Workplace health and wellbeing.
Better for business

Corporate Bupa Select

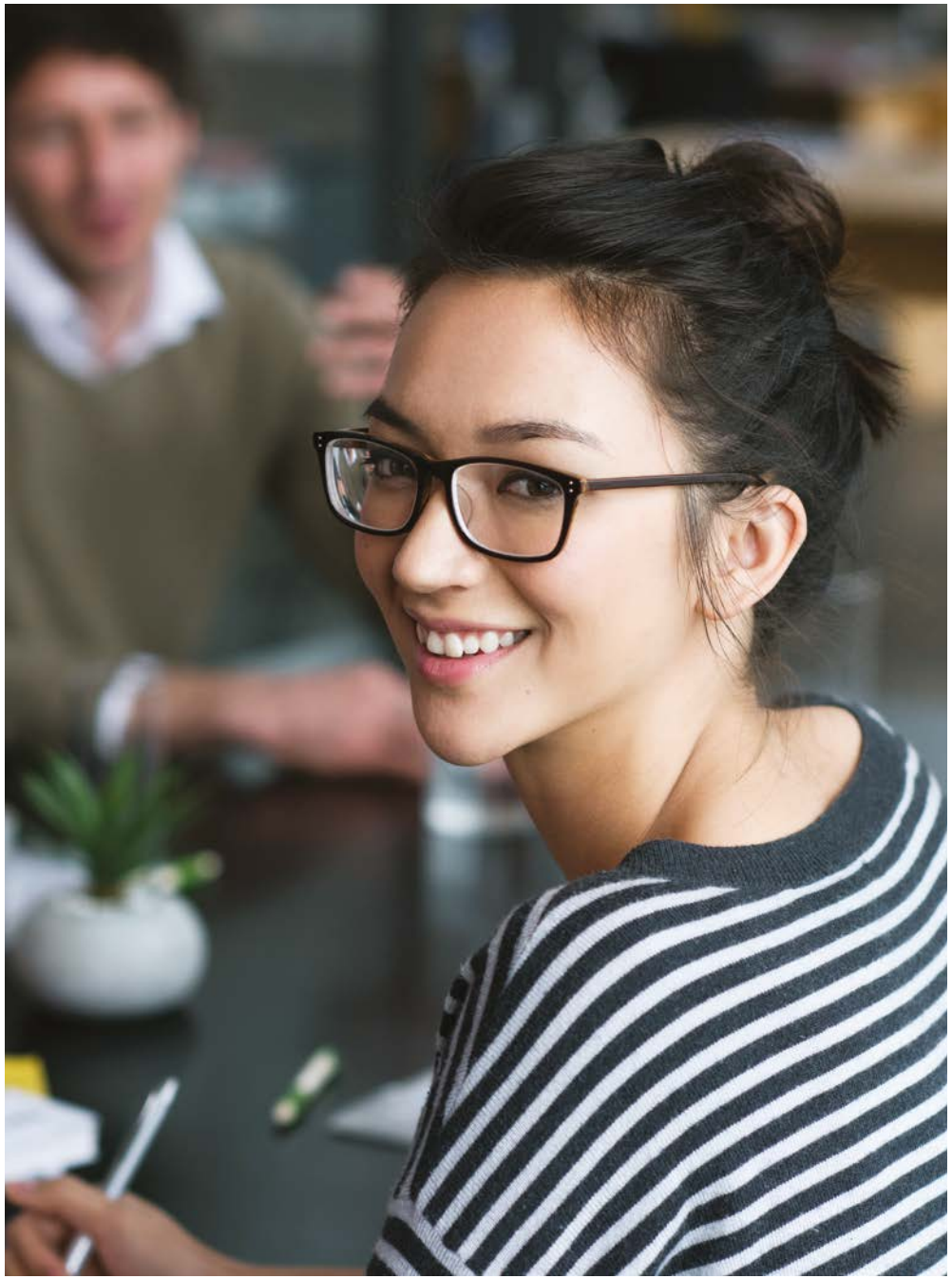
A benefits overview

Better for business

The world of work is changing. Evolving customer needs and expectations mean businesses have had to adapt to a changing environment. That's why we've made Bupa Select as flexible as possible. You can tailor your cover by choosing which benefits to include, add an excess or change benefit allowances.

With this tailored support, along with clinical expertise and focus on prevention and education, we can help to engage and support your employees. This will help them to be in more control of their health, so that they not only feel better, but they'll perform better too. They'll be more resilient, more agile and thrive through change.

Speak to your Bupa account manager or intermediary partner for more information.



Your options explained

The options and allowances below and throughout this document assume the treatment is eligible under the terms of the scheme, with an appropriate referral in place, and with a consultant, hospital or other healthcare practitioner recognised for their scheme and for that treatment.

This is a summary only for Corporate Bupa Select standard product offering, and full eligibility details will be available in the scheme's benefits and exclusions.

Underwriting

No underwriting – (medical history disregarded) – we won't take into account your employee's previous medical history, so eligible pre-existing conditions are covered.

Full medical underwriting – we'll consider your employee's medical history on joining. Any pre-existing conditions or symptoms won't be covered.

Moratorium underwriting – two year fixed or rolling – when you apply for a policy, we don't look at your medical history (or the medical history of any of your dependants you want cover for). Instead, when you (or a dependant) claim for a condition you (or they) had in the two, three or five years before your Bupa cover began depending on your certificate, it will only be covered if you have had your policy for two consecutive years without having any symptoms, treatment, medication or advice for the condition. If you claim, we may ask you for more information

about the history of your symptoms, so we can confirm the condition is covered by your policy. We may also need details from your doctor and they may charge for this. If so, you'll need to pay for this yourself.

No further underwriting – when transferring from another health insurance provider, existing pre-existing condition exclusions are carried over, but no new pre-existing condition exclusions are applied.

Note: Underwriting options can apply to all members/beneficiaries, to applicants only, or dependants only.

^Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. For example, if your cover excludes conditions your employees had before your cover started, we may ask for further information from their GP. Employees should check their guide and certificate for further details or contact us to check eligibility.

Open Referral

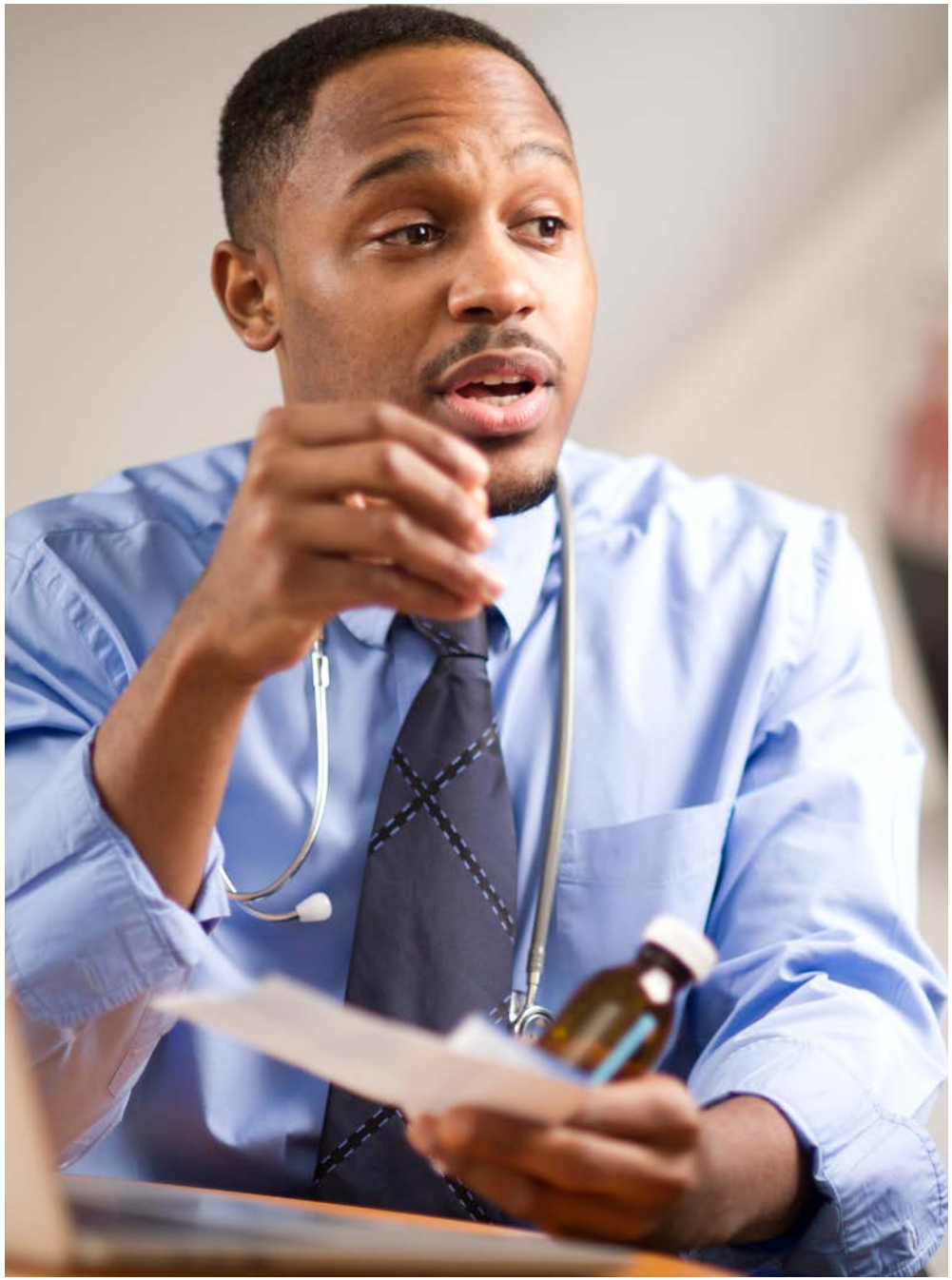
There are over 19,000 consultants and our full network of over 650 hospitals available through Open Referral.

Costs covered in full

We guarantee no surgeon or anaesthetist shortfalls[1] – even if there aren't any fee-assured consultants nearby who charge within Bupa Benefit Allowances – so long as your employees use Direct Access,^ or get an Open Referral from a GP and call us to pre-authorise their treatment.

[1] Excess/co-pay/co-insurance and other benefit allowances may still apply.

Our Open Referral network of consultants allows us to manage the cost of a patient's entire care pathway from start to finish, helping keep health insurance more affordable.



Consultant access

Open Referral: Consultants' fees for eligible surgical and medical hospital treatment paid in full with a fee-assured consultant in our list of Open Referral Network consultants which we specify.

Customers must use a consultant in our list of Open Referral Network consultants for all treatment.

or

Consultants' fees for eligible surgical and medical hospital treatment paid in full with a Bupa recognised consultant.

or

Consultants' fees for eligible surgical and medical hospital treatment are paid in full with a Bupa fee-assured consultant. Benefit allowances apply for Bupa recognised consultants who are not fee-assured consultants.

Facility access

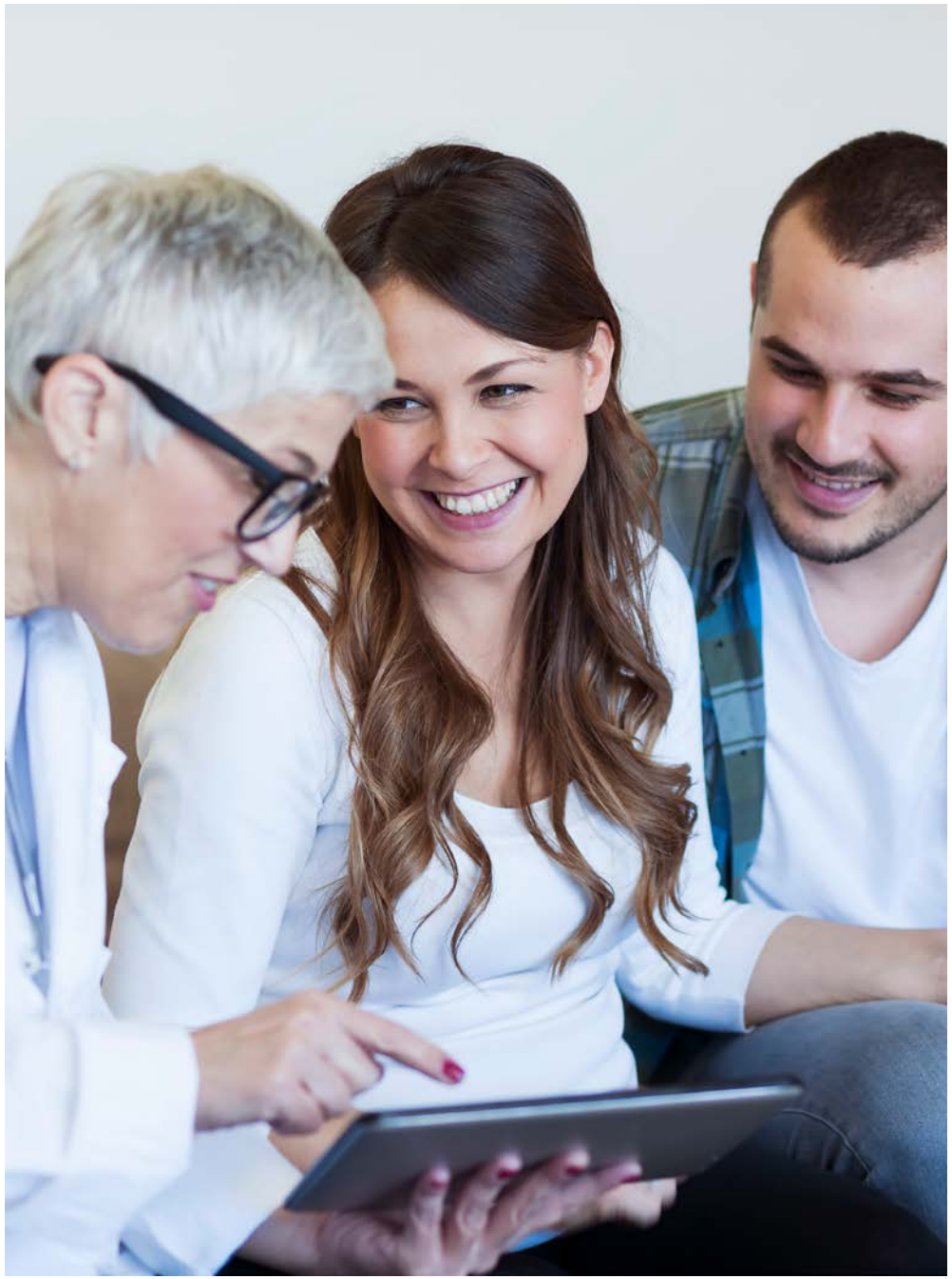
Partnership facility - Over 400 partnership facilities and hospitals nationwide.

or

Participating facility - Our most comprehensive list of facilities.

If Open Referral is selected, the facility access which applies is the Participating facility.

Your employees can search the full network of facilities online at **finder.bupa.co.uk**



Direct Access

For certain conditions, your employees can access treatment directly through us, usually without having to visit a GP first*. All they need to do is pick up the phone.

Direct Access for symptoms of cancer is included as standard. Our cancer care is designed to offer cover and support at every stage, treating the person not just the cancer. Employees can speak to us directly and we'll investigate if their symptoms need to be referred to a consultant.

You can opt-in for Direct Access support for muscle, bone and joint (MSK) problems and mental health conditions at an extra cost.

If Direct Access to mental health support is chosen, employees can access the most appropriate treatment for their mental health condition, quickly and easily. Employees, as well as their eligible dependants, can speak to a mental wellbeing practitioner who'll carry out an evidence-based mental health assessment and discuss options for treatment.

If MSK Direct Access is chosen, we can arrange for your employee to have a telephone consultation with a senior physiotherapist, without the need to see a GP first*. If your employee has been given a referral, they can call us to speak to an advanced physiotherapy practitioner, who'll discuss their options with them.

*MSK and mental health Direct Access are available as an opt-in service at an extra charge. The cost of any telephone assessment provided to a member/beneficiary as part of the Direct Access service will be charged as a claim to the fund.

^Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. For example, if your cover excludes conditions your employees had before your cover started, we may ask for further information from their GP. Employees should check their guide and certificate for further details or contact us to check eligibility.

Well Health

Well Health empowers your employees to put their health first. With quick access to screening, diagnosis and aftercare for a range of wellbeing worries, it creates a much better chance of spotting a problem early, before it becomes a bigger concern.

You can pick and choose the support your employees need the most. Helping your people get back into work sooner and feel at their best for longer.

Cancer screening – We'll focus on spotting early signs of cancer in the prostate, testicles, breast or cervix depending on what is relevant for your employees and support them with their next steps. Helping them to stay as healthy as can be. Our cancer screening includes up to 30 minutes of doctor time.

Fertility check – Infertility affects around one in seven couples in the UK.* Our Fertility Check can help your employees gain a better understanding of their fertility. It could help them make decisions about having a family, now or in the future.

Face-to-face GP appointments – Our face-to-face GP appointments add an extra level of health support to complement the NHS GP service. Longer appointment times mean employees can get the help they need to manage a condition alongside work.

Menopause Plan – Most people who experience menopause do so during their working life. For some, symptoms can become so unmanageable, they're forced to leave their job. We're here to help before that happens. With our Menopause Plan, employees can quickly access tailored menopause support. A menopause-trained GP will work with your employee to create an individual care plan, giving them the confidence to manage their symptoms.

Men's Sexual Function Plan – Sexual function problems such as erectile dysfunction are becoming more common in younger men of working age. It can be a tough topic for somebody to talk about and can lead to a downward spiral of worry. Our Men's Sexual Function Plan is a tailor-made plan of action to help employees get to the root cause of the issue and give them the support they need to overcome it.

Nutrition – Whether it's to lose weight, reduce how much alcohol they drink or get an edge on their sporting performance, employees can work with a health adviser to gain a better understanding of their nutritional health. With our nutrition support, employees can choose from a range of modules to help keep them on track to achieve their health and wellbeing goals.

Please speak to your Bupa Account Manager or Intermediary for more information.

*NHS, 2020: https://www.nhs.uk/conditions/infertility/

Digital Wellbeing

Our wellbeing services are designed to help keep your employees' mind and body healthy. From ways to help their mental health to quick workouts, they can use our services wherever they are, whenever they want.

Fitness Centre

- From yoga to HIIT Workouts, there are over 1,500 live and on demand classes to choose from.
- Build their own personalised exercise plans, through targeted workouts designed for all abilities.

Everyday wellbeing

- A guided meditation space to guide them through breathing, sitting, walking or stretching meditations.
- Access to articles and videos to help them take proactive steps toward better wellbeing.

Finding out what is wrong and being treated as an out-patient

With fast access to clinical resources such as out-patient consultations, diagnostic tests and therapies up to an agreed allowance, your employees will have access to support and expert advice when they need it.

Important

The following options in pages 9 to 15 assume the treatment is eligible under the terms of the scheme, with an appropriate referral in place and with a consultant, facility or other healthcare practitioner recognised for their scheme and for that treatment.

Benefit	Allowances for each member or beneficiary and benefit notes
Consultations, therapies and diagnostic tests (including mental health)	£500 / £750 / £1,000 / £1,250 / £1,500 / £2,000 / £3,000 / Full refund If Open Referral is chosen, consultants must be in our list of Open Referral Network consultants. Note: the out-patient benefit allowance does not apply to cancer treatment.
Physiotherapy	Paid up to and from within your chosen out-patient benefit allowance(s) above. No annual session allowance applied / 10 sessions per person each scheme year.
Complementary medicine (Acupuncture, Chiropractic and Osteopathy)	Paid up to and from within your chosen out-patient benefit allowance(s) above or paid as a separate allowance. If a separate allowance: £250 / £350 / £500 / £1,000 / £1,500 / £2,000 / Full refund, or no allowance within the overall out-patient benefit allowance.
MRI, PET and CT scans	Paid in full, in a facility recognised for the type of scan you need as standard.
Out-patient monitoring and management of chronic conditions	£500 / £1,000 / £1,500 / £2,000 / Exclude.
Digital GP services	Include for all or main members/main beneficiaries only / Exclude. Paid in full with a digital primary care provider we recognise.

Well Health benefits

Benefit	Allowances for each member or beneficiary and benefit notes
Well Health – Cancer screening	Include / Exclude. One Bupa cancer screening each scheme year at a Bupa health centre paid from within your chosen out-patient consultations benefit allowance on page seven
Well Health – Menopause plan	Include / Exclude. One Bupa menopause plan each scheme year at a Bupa health centre paid from within your chosen out-patient consultations benefit allowance on page seven
Well Health – Fertility check	Include / Exclude. One out-patient fertility check each scheme year in a recognised fertility check facility paid from within your chosen out-patient consultations benefit allowance on page seven
Well Health – Face to face GP	£400/ £500/ Exclude. Planned face-to-face GP consultations at a Bupa health centre
Well Health – Nutrition health	Include / Exclude. Three virtual Bupa nutrition health appointments each scheme year at a Bupa health centre paid from within your chosen out-patient consultations benefit allowance on page seven
Well Health – Men's sexual function plan	Include / Exclude. One Bupa men's sexual function plan appointment each scheme year at a Bupa health centre paid from within your chosen out-patient consultations benefit allowance on page seven

Being treated in hospital

Benefit	Allowances for each member or beneficiary and benefit notes
Consultants' fees for surgical and medical hospital treatment	Paid as per your consultant access on page five.
Facility charges for out-patient surgical operations, day-patient and in-patient treatment	Paid in full at a facility recognised for your scheme, as per your facility access on page five.
Parent accommodation To accompany a child aged 17 or under who is a member or beneficiary of the scheme and receiving eligible in-patient treatment.	Paid for one parent each night as standard. This benefit applies to the child's cover and any charges are payable from the child's benefits.
Treatment at home The option to have otherwise eligible in-patient, day-patient treatment or out-patient chemotherapy at home instead of in a hospital, where clinically appropriate	As standard: Consultants' fees paid as per your consultant access on page five. Other medical treatment providers recognised for treatment at home: paid in full.

Mental health treatment

Benefit	Allowances for each member or beneficiary and benefit notes
Consultant psychiatrists' fees, mental health and wellbeing therapists' fees and diagnostic tests for out-patient mental health treatment	Paid up to and from within your chosen out-patient benefit allowances on page nine. If Open Referral is chosen, consultants must be in our list of Open Referral Network consultants.
Mental health day-patient and in-patient treatment	Up to a maximum of 28 / 45 / 90 days each scheme year combined and not individually / no annual allowance
Consultant psychiatrists' fees for eligible day-patient and in-patient treatment	Paid as per consultant access on page five up to the chosen maximum number of days each year.
Facility charges for eligible day-patient and in-patient treatment	Paid in full at a facility recognised for your scheme as per your facility access on page five, up to the chosen maximum number of days each scheme year.

Workplace Mental Health advantage

We cover most mental health conditions. We do not pay for treatment for dementia. That means we'll be there if an employee's condition comes back, or if they need ongoing support to manage a condition.

Mental health treatment for or related to special conditions, pre-existing conditions and moratorium conditions isn't covered. Mental health treatment related to anything else under the general exclusions is covered as set out in the 'Mental health treatment' table above. For example, we would cover postnatal depression even though pregnancy is an excluded condition.

Cancer Benefit

Benefit	Allowances for each member or beneficiary and benefit notes
Out-patient consultations, therapies, diagnostic tests, and complementary medicine	Paid in full as standard. If Open Referral is chosen, consultants must be in our list of Open Referral Network consultants.
Out-patient cancer drugs	Paid in full at a facility recognised for your scheme as per your facility access on page five.
Other cancer treatment including surgery, radiotherapy and chemotherapy	Paid on the same basis and up to the same allowances as other treatment set out in this brochure.

Cash Benefits

Benefit	Allowances for each member or beneficiary and benefit notes
NHS cash benefit (in-patient)	For in-patient treatment on the NHS that would otherwise be covered under the scheme. £50 / £100 / £150 / £200 per night, 35 nights per scheme year. £100 per night, 25 / 50 nights per scheme year. £50 per night, 100 nights per scheme year. Exclude.
NHS cash benefit for cancer	Include / Exclude: **For NHS cancer treatment that would otherwise be covered under the scheme:** For NHS in-patient stays when you receive radiotherapy, chemotherapy, a surgical operation, a blood transfusion, a bone marrow or stem cell transplant: £100 each night For NHS out-patient or day-patient treatment or NHS home treatment: £100 for each day you receive radiotherapy, including proton beam therapy, in a hospital setting £100 for each day you receive chemotherapy, other than oral chemotherapy £100 on the day of your surgical operation **For oral chemotherapy or oral anti-hormone therapy that is not available from a GP:** For oral drug treatment: £100 for each three-weekly interval
Procedure specific NHS cash benefit	Include / Exclude Paid for certain specific treatment provided to you free under the NHS that would otherwise have been covered for private treatment under your benefits. The Procedure Specific Cash Benefits offered may be changed from time to time.
Cash benefit for wigs or hairpieces	Included as standard: £100 if you experience hair loss during eligible treatment for cancer. This benefit is paid once per cancer occurrence
Cash benefit for mastectomy bras and prostheses	Included as standard: £200 following an eligible mastectomy procedure where a reconstruction is not performed at the same time. This benefit is paid once per mastectomy surgery.

Procedure Specific NHS Cash Benefit

Our specialist teams in the following areas are able to offer those requiring certain specific eligible procedures the option of receiving cash payments in place of private treatment when such treatment is carried out free under the NHS.

- Cancer
- Benign brain tumours
- Cardiac
- Eye care
- Musculoskeletal conditions and
- Obstetrics and Gynaecology

We offer NHS cash payments on a range of procedures across each specialist area.
We know that these payments can assist people financially while they are unwell and receiving hospital treatment. Procedure specific NHS cash benefits are paid directly to the main member or main beneficiary on the scheme.
The procedure specific cash benefits offered may be changed from time to time.

Additional Cash Benefits

Benefit	Allowances for each member or beneficiary and benefit notes
Optical cash benefit	Include / Exclude. Up to £100 per two-year benefit period for goods and services provided to or prescribed for you by an optician.
Accidental dental injury cash benefit	Include / Exclude. Up to £900 per scheme year for treatment with a dentist needed as a result of an accidental dental injury.
Prescription cash benefit	Include / Exclude. Up to £20 per scheme year for prescribed medicines and/or devices used to treat a medical condition and/or alleviate symptoms.
Family cash benefit (Insured clients only)	Paid to the applicant for each child born or adopted during the scheme year. £100 / £150 / £200 / Exclude.

Additional benefits

Benefit	Allowances for each member or beneficiary and benefit notes
Private ambulance When medically necessary and related to private eligible day-patient or in-patient treatment.	£80 per trip, £320 annual maximum per scheme year / £80 per trip, no annual maximum / Full Refund / Exclude
Home nursing When immediately following private eligible in-patient treatment.	£600 / £2,000 / Full Refund / Exclude
Overseas emergency treatment When temporarily travelling outside the UK.	Include / Exclude Allowances and restrictions apply.
Repatriation and evacuation assistance When arranged by a Bupa recognised medical assistance company.	Include / Exclude Allowances and restrictions apply.

Deductibles

Benefit	Allowances for each member or beneficiary and benefit notes
Excess	Excess amounts: Nil / £50 / £75 / £100 / £150 / £200 / £250 / £500 Excess basis: Per contract period / per rolling period (based on date of service) Excess applies: Per person / per dependant / per registration / per applicant
Co-pay/Co-insurance	Co-pay/Co-insurance percentage: 20% / 30% Co-pay/Co-insurance annual maximum: £250 / £500 Co-pay/Co-insurance applies: Per person / per dependant / per registration / per applicant

Advanced therapies

Benefit	Limits for each member or beneficiary and benefit notes
Gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medicinal Products (ATMPs) by the UK medicines regulator	Advanced therapies List A / Advanced therapies List B Speak to your Bupa account manager or intermediary partner for more information on the eligible Advanced Therapies included on each list.

General Exclusions

There are certain exclusions that may apply to your cover, there are also exemptions to some exclusions. For full details please speak to your account manager or intermediary partner. The excluded medical conditions and treatments include:

Ageing, menopause and puberty, accident and emergency treatment, allergies, allergic disorders or food intolerances, benefits that are not covered/payable and/or are above your benefit limits, birth control, conception and sexual problems, chronic conditions, complications from excluded conditions, treatment and experimental treatment, contamination, wars, riots and terrorist acts, convalescence, rehabilitation and general nursing care, cosmetic, reconstructive or weight loss treatment, deafness, dental/oral treatment, dialysis, drugs and dressings for out-patient or take-home use and complementary and alternative products, excluded treatment or medical conditions, experimental drugs and treatment, eyesight, pandemic or epidemic disease, intensive care (other than routinely needed after private day-patient treatment or in-patient treatment), learning difficulties, behavioural and developmental conditions, overseas treatment, physical aids and devices, pre-existing conditions – for underwritten members and beneficiaries, pregnancy and childbirth, screening, monitoring and preventive treatment, sleep problems and disorders, special conditions – for underwritten members and beneficiaries, speech disorders, gender dysphoria or gender affirmation, temporary relief of symptoms, treatment in a treatment facility that is not a recognised facility, unrecognised medical practitioners, providers and facilities, moratorium conditions – for moratorium members and beneficiaries, advanced therapies and specialist drugs and varicose veins.

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