



Bupa Select health insurance.

These tables show you the maximum amount of benefits you can claim per person per policy year according to your cover.

Refer to the Bupa Select membership guide for full policy terms including details of what's covered, what's not covered and any exceptions.

Select Comprehensive healthcare cover			
Limits for each member and benefit notes			
Benefits	Select Key Bupa's base level of cover	Select Enhanced Extra cover for added reassurance	Select Complete Bupa's highest tier of cover
Facilities			
Facility access	over 300 partnership facilities nationwide or Guided Care ⁴		over 600 participating facilities nationwide or Guided Care ⁴
Out-patient consultations and treatment			
Out-patient consultations and diagnostic tests			
Out-patient therapies (eg physiotherapy) and charges related to out-patient treatment	£1,000 a year ¹	£1,500 a year ¹	paid in full ¹
Out-patient complementary medicine treatment (acupuncture, chiropractic and osteopathy)	up to £250 within your out-patient benefit limit above ¹	up to and within your out-patient benefit limit above ¹	paid in full ¹
Out-patient Magnetic resonance imaging (MRI) Computerised tomography (CT) and Positron emission tomography (PET) scans		paid in full ¹	
Being treated in hospital as a day-patient or in-patient			
Consultant fees and facility charges		paid in full ²	
Cancer treatment			
Cancer cover		paid in full ²	
NHS cancer cash benefit If you choose to have eligible cancer treatment under the NHS rather than privately		£100 each night for NHS in-patient treatment or £100 for NHS out-patient, NHS day-patient, or NHS home treatment for cancer or £100 for each three-weekly interval, or part thereof, during which you take oral chemotherapy, or oral anti-hormone therapy that is not available from a GP	
Mental health treatment			
Business Mental Health Advantage Consultant and facility charges for day-patient and in-patient care		paid in full up to 45 days each year ²	
Medical consultations, advice and support			
Bupa Blue Health Smartphone application for diagnosis, GP appointments and prescriptions		unlimited access to GP consultations 24/7 via phone or video call, clinical triage powered by artificial intelligence, and private prescription writing (prescription costs not included) with free delivery or collection from a chosen pharmacy	
Bupa Anytime HealthLine Telephone service for medical advice with a qualified nurse		unlimited 24/7 calls and unlimited call time. Provides guidance to members and their immediate family on any medical issue	
Bupa Family Mental HealthLine Telephone service for mental health support with a trained adviser		unlimited calls and unlimited call time between 8am and 6pm Monday to Friday. Provides guidance to parents and carers who are concerned about their child's emotional wellbeing and/or mental health	
Bupa Menopause HealthLine Telephone service for clinical advice and support with a menopause trained nurse		unlimited calls and unlimited call time between 8am and 8pm, 365 days a year. Provides guidance and support to members and their named dependants on the policy to help understand and manage menopause symptoms	
Additional benefits			
Direct Access No GP referral needed for certain conditions		for certain medical conditions you can contact us directly without consulting a GP for a remote assessment with a trained advisor, therapist, mental health and wellbeing therapist or other clinician who specialises in your condition. This may lead to a referral for a consultation or treatment. Call Bupa or go to bupa.co.uk/referrals for more information	
Home Nursing When immediately following private eligible in-patient treatment		£2,000 each year for medical treatment carried out under the supervision of your consultant. Our written agreement is needed before treatment starts. Eligibility criteria apply – see membership guide for details	
Ambulance Cover When related to private eligible in-patient, day-patient treatment		up to £80 each single trip – no annual limits	
NHS Cash Benefit If you choose to have in-patient treatment under the NHS rather than privately		£50 a night for up to 35 nights a year for treatment that would have otherwise been covered for private in-patient treatment	
Procedure Specific NHS cash benefit If you choose to have certain eligible treatment under the NHS rather than privately		applies to treatment that would otherwise have been covered under your benefits. The amount we pay depends on the procedure you are having. Call Bupa or go to bupa.co.uk/pscb for more information	
Options to enhance cover (additional subscriptions apply)			
Island cover		for residents of Jersey, Guernsey or the Isle of Man only – includes travel to UK mainland. This option cannot be selected with the Guided Care option	
Options to manage costs			
Excess options		£0, £100, £150, £200, £500	
Six week scheme		if the NHS can provide day-patient or in-patient treatment (including diagnostic procedures) within six weeks of the date the consultant recommends it, then treatment takes place in the NHS. If not, the treatment or tests will be covered by Bupa. This option gives 15% to 25% discount on the cost of cover – subject to member's age	
Fixed rate		the fixed rate option allows you to fix the rates you pay per member for two years at an extra cost. However, this is not protected from any increases in Insurance Premium Tax (IPT) when your policy is next renewed. Changes to membership made during the two-year fixed rate period will not affect the fixed rates but may affect the price you pay for the policy after renewal. Please note: you may not be able to amend your benefit options at your first renewal after choosing this option	
Add-ons (optional benefits you can add to your cover, additional subscriptions apply)			
Family cash benefit		£200 for each birth or adoption – applies to main member only	
The following benefits are not available for members under 16 years old			
Optical cash benefit		up to £100 in any two year benefit period, when provided to or prescribed for you by a scheme recognised optician or consultant	
Accidental dental injury cash benefit		up to £900 each year, with a scheme recognised dentist or orthodontist	
Prescription cash benefit		up to £20 each year for eligible treatment	
Key notes			
Key exclusions		<p>Bupa's main exclusions are listed below.</p> <p>Please refer to the Bupa Membership Guide for the complete list of exclusions. This will be provided by your Bupa representative</p> <ul style="list-style-type: none"> • Accident and emergency treatment • Allergies, allergic disorders or food intolerances • Birth control, conception or sexual problems • Chronic conditions • Convalescence, rehabilitation or general nursing care • Cosmetic, reconstructive or weight loss treatment • Deafness • Dementia or learning, behavioural and developmental conditions³ • Dialysis • Eyesight • Gender dysphoria or gender affirmation • Physical aids and devices • Pregnancy and childbirth • Relief of symptoms of ageing, menopause and puberty • Screening, monitoring and preventative treatment • Sleep problems and disorders • Speech disorders 	

1 Check your Facility Access to see if the Guided Care option has been chosen:

• If the Guided Care option has not been chosen – the benefit limit is for eligible treatment on your core health insurance when you use a Bupa recognised consultant or therapist or complementary medicine practitioner and a healthcare facility within the Bupa network that applies to your policy.
• If the Guided Care option has been chosen – the benefit limit is for eligible treatment on your core health insurance when you use a consultant in our list of Open Referral Network consultants or a Bupa recognised therapist or complementary medicine practitioner, and a healthcare facility within our participating facility network.

2 Check your Facility Access to see if the Guided Care option has been chosen:

• If the Guided Care option has not been chosen – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within your chosen Bupa network using a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complementary medicine practitioner.
• If the Guided Care option has been chosen – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within our Participating facility network using a consultant in our list of Open Referral Network consultants who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complementary medicine practitioner.

3 Any treatment for learning difficulties, behavioural or developmental conditions (LBD) will remain ineligible. However, we will now cover any related mental health condition in relation to an LBD, for example anxiety or depression. Related mental health conditions will be eligible under Benefit 5.3 Exclusion GE20.

4 With the Guided Care option: participating facility is the network of recognised facilities for which you are covered under your benefits, and the Open Referral service applies to your benefits. This means that you must be referred to a consultant or to treatment either by our Direct Access service (if it is available for your condition), or by obtaining an open referral letter from a GP. This is a referral that details the care you need but is not addressed to a named consultant or healthcare practitioner. You then must call us to pre-authorise your consultation or treatment and use a consultant in our list of Open Referral Network consultants that applies to your benefits, or a Bupa recognised practitioner (as relevant). From the choice we give you. There are no extra bills for treatment provided by the surgeons or anaesthetists we offer you. Excess and benefit limits still apply. The Open Referral service doesn't apply to children aged 17 or under.

For more info get in touch:

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