

## **UK Business Health Plans products - BENEFITS comparison**

Please note: The USD and EUR annual limits and benefit limits are calculated from the GBP limits using the exchange rate applicable at the time the plan was launched. The USD and EUR limits will not fluctuate with changing exchange rates in order to provide members with consistency in cover levels.

Please note: Costs shown are per membership year unless otherwise stated.

	Poli	Select Premier Elite U  Imillion Imilli		y 2023	Policies with a start date on or after 10 July 2023			
				Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Overall Annual Maximum	GBP 2 million USD 3.1 million EUR 2.6 million	USD 4.7 million	USD 9.3 million	Unlimited	GBP 2 million USD 3.1 million EUR 2.6 million	GBP 3 million USD 4.7 million EUR 3.9 million	GBP 6 million USD 9.3 million EUR 7.8 million	Unlimited
Geographical Coverage	Worldwide - optional U.S. cover			Worldwide	Worldwide - optional U.S. cover			
Deductible options	X	X	X	X	Options available:  No deductible, GBP 250 USD 390 EUR 325  GBP 500 USD 780 EUR 650  GBP 1,000 USD 1,550 EUR 1,300	Options available:  No deductible, GBP 250 USD 390 EUR 325  GBP 500 USD 780 EUR 650  GBP 1,000 USD 1,550 EUR 1,300	Options available:  No deductible, GBP 250 USD 390 EUR 325  GBP 500 USD 780 EUR 650  GBP 1,000 USD 1,550 EUR 1,300	Options available:  No deductible, GBP 500 USD 780 EUR 650  GBP 1,000 USD 1,550 EUR 1,300  GBP 2,000 USD 3,100 EUR 2,600
Co-insurance options	X			Х	Х	Х	Х	Х
Out-patient benefits:								
Out-patient treatment annual maximum	X	X	X	Х	GBP 2,000 USD 3,100 EUR 2,600	Up to overall annual maximum	Up to overall annual maximum	Up to overall annual maximum
Accident-related dental treatment	Not covered			Paid in full	GBP 200 USD 310 EUR 260	GBP 500 USD 800 EUR 650	GBP 1,000 USD 1,600 EUR 1,300	Paid in full
Consultants' fees for consultations	Not covered	GBP 6,400 USD 9,900 EUR 8,300	Paid in full	Paid in full	Up to out-patient treatment annual maximum	GBP 6,400 USD 9,900 EUR 8,300	Paid in full	Paid in full
Pathology, X-ray and diagnostic tests	Not covered				Up to out-patient treatment annual maximum			

	Polic	ies with a start date	e on or before 9 July	2023	Pol	icies with a start da	te on or after 10 Jul	y 2023
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Consultants' fees, psychologists and psychotherapists' fees for mental health treatment	Not covered	GBP 6,400 USD 9,900 EUR 8,300	Paid in full	Paid in full	Up to out-patient treatment annual maximum	GBP 6,400 USD 9,900 EUR 8,300	Paid in full	Paid in full
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses	Not covered	35 visits per membership year	70 visits per membership year	90 visits per membership year	Up to out-patient treatment annual maximum	35 visits per membership year	70 visits per membership year	90 visits per membership year
Speech therapy	Not covered	Not covered	Not covered	Not covered				
Durable medical equipment	Not covered	Not covered	Not covered	Not covered	Up to out-patient treatment annual maximum	GBP 2,500 USD 5,425 EUR 3,250	GBP 4,000 USD 6,200 EUR 5,200	Paid In Full
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Prescribed drugs and dressings	Not covered	GBP 3,500 USD 5,400 EUR 4,600	Paid in full	Paid in full	Up to out-patient treatment annual maximum	GBP 3,500 USD 5,400 EUR 4,600	Paid in full	Paid in full
Costs for treatment by a family doctor	Not covered	12 visits per membership year	20 visits per membership year	Paid in full	Up to out-patient treatment annual maximum	12 visits per membership year	20 visist per membership year	Paid in full
Vaccinations	Not covered	GBP 250 USD 390 EUR 325	Paid in full	Paid in full	Up to out-patient treatment annual maximum	GBP 250 USD 390 EUR 325	Paid in full	Paid in full
Full health screening	Not covered	GBP 800 USD 1,400 EUR 1,000 (available after one years' membership)	GBP 1,000 USD 1,600 EUR 1,300 (available after one years' membership)	GBP 5,000 USD 7,800 EUR 6,500 (available after one years' membership)	Up to out-patient treatment annual maximum	GBP 800 USD 1,400 EUR 1,000 (available after one years' membership)	GBP 2,000 USD 3,100 EUR 2,600 (available after one years' membership)	GBP 5,000 USD 7,800 EUR 6,500 (available after one years' membership)
Wellness	Not covered				Not covered			
In-patient benefits:						_		
Hospital accommodation	Paid in full - standard private room	Paid in full - standard private room	Paid in full - standard private room	Paid in full - standard suite	Paid in full - standard private room	Paid in full - standard private room	Paid in full - standard private room	Paid in full - standard suite
Intensive care	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Mental health treatment	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full

	Polic	cies with a start date	e on or before 9 July	y 2023	Pol	icies with a start da	te on or after 10 Jul	y 2023
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Nursing care, drugs and surgical dressings	Paid in full	Paid in full						
Obesity surgery (waiting period of 24 months and eligibility criteria must be met)	Paid in full	Paid in full						
Parent accommodation (up to age 18)	Paid in full	Paid in full						
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full						
Specialists' fees	Paid in full	Paid in full						
Prophylactic surgery	Paid in full	Paid in full						
Prosthetic implants and appliances	Paid in full	Paid in full						
Reconstructive surgery	Paid in full	Paid in full						
Surgical operations (including pre-and post-operative care)	Paid in full	Paid in full						
Theatre charges	Paid in full	Paid in full						
Further benefits:								
Advanced imaging	Paid in full	Paid in full						
Cancer treatment	Paid in full	Paid in full						
Advanced therapy medicinal products (ATMPs)	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime
Congenital and hereditary conditions	GBP 50,000 USD 77,500 EUR 65,000	GBP 75,000 USD 116,300 EUR 97,500	GBP 100,000 USD 155,000 EUR 130,000	GBP 125,000 USD 193,800 EUR 162,500	GBP 50,000 USD 77,500 EUR 65,000	GBP 75,000 USD 116,300 EUR 97,500	GBP 100,000 USD 155,000 EUR 130,000	GBP 125,000 USD 193,800 EUR 162,500

	Polic	ies with a start date	on or before 9 July	2023	Poli	cies with a start dat	e on or after 10 July	2023
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Bupa Lifeworks, your Global Employee Support Programme	Included							
Genetic cancer screening	Not covered	Not covered	Not covered	Paid in full	Not covered	Not covered	Not covered	Paid in full
Healthline services	Included							
HIV / AIDS drug therapy including ART	In-patient treatment only, not including drug therpay or ART	Paid in full	Paid in full	Paid in full	In-patient treatment only, not including drug therpay or ART	Paid in full	Paid in full	Paid in full
Home nursing after in-patient treatment	GBP 120 USD 200 EUR 150 p/day (up to a maximum of 10 days)	GBP 120 USD 200 EUR 150 p/day (up to a maximum of 20 days)	GBP 120 USD 200 EUR 150 p/day (up to a maximum of 30 days)	GBP 120 USD 200 EUR 150 p/day (up to a maximum of 30 days)	GBP 120 USD 200 EUR 150 p/day (up to a maximum of 10 days)	GBP 120 USD 200 EUR 150 p/day (up to a maximum of 20 days)	GBP 150 USD 235 EUR 150 p/day (up to a maximum of 30 days)	GBP 200 USD 310 EUR 260 p/day (up to a maximum of 30 days)
Hospice and palliative care (maximum benefit for whole of your lifetime)	GBP 24,000 USD 37,200 EUR 31,200	GBP 30,000 USD 46,500 EUR 31,200	GBP 50,000 USD 77,500 EUR 65,000	Paid in full				
In-patient cash benefit	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)	GBP 90 USD 140 EUR 120 p/night (up to 20 nights)
Kidney dialysis	Paid in full							
Prosthetic devices	GBP 2,400 USD 3,700 EUR 3,100 (for each device)	GBP 3,000 USD 4,700 EUR 3,900 (for each device)	GBP 4,000 USD 6,200 EUR 5,200 (for each device)	Paid in full	GBP 2,400 USD 3,700 EUR 3,100 (for each device)	GBP 3,000 USD 4,700 EUR 3,900 (for each device)	GBP 5,000 USD 7,750 EUR 6,500 (for each device)	Paid in full
Rehabilitation	30 visits each membership year	45 visits each membership year	60 visits each membership year	90 visits each membership year	30 days (in-patient or day-case treatment)	45 days (in-patient, day-case or out-patient treatment)	70 days (in-patient, day-case or out-patient treatment)	90 days (in-patient, day-case or out-patient treatment)
Rehabilitation in a health resort	Not covered	Not covered	Not covered	30 days (following serious illness)	Not covered	Not covered	Not covered	30 days (following serious illness)
Transplant services	Paid in full							
Assisted fertility treatment (after a 10-month waiting period)	Not covered	GBP 6,000 USD 9,300 EUR 7,800	GBP 10,000 USD 15,500 EUR 13,000					

	Polic	ies with a start date	on or before 9 July	2023	Poli	cies with a start date	e on or after 10 July	2023
	Business	Business	Business	Business	Business	Business	Business	Business
	Select	Premier	Elite	Ultimate	Select	Premier		Ultimate
Treatment for or related to gender dysphoria	Not covered	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people - GBP 48,000 USD 74,400 EUR 62,400  Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people - GBP 48,000 USD 74,400 EUR 62,400	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people - GBP 61,000 USD 104,000 EUR 76,000  Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people - GBP 61,000 USD 104,000 EUR 76,000	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people - paid in full  Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people - paid in full	Not covered	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people - GBP 50,000 USD 77,500 EUR 64,000  Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people - GBP 50,000 USD 77,500 EUR 64,000 each membership year	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people - GBP 70,000 USD 108,500 EUR 91,000  Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people - GBP 70,000 USD 108,500 EUR 91,000	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people - paid in full  Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people - paid in full
Maternity and childbirth	cover (after 10 month	s' membership):						
Maternity and childbirth cover	Not covered	Maternity and childbirth - GBP 12,000 USD 20,500 EUR 15,000 Childbirth at home or birthing centre - GBP 780 USD 1,200 EUR 1,000 Medically essential Caesarean section - GBP 12,600 USD 19,500 EUR 16,400 Complications of maternity and childbirth - paid in full	Maternity and childbirth - paid in full Childbirth at home or birthing centre - paid in full Medically essential Caesarean section - paid in full Complications of maternity and childbirth - paid in full	Maternity and childbirth - paid in full Childbirth at home or birthing centre - paid in full Medically essential Caesarean section - paid in full Complications of maternity and childbirth - paid in full	Optional cover, if purchased - Maternity and childbirth - GBP 5,000 USD 7,500 EUR 6,500  Childbirth at home or birthing centre - GBP 500 USD 750 EUR 650  Medically essential Caesarean section - GBP 5,000 USD 7,500 EUR 6,500  Complications of maternity and childbirth - paid in full	Optional cover, if purchased - Maternity and childbirth - GBP 15,000 USD 23,250 EUR 19,500  Childbirth at home or birthing centre - GBP 1,500 USD 2,325 EUR 19,500  Medically essential Caesarean section - GBP 15,000 USD 23,250 EUR 19,500  Complications of maternity and childbirth - paid in full	Optional cover, if purchased - Maternity and childbirth - paid in full Childbirth at home or birthing centre - paid in full Medically essential Caesarean section - paid in full Complications of maternity and childbirth - paid in full	Optional cover, if purchased - Maternity and childbirth - paid in full Childbirth at home or birthing centre - paid in full Medically essential Caesarean section - paid in full Complications of maternity and childbirth - paid in full
Newborn care	Not covered	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits	Routine care for your baby. We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits

	Pol	icies with a start da	te on or before 9 July	/ 2023	Po	olicies with a start dat	e on or after 10 July	2023
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Transportation / Travel								
Compassionate emergency repatriation	Not covered	Not covered	Not covered	Paid in full	Not covered	Not covered	Not covered	Paid in full
Compassionate visit transport costs and compassionate visit living allowanced	Not covered	Not covered	Visit and return: up to 5 trips for the whole of your lifetime, up to GBP 1,000 USD 1,600 EUR 1,300 Visit living allowance - GBP 100 USD 160 EUR 130 p/day for a maximum of 10 days each trip	Paid in full	Not covered	Visit and return: up to 3 trips maximum benefit for the whole of your lifetime, up to GBP 500 USD 775 EUR 650 each trip	Visit and return: up to 5 trips maximum benefit for the whole of your lifetime, up to GBP 1,500 USD 2,350 EUR 1,950 per trip	Paid in full
iving allowance	Not covered	Not covered	GBP 25 USD 40 EUR 30 p/day for up to 10 days	GBP 25 USD 40 EUR 30 p/day for up to 10 days	Not covered	Not covered	GBP 25 USD 40 EUR 30 p/day for up to 10 days	GBP 50 USD 80 EUR 65 p/day for up to 10 days
Local air ambulance	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700	GBP 5,900 USD 9,100 EUR 7,700
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Medical evacuation	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Medical repatriation	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Non-medical evacuation in ase of conflicts and natural disasters	Not covered	Not covered	Not covered	Paid in full	Not covered	Not covered	Not covered	Paid in full
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
ravel cost for accompanying erson	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
ravel cost for the transfer of hildren	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full

	Ро	Select Premier Elite Ultin  ot covered Optional cover, if purchased - GBP 10,000 USD 1,900 USD 3,900 EUR 13,000  EUR 1,600 EUR 3,300 EUR 13,000  X X X X X X  ot covered Optional cover, if purchased - GBP 250 USD 390 EUR 13,000  EUR 3,300 EUR 3,300 EUR 3,300  X N X X X X X  ot covered Optional cover, if purchased - GBP 250 USD 390 USD 390 EUR 325  EUR 325 EUR 325  ot covered Not covered N		ıly 2023	Policies with a start date on or after 10 July 2023			
				Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Dental / Optical treat	ment:							
Dental	Not covered	if purchased - GBP 1,200 USD 1,900	if purchased - GBP 2,500 USD 3,900	GBP 10,000 USD 15,500	Optional cover, if purchased GBP 800 USD 1,250 EUR 1,050	Optional cover, if purchased - GBP 2,000 USD 3,100 EUR 2,600	Optional cover, if purchased - GBP 3,000 USD 4,650 EUR 3,900	Included - GBP 10,000 USD 15,500 EUR 13,000
Dental deductible	X	Х	Х	Х	GBP 150 USD 230 EUR 200	GBP 150 USD 230 EUR 200	GBP 200 USD 310 EUR 260	No deductible
Optical	Not covered	if purchased - GBP 250 USD 390	if purchased - GBP 250 USD 390	GBP 250 USD 390	Optional cover, if purchased - GBP 250 USD 390 EUR 325	Optional cover, if purchased - GBP 250 USD 390 EUR 325	Optional cover, if purchased - GBP 250 USD 390 EUR 325	Included - GBP 250 USD 390 EUR 325
Optical deductible	Not covered	Not covered	Not covered	Not covered	GBP 50 USD 80 EUR 65			
Refractive eye surgery	Not covered	Not covered	Not covered	1 surgery per eye for the whole of your lifetime	Not covered	Not covered	Not covered	1 surgery per eye for the whole of your lifetime
	On					Dental and Optical r	must be purchased together	
U.S. cover								
U.S. cover	Optional cover, if purchased.  100% of eligible costs in network.  Reasonable and Customary costs out of network.  Treatment must be pre-authorised			Included.  100% of eligible costs in network.  Reasonable and Customary costs out of network.  Treatment must be pre-authorised	Optional cover, if purchased.  100% of eligible costs in network.  Reasonable and Customary costs out of network.  Treatment must be pre-authorised	Optional cover, if purchased.  100% of eligible costs in network.  Reasonable and Customary costs out of network.  Treatment must be pre-authorised	Optional cover, if purchased.  100% of eligible costs in network.  Reasonable and Customary costs out of network.  Treatment must be pre-authorised	Optional cover, if purchased.  100% of eligible costs in network.  Reasonable and Customary costs out of network.  Treatment must be pre-authorised

Full details of the benefits, limitations and exclusions can be found in the membership guide (go to bupaglobal.com/intermediary-hub/useful-documents).

## **UK Business Health Plans - EXCLUSIONS comparison**

	Polic	ies with a start date	on or before 9 Jul	y 2023	Policies with a start date on or after 10 July 2023				
• = excluded	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate	
Administration / registration fees	•	•	•	•	•	•	•	•	
Advance payments / deposits	•	•	•	•	•	•	•	•	
Artificial life maintenance*	•	•	•	•	•	•	•	•	
Birth control	•	•	•	•	•	•	•	•	
Chinese medicine	•	•	•	•	•	•	•	•	
Conflict and disaster*	•	•	•	•	•	•	•	•	
Congenital and hereditary conditions	•	•	•	•	•	•	•	•	
Convalescence, nursing home and admission for general care, or staying in hospital or other establishment	•	•	•	•	•	•	•	•	
Cosmetic treatment	•	•	•	•	•	•	•	•	
Deafness	•	•	•	•	•	•	•	•	
Dental treatment	•	•	•		Optional	Optional	Optional		
Desensitisation and neutralisation	•	•	•	•	•	•	•	•	
Developmental problems	•	•	•	•	•	•	•	•	
Donor organs	•	•	•	•	•	•	•	•	
Orugs and dressings (out-patient)	•								
Epidemics and pandemics	•	•	•	•	•	•	•	•	
Experimental or unproven creatment	•	•	•	•	•	•	•	•	
Eyesight	•	•	•	•	•	•	•	•	
Family doctor treatment	•								
ootcare	•	•	•	•	•	•	•	•	
Treatment for or related to gender dysphoria*	•				•				

	Polic	ies with a start date	on or before 9 Jul	y 2023	Policies with a start date on or after 10 July 2023			
• = excluded	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Genetic testing	•	•	•	•	•	•	•	•
Harmful or hazardous use of alcohol, drugs and/or medicines	•	•	•	•	•	•	•	•
Health hydros, nature cure clinics or any establishment hat is not a hospital	•	•	•	•	•	•	•	•
llegal activity	•	•	•	•	•	•	•	•
nfertility treatment	•	•	•	•	•	•		
Maternity and childbirth	•				Optional	Optional	Optional	Optional
Mechanical or animal donor organs	•	•	•	•	•	•	•	•
Obesity*	•	•	•	•	•	•	•	•
Persistent vegetative state (PSV) and nuerological damage	•	•	•	•	•	•	•	•
Physical aids and devices	•	•	•	•	•	•	•	•
Pre-existing conditions	•	•	•	•	•	•	•	•
Preventive and wellness creatment	•	•	•	•	•	•	•	•
Reconstructive or remedial surgery	•	•	•	•	•	•	•	•
Sexual problems	•	•	•	•	•	•	•	•
Sleep disorders	•	•	•	•	•	•	•	•
Speech disorders	•	•	•	•	•	•	•	•
Stem cells	•	•	•	•	•	•	•	•
Gurrogacy	•	•	•	•	•	•	•	•
emporomandibular joint (TMJ) disorders	•	•	•	•	•	•	•	•
ravel costs for treatment	•	•	•	•	•	•	•	•
J.S. treatment	•	•	•		Optional	Optional	Optional	Optional
Unrecognised medical practitioner, hospital predictioner facility	•	•	•	•	•	•	•	•

