

Bupa By You

Summary

Find the cover that's right for you

There's a lot to take in when purchasing health insurance – that's why we've created this easy to use guide which summarises the cover that's available with Bupa By You.

This does not contain the full terms and conditions and exclusions of cover under the agreement. You'll find these in the Bupa By You membership guide and your membership certificate. The terms of your cover may also change from time to time, particularly at renewal.

Still got questions?

Simply visit bupa.co.uk/byyou for more information.





Contents

Comprehensive

4

Treatment and care

7

o Scan and Test Cover

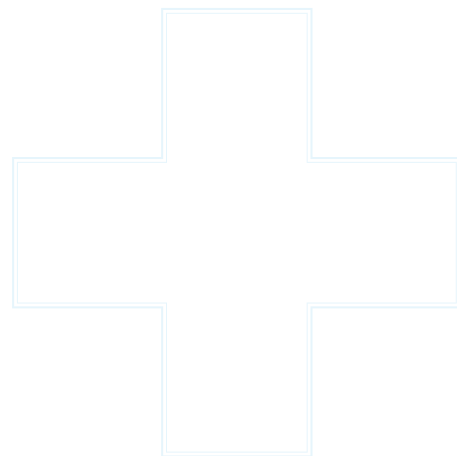
9

No claims discount

10

What you are not covered for

11



Comprehensive

Comprehensive is for people who want real peace of mind. No matter what life throws at you, you know that diagnosis of your condition, treatment and aftercare for your medical needs will be taken care of as set out under your policy. Where we state a combined out-patient limit, this is in relation to eligible out-patient consultations and treatment, diagnostics tests and out-patient therapies.

Comprehensive		
Getting diagnosed		
Cover	Explanation	Benefits
Out-patient consultations	We will pay for all your fees for consultations when you are being seen as an out-patient to diagnose your condition having been referred for this by your GP or a consultant.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000)* ✓
Diagnostic tests	These are tests that your GP or consultant may ask for to help find out what's wrong with you. We will pay the hospital or clinic charges for these in full*, whilst you are undergoing eligible diagnostic tests as an out-patient, day-patient or in-patient to diagnose your condition. Included in this are any charges for interpreting the results of your tests.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000)* ✓
More complicated diagnostic procedures	These are more complicated diagnostic procedures, such as an endoscopy, that your consultant may undertake to help find out what's wrong with you. We will pay the hospital or clinic charges for these in full*, whilst you are undergoing eligible diagnostic procedures as an out-patient, day-patient or in-patient to diagnose your condition. Included in this are any charges for interpreting the results of your tests. We pay consultants' fees if, for medical reasons, your consultant has to undertake your diagnostic procedure.	Paid in full† ✓
Diagnostic scans	These are scans that your consultant may ask for to help them determine or assess your condition as an out-patient. We will pay scanning facility charges for MRI, CT and PET scans. Included in this are any charges for interpreting the results of your scans.	Paid in full† ✓
Parent accommodation	We will pay for each night a parent needs to stay in hospital with their child, provided the child is also a member under the agreement, is under 16 years of age and is having eligible diagnostic tests or an eligible surgical operation for the diagnosis of their disease, illness or injury as in-patient treatment.	Paid in full†, for one parent each night ✓

*For eligible treatment on your core health insurance, paid in full up to your chosen out-patient benefit limit (if any) when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

†For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

Getting treated

Cover	Explanation	Benefits
Hospital treatment	This is the eligible treatment and care you have as an out-patient or whilst in hospital. We will pay hospital and clinic charges for your eligible treatment and looking after you whilst in their care. We will pay consultant fees (surgeons, anaesthetists or physicians) for your eligible treatment.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000) applicable to out-patient treatment* ✓
Parent accommodation	We will pay for each night a parent needs to stay in hospital with their child, provided the child is also a member under the agreement, is under 16 years of age and is receiving eligible in-patient treatment.	Paid in full†, for one parent each night ✓
Out-patient therapies	This includes therapies such as physiotherapy. We will pay the therapists' fees in full* for eligible treatment.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000)* ✓
Post diagnosis out-patient consultations	We will pay your fees for eligible consultations following the diagnosis of your condition when you have been referred for this by your GP or a consultant.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000)* ✓
Post diagnosis tests	These are tests that your GP or consultant may ask for following an initial diagnosis. We will pay the hospital or clinic charges for these in full*, whilst you are being treated as an out-patient, day-patient or in-patient. Included in this are any charges for interpreting the results of your tests.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000)* ✓
Post diagnosis scans	These are scans that your consultant may ask for to help them determine or assess your condition following an initial diagnosis. We will pay scanning facility charges for MRI, CT and PET scans. Included in this are any charges for interpreting the results of your tests and scans.	Paid in full† ✓
Mental health	This includes eligible mental health treatment from a consultant or mental health and wellbeing therapist.	Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000) applicable to out-patient treatment* ✓ Limited to 28 days in-patient or day-patient care (combined) each year
NHS cash benefit	We will pay a cash benefit for treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits.	For in-patient treatment, you will receive £50 per night up to 35 nights per year. ✓
NHS cancer cover cash benefit	We will pay a cash benefit for treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits. We only pay this benefit once even if you have more than one eligible treatment on the same day.	In relation to cancer treatment, you will receive: <ul style="list-style-type: none"> ○ £100 for each night of in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation; ○ £100 for each day you receive radiotherapy in a hospital setting; ○ £100 for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy or part thereof; ○ £100 on the day of your surgical operation. ✓

*For eligible treatment on your core health insurance, paid in full up to your chosen out-patient benefit limit (if any) when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

†For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

Cancer

There are two options for you to choose from.

Cancer Cover	This includes eligible treatment such as surgery, chemotherapy, radiotherapy and bone marrow and stem cell transplants.	Paid in full[†]	✓
NHS Cancer Cover Plus	Cancer treatment is only covered when the radiotherapy, chemotherapy or surgical operation you need to treat your cancer is not available to you under the NHS.	Paid in full[†]	✓

Additional benefits

Cover	Explanation	Benefits	
Treatment at home	Certain eligible treatment such as chemotherapy could potentially be administered at your home instead of in a hospital. This benefit is subject to your consultant's and Bupa's approval.	Paid in full[†]	✓
Home nursing	We will pay for home nursing charges following private in-patient treatment that is covered under your policy. This benefit is subject to Bupa's approval.	Paid in full[†]	✓
Private ambulance	We will pay for travel by private road ambulance if you need private day-patient treatment or in-patient treatment, and it is medically necessary for you to travel by ambulance.	Up to £60 per journey with no annual limit	✓











As a Bupa member, you will also have access to Bupa Anytime HealthLine – around the clock, unlimited telephone consultations with our team of GPs and nurses.

[†]For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant). In addition if you have chosen NHS Cancer Cover Plus, cover is only available when the radiotherapy, chemotherapy or surgical operation you need is not available from your NHS.

[†]For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

Treatment and care

Treatment and Care is for people who are happy to get diagnosed by the NHS but would like to receive treatment privately. We'll cover the cost of eligible treatment by a private consultant and aftercare at a private hospital.

Treatment and care		
Getting diagnosed		
Cover	Explanation	Benefits
Out-patient consultations	We will pay for all your fees for consultations when you are being seen as an out-patient to diagnose your condition having been referred for this by your GP or a consultant.	No 
Diagnostic tests	These are tests that your consultant may ask for to help find out what's wrong with you. We will pay the hospital or clinic charges for these in full, whilst you are undergoing eligible diagnostic tests as an out-patient, day-patient or in-patient to diagnose your condition. Included in this are any charges for interpreting the results of your tests.	No 
More complicated diagnostic procedures	These are more complicated diagnostic procedures, such as an endoscopy, that your consultant may undertake to help find out what's wrong with you. We will pay the hospital or clinic charges for these in full, whilst you are undergoing eligible diagnostic procedures as an out-patient, day-patient or in-patient to diagnose your condition. Included in this are any charges for interpreting the results of your tests. We pay consultants' fees if, for medical reasons, your consultant has to undertake your diagnostic procedure.	No 
Diagnostic scans	These are scans that your consultant may ask for to help them determine or assess your condition as an out-patient. We will pay scanning facility charges for MRI, CT and PET scans. Included in this are any charges for interpreting the results of your scans.	No 
Getting treated		
Cover	Explanation	Benefits
Hospital treatment	This is the eligible treatment and care you receive as an out-patient or whilst in hospital. We will pay hospital and clinic charges for your eligible treatment and looking after you whilst in their care. We will pay consultant fees (surgeons, anaesthetists or physicians) for your eligible treatment.	Paid in full† 
Parent accommodation	We will pay for each night a parent needs to stay in hospital with their child, provided the child is also a member under the agreement, is under 16 years of age and is receiving eligible in-patient treatment.	Paid in full†, for one parent each night 
Out-patient therapies	This includes therapies such as physiotherapy. We will pay the therapists' fees in full† for eligible treatment.	Paid in full† 
Post treatment out-patient consultations	We will pay your fees for eligible consultations within six months of the discharge date of your treatment.	Paid in full† 
Post treatment tests	These are tests that your consultant may ask for following treatment. We will pay the hospital or clinic charges for these in full†, whilst you are being treated as an out-patient, day-patient or in-patient and within six months of the discharge date of your treatment. Included in this are any charges for interpreting the results of your tests.	Paid in full† 
Post treatment scans	These are scans that your consultant may ask for to help them determine or assess your condition following treatment. We will pay scanning facility charges for MRI, CT and PET scans whilst you are being treated as an out-patient, day-patient or in-patient and within six months of the discharge date of your treatment. Included in this are any charges for interpreting the results of your tests and scans.	Paid in full† 

†For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

Getting treated (continued)

Mental health	This includes eligible mental health treatment from a consultant or mental health and wellbeing therapist.	Paid in full[†] Limited to 28 days in-patient or day-patient care (combined) each year ✓
NHS cash benefit	We will pay a cash benefit for treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits.	For in-patient treatment, you will receive £50 per night. ✓
NHS cancer cover cash benefit	We will pay a cash benefit for eligible treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits. We only pay this benefit once even if you have more than one eligible treatment on the same day.	In relation to cancer treatment, you will receive: <ul style="list-style-type: none"> ○ £100 for each night of in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation; ○ £100 for each day you receive radiotherapy in a hospital setting; ✓ ○ £100 for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy or part thereof; ○ £100 on the day of your surgical operation.

Cancer

There are two options for you to choose from.

Cancer Cover	This includes eligible treatment such as surgery, chemotherapy, radiotherapy and bone marrow and stem cell transplants.	Paid in full[†] ✓
NHS Cancer Cover Plus	Cancer treatment is only covered when the radiotherapy, chemotherapy or surgical operation you need to treat your cancer is not available to you under the NHS.	Paid in full[‡] ✓

Additional benefits

Cover	Explanation	Benefits
Treatment at home	Certain eligible treatment such as chemotherapy could be potentially administered at your home instead of in a hospital. This benefit is subject to your consultant's and Bupa's approval.	Paid in full[†] ✓
Home nursing	We will pay for home nursing charges following private in-patient treatment that is covered under your policy. This benefit is subject to Bupa's approval.	Paid in full[†] ✓
Private ambulance	We will pay for travel by private road ambulance if you need private day-patient treatment or in-patient treatment, and it is medically necessary for you to travel by ambulance.	Up to £60 per journey with no annual limit ✓

As a Bupa member, you will also have access to Bupa Anytime HealthLine – around the clock, unlimited telephone consultations with our team of GPs and nurses.





[†]For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant).

[‡]For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant). In addition if you have chosen NHS Cancer Cover Plus, cover is only available when the radiotherapy, chemotherapy or surgical operation you need is not available from your NHS.

Add scan and test cover to treatment and care

Scan and Test Cover can be added to Treatment and Care.
Here is a summary of what's covered if you choose this option.

Getting diagnosed

Cover	Explanation	Benefits
Out-patient consultations	We will pay for all your fees for consultations when you are being seen and treated as an out-patient to diagnose your condition having been referred for this by your GP or a consultant.	No 
Diagnostic tests	These are tests that your consultant may ask for to help find out what's wrong with you. We will pay the hospital or clinic charges for these in full [†] , whilst you are undergoing eligible diagnostic tests as an out-patient, day-patient or in-patient to diagnose your condition. Included in this are any charges for interpreting the results of your tests.	Paid in full[†] 
More complicated diagnostic procedures	These are more complicated diagnostic investigations, such as an endoscopy, that your consultant may undertake to help find out what's wrong with you. We will pay the hospital or clinic charges for these in full [†] , whilst you are undergoing eligible diagnostic investigations as an out-patient, day-patient or in-patient to diagnose your condition. Included in this are any charges for interpreting the results of your tests. We pay consultants' fees if, for medical reasons, your consultant has to undertake your diagnostic investigation.	Paid in full[†] 
Diagnostic scans	These are scans that your consultant may ask for to help them determine or assess your condition as an out-patient. We will pay scanning facility charges for MRI, CT and PET scans. Included in this are any charges for interpreting the results of your scans.	Paid in full[†] 

[†]For eligible treatment on your core health insurance when you use a facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee assured consultant)

No claims discount (NCD)

Your membership certificate will tell you if a no claims discount applies to your cover.

In calculating the subscriptions payable next year we will apply a no claims discount to the core health insurance subscriptions based upon the value of the claims paid for you during the 12 month period (10 month period in your first year of cover) preceding our calculation. We apply your no claims discount to your net subscription rate excluding Insurance Premium Tax.

The calculation period

As we calculate your subscriptions prior to your renewal date, we will assess all eligible claims paid by us for you:

- in the first 10 months of your first year, and
- for subsequent years, in months 11 and 12 of the previous year plus months 1 to 10 of the current year.

Please note that payment may take a few weeks from the date of your treatment, depending on how quickly invoices are submitted to us.

The following table shows how any claims you make will affect your level of no claims discount.

Value of claims paid during the calculation period	Change in discount level applied at the next renewal date <small>(subject to the minimum and maximum discount levels available)</small>
£0.00	Move up the scale by 1 level
£0.01 to £250	Move down the scale by 1 level
£250.01 to £500	Move down the scale by 2 levels
£500.01 and above	Move down the scale by 3 levels

The following table shows the amount of no claims discount that applies for each no claims discount level. Discount level 14 is the maximum discount level available and your no claims discount will therefore never exceed 70%.

Discount level you are on	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Discount you will receive	0%	10%	20%	27.5%	35%	40%	45%	50%	55%	59%	62%	65%	68%	70%

Please note that claims you may make in relation to any of the following benefits do not count as claims in the assessment of the no claims discount to be applied to your subscriptions:

- NHS cash benefits.

In addition, any claims we pay for you during the calculation period that fall entirely within your excess will not be counted.

If you are unwell, you should not delay seeking treatment because of the impact it will have on your no claims discount.

Please note: We may change the no claims discount or withdraw it at any time in accordance with the 'Making changes' section of the Bupa By You membership guide.

What you are not covered for

Whatever kind of cover you create with Bupa By You, there are a number of conditions and treatments that your policy does not cover. Please see your membership documents for the full terms and conditions.

These exclusions apply to comprehensive, prompt diagnosis and treatment and care only

Bupa does not routinely cover the following conditions and treatments

AIDS/HIV

Allergies or allergic disorders

Birth control, conception, sexual problems and sex changes

Chronic conditions

Chronic mental health conditions

Complications from excluded or restricted conditions/treatment

Contamination, wars and riots

Convalescence, rehabilitation and general nursing care

Cosmetic, reconstructive or weight loss treatment

Deafness

Dental/oral treatment (such as fillings, gum disease, jaw shrinkage, etc)

Dialysis

Drugs and dressings for out-patient or take-home use

Experimental drugs and treatments

Treatment to correct eyesight (eg long or short sight)

Pandemic or epidemic disease

Intensive care (other than in some specific circumstances)

Learning difficulties, behavioural and developmental problems

Overseas treatment and repatriation

Physical aids and devices

Pre-existing or special conditions

Pregnancy and childbirth

Puberty, menopause and ageing

Screening, monitoring and preventative treatment

Sleep problems and disorders

Speech disorders

Remote consultations (other than in some specific circumstances)

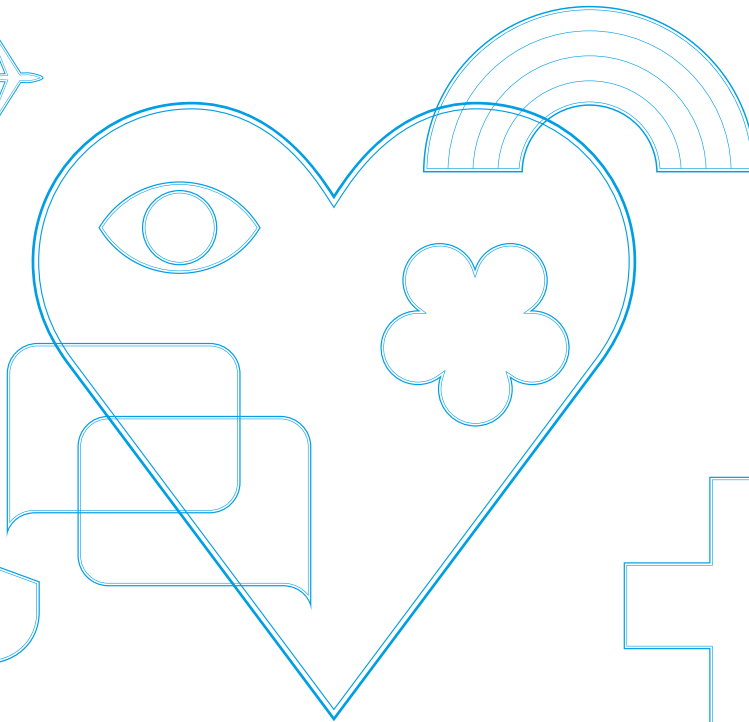
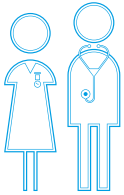
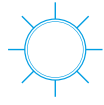
Temporary relief of symptoms

Unrecognised providers or facilities

Bupa Health Insurance is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority.

Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

© Bupa 2015



The world of Bupa

Care homes
Cash plans
Dental insurance
Dental services
Health assessments
Health at work services
Health coaching
Health information
Health insurance
Home healthcare
International health insurance
Travel insurance