



Your life Your health Your benefits

Babcock International Group Limited
Open Referral

Effective from 1 June 2019

bupa.co.uk

You're in safe hands with Bupa

Welcome to your health insurance scheme, and to all the benefits and reassurance that we hope being with Bupa brings.

Illness can restrict your lifestyle, affect loved ones, and reduce your ability to work, so we know how important your health is to you – it's important to us too. That's why you can rely on your cover should you need to make an eligible claim.

Help is just a phone call away

One of the most direct ways we are able to help you is through our telephone support.

Getting in touch

For all claims or cover queries please call your Bupa helpline on:

 Call **0345 266 6051[†]**

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

Textphone

 **0345 606 6863**

Bupa Anytime HealthLine*

Whatever your health question or concern – from advice about symptoms, to information on leading a healthier lifestyle – you can speak to a nurse, 24 hours a day, seven days a week.

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

For health advice

 Call **0345 607 7777***

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 many aspects of elderly care – from financial worries, to finding a care home, to support with illnesses such as dementia.

For elderly care advice

 Call **0330 134 6696****

[†]We may record or monitor our calls. Lines are open 8am to 8pm Monday to Friday and 8am to 4pm on Saturdays.

*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. Bupa Anytime HealthLine is not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

**We may record or monitor our calls. Lines are open 8am to 6.30pm Monday to Friday and 9am to 12.30pm on Saturdays.

These pages are for the Bupa Select scheme and only provide a brief summary of the cover under the scheme. Full details including general terms and conditions, exclusions and benefit limits are not set out on these pages. Further details are available from the helpline although you may need to contact your employer for full details of your cover.

Health information at your fingertips

We have an A to Z of health topics and tools that you and your family can easily access online. It's our goal to provide you with trusted information

so you can make the right decisions about your health and wellbeing. Try our tools and calculators to give you an insight into your own health.

[Bupa.co.uk/health-information/tools-calculators](https://bupa.co.uk/health-information/tools-calculators)

Supporting you when you need it most

When you have a medical condition, speaking to someone who understands can make a big difference. We have specialist support teams in a range of key condition areas offering you the help and advice you need, when you need it most.

Our specialist support teams are made up of advisers, care coordinators and nurses. They'll help with everything from understanding your condition, to getting decisions on drugs, to supporting you and your family emotionally.

Specialist support teams

- Cardiovascular
- Oncology
- Mental health
- Muscles, joints and bones
- Gastroenterology
- Eyecare or Ophthalmology
- Obstetrics and gynaecology

How to access the team you need

When you call the helpline, you'll be referred to the team who specialises in your particular medical condition.

Find the facilities and expertise you need

Our website is home to 'Finder' – an online resource that brings together information on all our people and places.

You can use Finder to search for:

- recognised consultants
- therapists
- recognised dentists
- hospitals
- health and dental centres
- care homes
- retirement housing.

Search online for our services

 Visit **finder.bupa.co.uk**



Your cover at a glance

Your cover depends on you using the Bupa recognised medical practitioners and treatment facilities that we specify when you call to pre-authorise your treatment. You must ask for an 'Open Referral letter' from your GP and you must call us before arranging a consultation or receiving treatment. If you don't call us to obtain a pre-authorisation number, we can't confirm we can cover the cost of your treatment. For more detailed information on what is and isn't covered by your scheme, call your Bupa helpline on **0345 266 6051**[†].

Benefits	Maximum benefit available	Notes
Finding out what is wrong and being treated as an out-patient		
Out-patient consultations with a consultant	paid in full	with a consultant we specify from our list of Open Referral Network consultants
Out-patient therapies		with a recognised therapist we specify
Facility charges for out-patient diagnostic tests on consultant referral		in a recognised facility we specify
Out-patient complementary medicine	up to £500 each year	with a scheme recognised complementary medicine practitioner (acupuncture, chiropractic and osteopathy only) we specify
Out-patient MRI, CT and PET scans on consultant referral	paid in full	in a recognised facility we specify

[†]We may record or monitor our calls.

Benefits	Maximum benefit available	Notes
Being treated in hospital		
Consultants' fees	paid in full	with a fee-assured consultant in our list of Open Referral Network consultants and in a recognised facility, each of which we specify
Parent accommodation	paid in full	one parent only, accompanying a child up to age 16 who is a member of the scheme and receiving eligible in-patient treatment in a recognised facility we specify
Facility charges for surgical operations carried out as out-patient treatment	paid in full	in a recognised facility we specify
Facility charges for day-patient treatment and in-patient treatment	paid in full	in a recognised facility we specify
Cancer treatment		
Cancer cover - as for other treatment set out in this table except for:		
Out-patient consultations with a consultant	paid in full	with a consultant we specify from our list of Open Referral Network consultants
Out-patient therapies and complementary medicine on GP or consultant referral	paid in full	with a recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only) we specify
Facility charges for out-patient diagnostic tests on consultant referral	paid in full	in a recognised facility we specify
Facility charges for eligible out-patient cancer drugs	paid in full	in a recognised facility we specify

Benefits	Maximum benefit available	Notes
Mental health treatment		
Mental health treatment	up to a maximum of 28 days each year	for day-patient treatment and in-patient treatment combined and not individually
Consultant psychiatrists' fees, mental health and wellbeing therapists' fees and diagnostic tests for out-patient mental health treatment	up to and from within your available out-patient benefit limits above	with a consultant on our list of Open Referral Network consultants or recognised mental health and wellbeing therapist, each of which we specify
Consultant psychiatrists' fees for day-patient and in-patient mental health treatment	paid in full	with a fee-assured consultant psychiatrist in our list of Open Referral Network consultants and in a recognised facility, each of which we specify
Facility charges for day-patient and in-patient mental health treatment	paid in full	in a recognised facility we specify
Additional benefits		
Treatment at home — discretionary benefit	upon authorisation, paid in full	with a scheme recognised treatment provider, we pay for the charges that we agree to pay on your behalf
Home nursing	up to £600 each year	when immediately following private eligible in-patient treatment
Private ambulance charges	up to £80 each single trip up to a maximum of £320 each year	when medically necessary and related to private eligible day-patient or in-patient treatment

Benefits	Maximum benefit available	Notes
Overseas emergency treatment Please note: you will need to settle all accounts direct with the medical providers in the country of treatment. On return to the UK submit the itemised and dated receipted invoices to us for assessment.		
Out-patient consultations, therapies, diagnostic tests and complementary medicine	paid up to and from within your available out-patient limit above	when temporarily travelling outside the UK
Out-patient MRI, CT and PET scans	up to £100 towards all the fees and charges and not each charge individually	when temporarily travelling outside the UK
Consultants' fees for out-patient surgical operations, day-patient and in-patient treatment	paid up to the Bupa UK monetary limits that apply for Bupa recognised non-fee-assured consultants	when temporarily travelling outside the UK
Overseas facility charges for out-patient surgical operations	up to £100 towards all the facility charges and not each charge individually	when temporarily travelling outside the UK
Overseas facility charges for day-patient and in-patient treatment	up to £200 each day towards all the facility charges and not each charge individually	when temporarily travelling outside the UK
Repatriation and evacuation assistance – discretionary benefit		
Your repatriation/evacuation	upon authorisation, paid in full	when arranged by a Bupa recognised medical assistance company
Accompanying partner/relative during your repatriation or evacuation	upon authorisation, up to £750 towards all the costs	when arranged by a Bupa recognised medical assistance company

Benefits	Maximum benefit available	Notes
Cash benefits		
Except for NHS cash benefit for oral chemotherapy treatment none of the following three NHS cash benefits is payable at the same time as any other NHS cash benefit for NHS treatment.		
NHS cash benefit for NHS in-patient treatment	£100 a night for up to 35 nights each year	for NHS in-patient treatment that would otherwise be covered under the scheme
NHS cash benefit for NHS in-patient stays that you receive radiotherapy, chemotherapy or a surgical operation that is for cancer treatment	£100 each night	for NHS in-patient treatment for cancer treatment that would otherwise be covered under the scheme
NHS cash benefit for NHS out-patient or day-patient treatment or NHS home treatment for cancer	£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 NHS out-patient or day-patient treatment or NHS home treatment for cancer that would otherwise be covered under the scheme
Procedure Specific NHS cash benefits		
Other NHS cash benefits are available to you under the scheme. These depend on the type of treatment you need. We only pay if your treatment would otherwise have been eligible for private treatment under the scheme. For information on Procedure Specific NHS cash benefits please call the helpline or go to bupa.co.uk/pscb . These cash benefits may change from time to time. None of these Procedure Specific NHS cash benefits is payable at the same time as any other NHS cash benefit.		

Claiming

Always call your Bupa helpline before arranging any consultations or treatment to check the benefits available to you under your scheme. Also, should you have any queries about your treatment, we can offer you the opportunity to speak to a nurse working in Bupa's care management team.

A step-by-step guide to making a claim

STEP 1

Find out if the Direct Access service is available to you

For certain medical conditions you can call us directly for a referral to a consultant or therapist usually without seeing your GP and we call this our Direct Access service.

You are covered for the Direct Access service when the 'Further Details' section on your membership certificate says it is covered and, if it is, it will also say which medical conditions the Direct Access service is available for. If you do have cover for our Direct Access service, it can help provide a fast and convenient way for you to access eligible treatment for certain medical conditions without the need for a GP referral. Age limits apply to who can use the service. Further details about the Direct Access service, including the age limits that apply, can be found at: bupa.co.uk/direct-access or you can call us.

Chronic conditions are normally excluded. Please call us to allow us to check your eligibility for the direct access service as you may need to provide us with certain information before you can use the service. Your out-patient allowance will be used to fund treatment after your direct telephone consultation.

STEP 2

If Direct Access is not available (or if you prefer) – visit your GP for an open referral

Visit your GP. Your GP will assess if you need to see a consultant. If they decide that you do, you **must** ask them for an 'open referral' to ensure that your treatment is covered (unless a paediatric referral is required – see 'Information about cover for children' below). An open referral will detail the care your GP would like you to have, but will not be addressed to a specific consultant, hospital or healthcare professional.

An open referral needs to include your GP's assessment of your symptoms, the body area affected and the type of specialist your GP would like you to see.

Information about cover for children

It is not always possible for us to find you a paediatric consultant so when a paediatric referral is required we ask that you obtain a named referral from your GP.

Some private hospitals do not provide services for children or have restricted services available for children, so treatment may be offered at an NHS hospital. You can ask us about recognised facilities where paediatric services are available or you can find them on **finder.bupa.co.uk**

Where in-patient or day-patient treatment is required, children are likely to be treated in a general children's ward. This is in line with good paediatric practice.

STEP 3

Call us

Once you have seen your GP, you **must** call us and we will talk you through your options. We will explain which nearby consultants, facilities and healthcare professionals are covered under your Bupa membership and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us.

If your consultant recommends further tests or treatment, you **must** call us again to obtain further pre-authorisation.

Important note

If you do not obtain pre-authorisation from us you will be responsible for paying for your treatment if we would not have pre-authorised that treatment.

Claims checklist

To help us to make the claims process as simple and swift as possible, please have the following information close to hand when you call to make a claim:

- your Bupa membership number
- the condition you are suffering from
- details of the treatment that your GP has recommended.

If for any reason you are sent the invoice, simply send it on to:

Claims Department, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP

Once we have paid the invoice on your behalf, we will send you a summary of your claim and treatment details. Please note that payment may take a few weeks depending on how quickly invoices are submitted to us.

For more details please call your
Bupa helpline on

 Call **0345 266 6051†**

†We may record or monitor our calls.

Privacy Notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. A brief version of the notice can be found in your membership guide or the full version is online at bupa.co.uk/privacy



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Registered office: 1 Angel Court, London EC2R 7HJ

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