditions. A fully underwritten policy does not generally cover medical conditions that you (and your family) already have, (including any related conditions), when you take out the policy.

## Option 2: Moratorium

There are two moratorium options available on Bupa schemes;

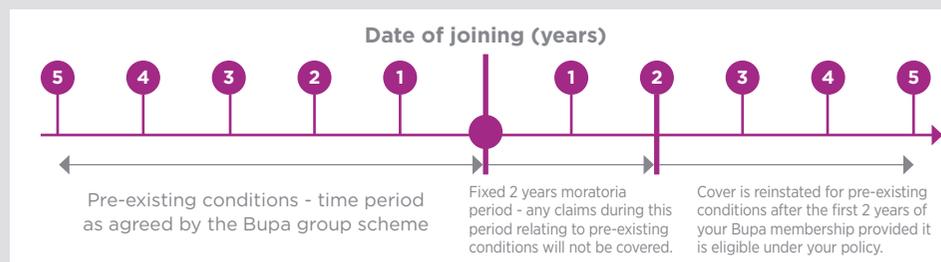
- Fixed moratorium underwriting - only available to customers who are part of a Bupa group scheme that is arranged through their employer.
- Rolling moratorium underwriting - available to all.

### Fixed Moratorium Underwriting

With fixed moratorium underwriting you will not need to fill in a health questionnaire about your medical history when you join. If you (or any dependents on your application) have had a medical condition prior to joining Bupa, then this would not be covered for the first two years of your policy. The time period used to determine whether a condition is pre-existing will be chosen by the Bupa group scheme. This can range between two to five years. For example, if your employer selects a period of five years, then any conditions which existed in the five years prior to joining will not be covered for the first two years of your policy.

When you try to make a claim, you will be required to complete a pre-treatment form each time so that we can confirm if the condition for which you are claiming is new or pre-existing. If your claim relates to a new condition which began after

### Fixed Moratorium example



joining, this will be paid provided it is eligible under your policy.

If you require a consultation or treatment during the first two years of your policy for a pre-existing condition, this would not be covered. Cover will become available after the first two years of your policy.

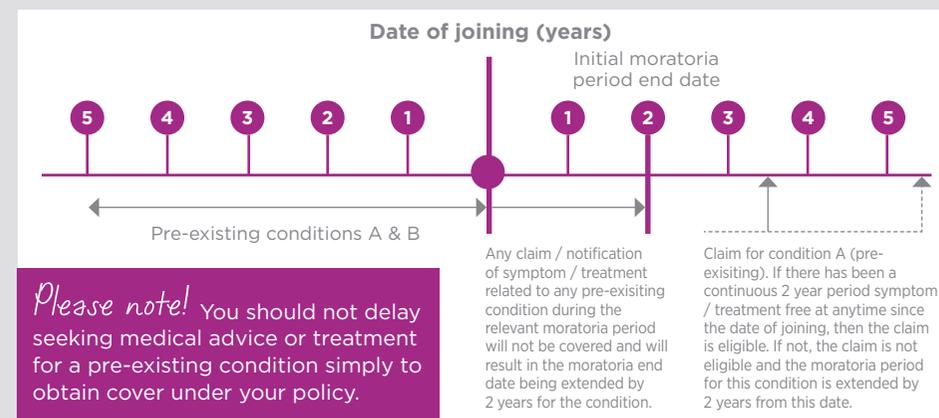
### Rolling Moratorium Underwriting

This method works in a similar way to fixed moratorium, with the exception that rather than cover being reinstated after two years since joining the scheme, a rolling moratoria will continue to apply until two years have passed without any incident for each condition.

For instance, if in the five years before joining, a member had a spinal problem and a lung problem, and during the first two years of the policy, the spinal condition required treatment but the lung condition did not, then after two years, provided there were no symptoms, the lung condition would be fully covered, whereas the spinal condition would not be covered until two symptom free years after the last treatment for this condition.

After the first two years of your policy, a pre-existing condition would be considered eligible for cover if you have not experienced symptoms, had any treatment, taken any medication or had any consultations relating to the condition for the whole of the preceding two years.

## Rolling Moratorium example



*Please note!* You should not delay seeking medical advice or treatment for a pre-existing condition simply to obtain cover under your policy.

In addition to full medical underwriting and moratorium, the following methods of underwriting apply to those that are part of a Bupa group scheme which may be administered by their employer.

### Option 3: Medical History Disregarded (MHD)

MHD means that we will not take into account your previous medical history and therefore your application will proceed without any underwriting exclusions being applied.

When you need to make a claim, you will need to call us in order to pre-authorise your treatment to ensure that your claim is eligible under your policy terms and conditions.

MHD terms can only be offered for companies with 20+ employees. It is also generally more expensive than other types of underwriting.

### Option 4: No Further Underwriting (NFU)

NFU means that if you have health insurance cover through your employer provided by another UK insurer or through another Bupa scheme and you would like to transfer to a new Bupa scheme, we may transfer you over by carrying over your existing exclusions without excluding any further medical conditions. This will depend on our assessment of a Medical Declaration Form or a Transfer Application (as relevant), which you will be asked to complete.

If we establish that further exclusions need to be applied, these will be added when transferring to the new Bupa scheme, otherwise you'll keep the same type of underwriting you previously had with the other insurer or scheme, without the addition of new pre-existing conditions.

When you need to make a claim, you will still need to call us in order to pre-authorise your treatment to ensure that your claim is eligible under your policy terms and conditions.

# How Bupa health insurance works

Health insurance gives you access to prompt private medical treatment for acute conditions covered by your policy that start after your policy begins, subject to your underwriting terms.

Our health insurance covers the cost of medically necessary, planned private consultations, tests and treatment for 'acute conditions'. An acute condition is a disease, illness or injury that is expected to respond quickly to treatment which aims to return you to your previous state of health. You'll receive prompt access to diagnosis and eligible treatment for new conditions in Bupa recognised private hospitals or wards with Bupa recognised consultants, provided this is covered by your policy.

## Top tip!

Please make sure that you read your membership guide and certificate carefully to ensure you know what you are covered for and are fully aware of any limits that apply to your policy.

## About primary care

Primary care is provided by your GP. You should visit your GP in the first instance if you become unwell, regardless of whether or not you have health insurance (except when we've told you a GP referral is not needed; please see 'Getting Referred'). Your GP will evaluate your symptoms and carry out any tests as appropriate as part of their initial assessment within primary care. If your GP feels that you need to see a specialist, they can discuss whether you would like to see someone privately by using your

health insurance, or through self-pay, or if you would like to see someone in the NHS. If you decide to use your health insurance, Bupa will fund any tests, specialist consultations and treatment that your GP has recommended provided they are covered by your policy.

If you decide to access primary care through a private GP or at a private urgent walk-in centre, you can do so at your own expense as this will not normally be funded by your Bupa health insurance unless it is specifically covered under your policy.

Using your health cover does not affect your rights to access the NHS if you feel it is appropriate as part of your care, even if you've had your first consultation privately.

Your care under the NHS is free of charge and you'll not normally be asked to pay for this unless it is part of government legislation, such as prescription charges. The NHS will not pay for your private hospital treatment, this is paid for by you as part of your health insurance.

Please note that you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

## Private GPs

Some Bupa health insurance policies include cover for private GPs, if this applies to you, it will be shown in your membership certificate. With private GP benefit, you will be covered to see a GP in the UK as a private patient to assess your acute condition and/or to refer you onwards for a consultation with a consultant or for eligible treatment.

## Getting referred

If you need to see a medical professional using your health insurance, you are normally required to see your GP first, except where we have told you that a GP referral may not be needed.

Your GP will give you a referral letter which will include their assessment of your symptoms, medical speciality required and the care they would like you to have.

Once you obtain your referral, we advise you to call us so that we can pre-authorise your claim before you arrange or receive any treatment. This is so that we can confirm the benefits available to you under your policy.

*You can find out more about the Direct Access services here:*

[www.bupa.co.uk/direct-access](https://www.bupa.co.uk/direct-access)

Please note that you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

## Do I always need a GP referral if I want to make a claim?

There are some conditions where a GP referral is not usually required. We have developed direct access\* pathways, in particular for muscle, joint or bone conditions, cancer symptoms, cataracts and mental health conditions to provide fast and convenient access to the expertise of therapists who specialise in these fields. The following services are currently available: (please always check to see that the treatment is covered under your policy).

### Muscle, joint or bone conditions

If you need treatment for a muscle, joint or bone condition, you can call us to organise a telephone consultation with a senior physiotherapist to assess your symptoms and recommend the most suitable course of treatment. They can provide self-management advice and tailored exercises, or refer you to an appropriate specialist for face-to-face diagnosis or treatment (Our muscle, joint or bone direct access service may not be available on some corporate policies).

### Mental health support

If you want to access mental health support, you can call us to speak with one of our qualified therapists who will listen to you to understand your needs and help you access the right support. (Please check your membership certificate to see if mental health treatment is covered as part of your benefits. Our mental health direct access service may not be available on some corporate policies).

\*Direct access telephone services are available as long as the symptoms are covered under the policy. Direct access services may not always be available for some underwriting methods. Please call us to allow us to check your eligibility for the direct access service.

The list of conditions where a GP referral may not be required may be updated from time to time and these will be available on [bupa.co.uk/policyinformation](https://www.bupa.co.uk/policyinformation).

### Cataract procedures

If you need cataract surgery, your optometrist can refer you directly to our Specialist Eye Care Team who will advise you on where you can receive treatment from our network of approved Ophthalmic units.

### Cancer symptoms

If you're experiencing symptoms of suspected cancer, you can call us to speak to a specialist adviser or nurse. They will talk you through your symptoms and guide you to appropriate care. (This service may not be available on some corporate policies).

You can find out more about cancer symptoms here:

<https://www.bupa.co.uk/health-information/cancer>

## What if I need emergency treatment?

We do not fund costs for treatment you receive in an NHS Accident and Emergency department or equivalent non NHS urgent care facility. If you need emergency treatment, please visit your local NHS emergency services in the usual way or an equivalent private care facility at your own expense. Regardless of whether you have health insurance, it does not affect your right to use the NHS. Our health insurance is designed to work alongside the NHS and not replace it.

If you are admitted for emergency treatment in the NHS, your treatment is covered by the NHS and you won't be charged for this. If you are admitted directly to a private facility for emergency treatment, you may have to pay for any incurred costs unless your health insurance policy specifically includes cover for direct admission into private emergency and urgent care.

If your policy does not include cover for private emergency care and you still need further hospital treatment following an emergency admission, you may be able to transfer your care to Bupa funded private treatment, provided that:

- the consultant who is in overall charge of your treatment has agreed that you are well enough to transfer your care; and
- the receiving consultant at the Bupa recognised facility accepts responsibility for your care; and
- we have confirmed to you or your consultant that your treatment is covered under your benefits

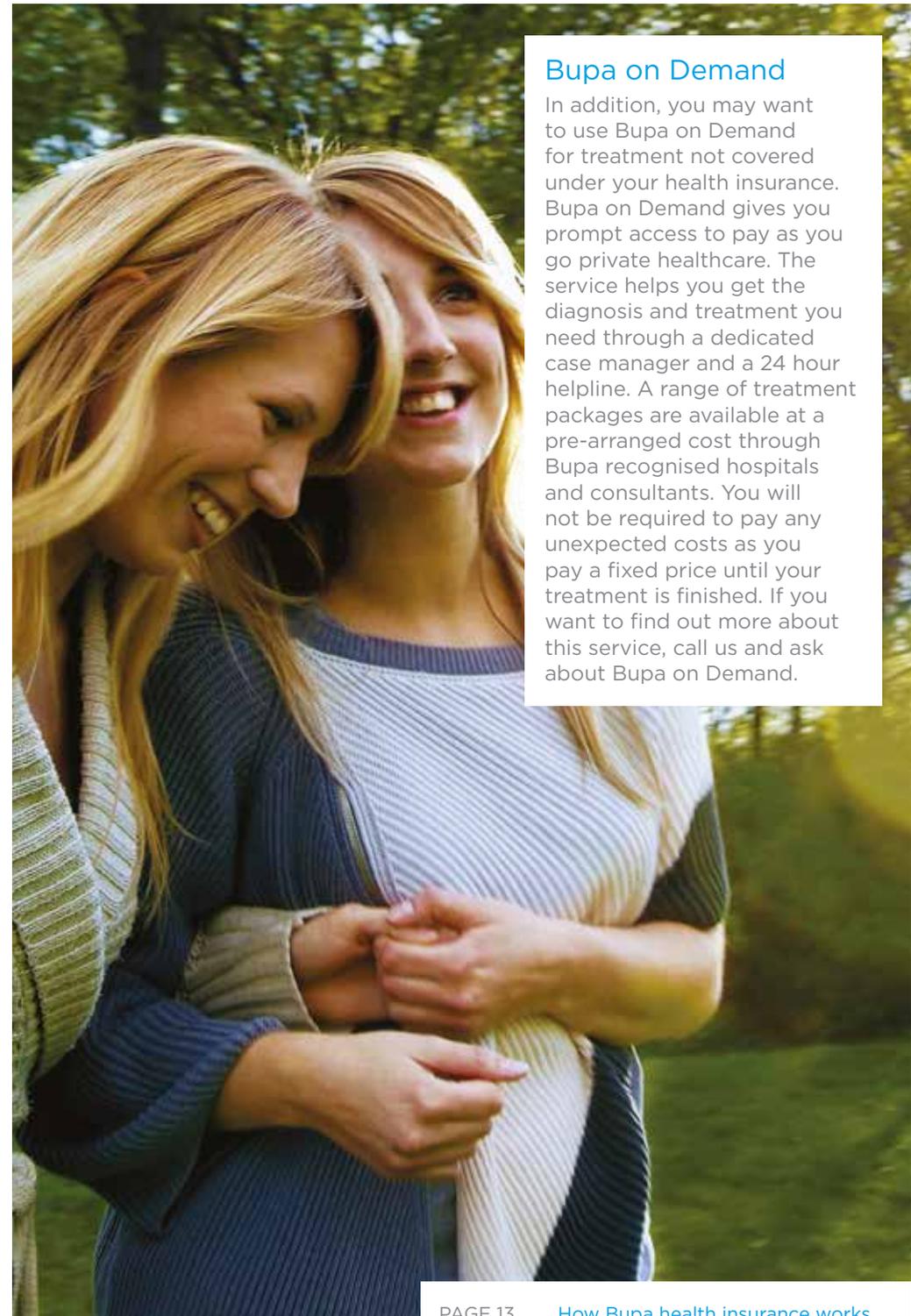
## Does this include intensive care treatment?

We only pay for intensive care if it follows your planned admission to a Bupa recognised facility which is equipped with a critical care unit where you are receiving eligible private treatment.

We do not cover the cost of transferring your care from an NHS facility to a private facility or vice versa unless you have been discharged from an NHS critical care unit to an NHS general ward for more than 24 hours, your consultant agrees that you are well enough to transfer your care and we have confirmed that your treatment is covered under your health insurance policy.

*We always recommend that you call us before a private admission to ensure that your treatment is eligible and covered under your policy.*

Please note that you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.



## Bupa on Demand

In addition, you may want to use Bupa on Demand for treatment not covered under your health insurance. Bupa on Demand gives you prompt access to pay as you go private healthcare. The service helps you get the diagnosis and treatment you need through a dedicated case manager and a 24 hour helpline. A range of treatment packages are available at a pre-arranged cost through Bupa recognised hospitals and consultants. You will not be required to pay any unexpected costs as you pay a fixed price until your treatment is finished. If you want to find out more about this service, call us and ask about Bupa on Demand.

# Chronic conditions explained

There are certain things that apply to your policy if you develop a chronic condition while you are with Bupa and you should always check the terms of your policy for details of what is covered.



---

## What is a chronic condition?

A chronic condition is a disease, illness or injury that has one or more of the following characteristics: it needs long term monitoring; ongoing or long term control or relief of symptoms; it requires rehabilitation; it continues indefinitely; it has no known cure; or is likely to come back.

---

## What does this mean in practice?

Chronic or long term illnesses can often require reoccurring consultations over a long period, checks on medication, long term therapy or treatment, which is usually needed to keep a condition or its symptoms under control. In these circumstances, treatment that is needed as part of the ongoing management of care is not covered under Bupa health insurance because these symptoms are part of the natural progression of the disease.

---

## Am I covered for chronic conditions?

You'll be covered for specialist consultations until a chronic condition has been diagnosed but you will need to go back to the care of your GP and the NHS for the ongoing management, screening and monitoring of the condition. Alternatively, you may have the option to pay for private treatment yourself or through using Bupa on Demand (see page 13).

---

## What if my condition gets worse?

If your long term condition gets worse, you may be having an acute flare-up. This is when there is a sudden and unexpected deterioration of the condition or its symptoms which can be modified by a short course of treatment. Eligible treatment of an acute flare-up when the condition is likely to respond quickly and aims to restore you to the state of health immediately before suffering the acute flare-up, will be covered. Following this, the ongoing management of your condition will return to the NHS.

If you need urgent medical attention to help stabilise or treat this flare-up, you should access NHS emergency services in the normal way, as your health insurance, in most cases, does not cover emergency treatment. However, when your condition has been stabilised and your consultant has agreed that you are well enough, you may be able to transfer to private care if you need planned treatment. Just remember to contact us to ensure that your condition is eligible and the treatment is covered under your policy.

---

## *Please note:*

Some of this information may not be relevant to your policy. Please refer to the details of your membership guide for more information on what is not covered.

---

## Here are a few examples

The examples are purely fictional and are designed to give you an indication of how the policy will work but do not illustrate the specific terms of your individual cover.

Please bear in mind, where we say your treatment or consultation is not covered by your health insurance, it is usually due to the general exclusions that apply to your policy - it does not mean that your treatment or consultation is not medically necessary.

---

### *Important:*

It is important to always check your policy for information on what is and is not covered.

---



## Aaron

Aaron has been with Bupa for many years. He develops chest pains and is referred by his GP to a consultant. After consultation and investigations, he is diagnosed with a heart condition called angina. Aaron receives treatment which controls his symptoms.

---

### Will Aaron be covered?

Aaron's Bupa health insurance gives him access to a private consultant for consultations and initial investigations into his condition, which are normally covered by his policy. After diagnosis and any eligible treatment needed to treat his acute symptoms, Aaron will be referred back to the NHS to receive further medication and ongoing check-ups that he may need to monitor his condition.

---

### What if Aaron's condition gets worse?

Two years later Aaron's chest pain returns so he visits his GP for assessment who refers him back to a consultant. The consultant recommends that he has a heart by-pass operation.

Aaron would need to call us with a new GP referral so we can pre-authorise his appointment with the consultant. We would cover the heart by-pass operation and eligible follow-up consultations, to check how Aaron is doing after the operation. If he needs further monitoring such as six monthly check-ups, this would not be covered under his policy, but will be provided by the NHS or he may choose to pay for this himself.

Please note that this example is fictional and you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

## Eve

Eve has been with Bupa for five years when she develops breathing difficulties. Her GP refers her to a consultant who arranges for some tests. These reveal that Eve has asthma. Her consultant puts her on medication and recommends a follow-up consultation in three months to see if her condition has improved. At that consultation Eve says that her breathing has been much better, so the consultant suggests she has check-ups every four months.

### Will Eve be covered?

Eve can rely on prompt access to a consultant thanks to her Bupa health insurance. She will be covered for all appropriate consultations and tests to diagnose her condition. Since asthma is a chronic condition, following diagnosis, Eve's medication and ongoing check-ups would not be covered and would need to be provided by the NHS. If ever Eve is worried about her condition, she can contact Bupa HealthLine for around the clock access to health information and advice.

### What if Eve's condition gets worse?

Eighteen months later, Eve has a bad asthma attack.

This is considered as an acute flare-up of Eve's condition for which she will need emergency treatment. As health insurance is not designed to cover emergency admissions, Eve will receive treatment via the Accident and Emergency department at her NHS hospital. Following Eve's flare-up, she may ask her GP for a referral to a consultant. Bupa will cover a follow-up consultation with a private consultant to investigate the cause of her flare-up and recommend appropriate treatment. As Eve's condition is chronic, any further medication, treatment or check-ups she needs will be followed up by her GP and the NHS.

Please note that this example is fictional and you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

## Deirdre

Deirdre has been with Bupa for three years when she develops symptoms that indicate she may have diabetes. Her GP refers her to a consultant who organises a series of investigations to confirm the diagnosis. She then starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments made to her medication the consultant confirms the condition is now well controlled and explains he would like to see her every four months to review her condition.

### Will Deirdre be covered?

Deirdre will receive prompt access to the investigations she needs to diagnose her illness. However, following diagnosis, Deirdre's care and the ongoing management of her diabetes, including medicines and any regular reviews, would be provided by the NHS.

If Deirdre is ever worried about her condition, she can contact the Bupa HealthLine for 24/7 access to health information and advice from medical professionals to help her understand and manage her condition. She can also visit our diabetes health hub at [bupa.co.uk/diabetes](http://bupa.co.uk/diabetes).

### What if Deirdre's condition gets worse?

Several years later, Deirdre's diabetes becomes unstable and her GP arranges for her to go into hospital for treatment.

If Deirdre's admission to hospital is on an emergency basis, we will not cover the cost as she is receiving NHS care. However, Deirdre's health insurance policy will cover admission to a private general ward if she needs planned treatment during the acute phase of her condition.

This is subject to pre-authorisation and the terms of her policy.

Please note that this example is fictional and you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

## Ricky

Ricky goes to his local opticians for a routine check-up, and one of the tests reveals some abnormal changes in his eye pressure, so the optician refers him to an ophthalmologist.

### Will Ricky be covered?

We will cover Ricky for the ophthalmologist consultation and tests to diagnose the problem. The ophthalmologist confirms that Ricky has glaucoma. He is prescribed with some eye drops and advised that he needs to have his eye pressure checked every six months. As Ricky's condition is chronic and requires regular monitoring, check-ups are not covered by his Bupa policy, however Ricky can arrange further monitoring to be carried out in the NHS.

### What if Ricky's condition gets worse?

Two years later, at one of Ricky's follow-up appointments, it was discovered that his glaucoma had worsened and so his ophthalmologist had recommended he has surgery.

Ricky can use his Bupa policy to cover his operation. He will be covered for one follow-up consultation to ensure everything went well with the operation. His GP and the NHS will then continue to monitor his condition.

Please note that this example is fictional and you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

## Bob

Bob has been with Bupa for three years when he develops hip pain. His GP refers him to an osteopath who treats him every other day for two weeks and then recommends that he return once a month for additional treatment to prevent a recurrence of his original symptoms.

### Will Bob be covered?

If Bob has cover for complementary therapies as part of his Bupa health insurance, he will be covered for the osteopathy he needs to manage the pain, but it is important that he checks the benefit limits on his membership certificate. Bob will need to return to the NHS for any monitoring and additional treatment he is prescribed to prevent a recurrence of his original symptoms as Bupa does not cover preventive treatment.

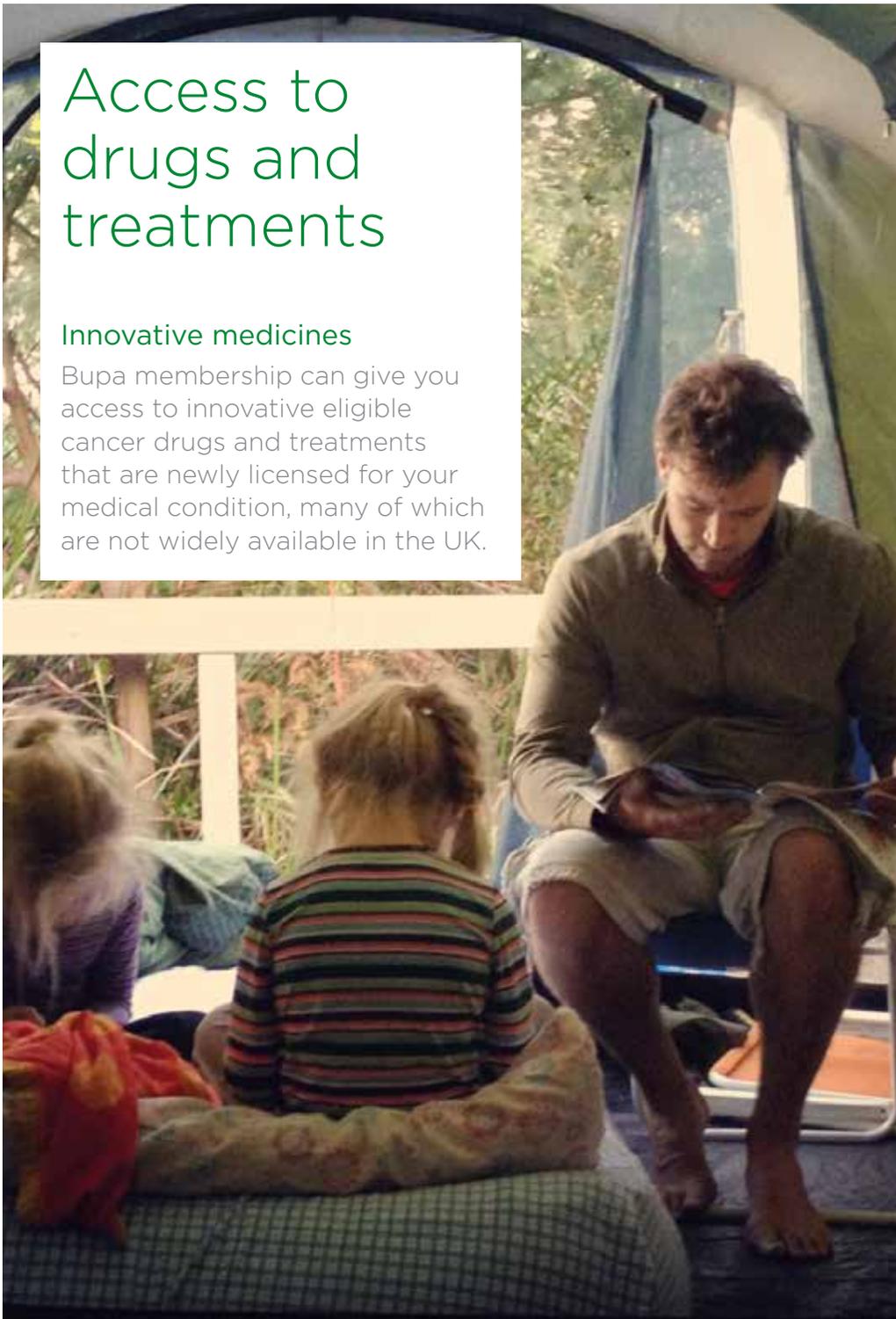
Please note that this example is fictional and you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.



# Access to drugs and treatments

## Innovative medicines

Bupa membership can give you access to innovative eligible cancer drugs and treatments that are newly licensed for your medical condition, many of which are not widely available in the UK.



## NICE (National Institute for Health and Care Excellence)

In most cases, if your consultant prescribes a drug that has not yet been approved by NICE but is licensed for your specific condition in the UK and is eligible under your policy, we can give you fast access to the medicine you need.

We do not need to wait for NICE approval. As long as there is sound clinical evidence to prove any benefit and it is covered by your health insurance policy, we will fund it.

## Experimental drugs and treatments

Bupa also review requests to fund experimental drugs and treatments (i.e. drugs that have not yet received a license for your medical condition in the UK). Our clinical evaluation process usually takes two working days.

## When your cover for a specific condition may end

There are circumstances when treatment may no longer be available.

This is usually when we have previously funded treatment for a condition that later becomes chronic. Once the condition is diagnosed, your care will be provided by the NHS as Bupa does not provide cover for chronic conditions, unless you suffer an acute flare-up of your condition (see page 10).

Drugs prescribed for out-patient treatment, or for taking home when leaving the hospital, are also not covered. However:

- If we do need to stop paying for further treatment of your chronic condition, we will let you know in advance. We will also give you help and guidance on continuing your treatment in the NHS.
- If your treatment is not available through the NHS, we can advise you on alternatives or how you can continue to pay for private treatment yourself.

Please note that you should always check your policy terms as, depending on the policy you choose or join, the treatment covered may be different.

# Your rights and requirement to disclose information

To make sure we have all the information we need about you, please answer our questions as fully and accurately as you can. Without the right information about you, we might be unable to pay your claim and may even cancel your policy.

Our Privacy Notice explains how we take care of your personal information and how we use it to provide your cover. A full version of the notice and a list of the trading companies that make up the Bupa group, can be found at [www.bupa.co.uk/privacy](http://www.bupa.co.uk/privacy).



---

## Personal information

In providing you with our services, Bupa may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust us to keep this information confidential and that is why we comply with UK data protection law and follow medical confidentiality guidelines issued by professional bodies.

---

## Securing information

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect.

---

## Information we may hold about you

The information we hold about you may include personal and sensitive personal information. We may collect this information during contacts we have with you or with third parties who provide information about you, and from other sources including from your use of websites and other digital platforms.

---

## When we collect your information

Information about you is collected when you engage with Bupa or the Bupa group of companies either by entering into a contract with Bupa, submitting a query or enquiry, applying for a quote or policy or participating in marketing activity.

We may collect personal information about you from other people when you are named in an application form or as a dependant under a scheme, when we process an application or claim or when we obtain medical reports, or when we liaise with your family, employer, health professional or other treatment or benefit provider. Please note it is a term and condition of your policy that Bupa may obtain medical and billing information from your treatment provider relating to claims or complaints you may make.

---

## Using your information

We use your personal information to provide you with our services, and to improve and extend our services.

---

## Sharing information

Information about you may be shared by the companies in the Bupa group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Bupa works with other individuals and organisations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. We ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member. You may receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents.

In order to detect, prevent and help with the prosecution of financial crime, we may share information with law enforcement agencies and other organisations.

---

## Keeping information

We will only keep your personal information for as long as is necessary and in accordance with UK law.

---

## Keeping you informed

The Bupa group would like to let you know more about our products and services. From time to time we might contact you (by post, email, phone or SMS text) with information we think might interest you. If you do not wish to receive marketing information, or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team, their contact details can be found below.

---

## Accessing information

If you have any data protection queries, please contact:

**Bupa UK Information Governance Team, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ**

or contact us via email at:

 [DataProtection@bupa.com](mailto:DataProtection@bupa.com)

You should also contact the team if you would like a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information.

# Other services



### Anytime HealthLine

Under your Bupa health insurance, you can access our Anytime HealthLine for health advice 24 hours a day, seven days a week. From advice about symptoms, to information on leading a healthier lifestyle – you can speak to our team of nurses. If you have a medical problem and you need more assistance, you can also speak to a GP, who will aim to call you back within the hour.

You can ask questions about anyone in your family, they don't have to be on your policy.

For health advice, call

 **0345 601 3216\***

\*Calls may be recorded and to maintain the quality of our Bupa Anytime HealthLine service a nursing manager may monitor some calls always respecting the confidentiality of the call.

†We may record or monitor our calls. Anytime HealthLine and Elderly Care Support Line are not regulated by the Financial Conduct Authority.

### Elderly Care Support Line

If you're thinking about elderly care for a loved one, we have a dedicated support line to help you.

We're on hand to offer free advice on all aspects of elderly care – from information on financial matters, to finding a care home, to support with illnesses such as dementia. You don't have to be a member to be able to use this service.

For elderly care advice, call

 **0330 134 6696†**

Lines are open 8am to 8pm Monday to Friday and 9am to 5pm on weekends.

Call 0800 600 500  
for information on all other Bupa services.

Lines open 8am-8pm  
Monday to Friday  
8am-4pm on Saturday.

We may record or monitor our calls.

Bupa health insurance is 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. Registered office: 1 Angel Court, London EC2R 7HJ.

Bupa 2018