



BINS Business Health Plans

Benefits and Exclusions
comparison guide

This document is intended
for brokers, group secretaries
and Bupa employees only.

From 1 June 2024

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.

	Policies with a start date on or before 9 July 2023				Policies with a start date on or after 10 July 2023			
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Overall Annual Maximum	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	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 - optional U.S. cover	Worldwide - optional U.S. cover	Worldwide	Worldwide - optional U.S. cover	Worldwide - optional U.S. cover	Worldwide - optional U.S. cover	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	Options available: 0%, 15%, 25%	Options available: 0%, 15%, 25%	X	X	X	X	X
Out-patient benefits:								
Out-patient treatment annual maximum	X	X	X	X	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	GBP 500 USD 800 EUR 650	GBP 1,000 USD 1,600 EUR 1,300	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
Specialists' 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			

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Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	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	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Parent accommodation (up to age 18)	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Specialists' fees	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Prophylactic surgery	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Reconstructive surgery	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Surgical operations (including pre-and post-operative 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
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
More benefits:								
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Cancer 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
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

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	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Bupa LifeWorks, your Global Employee Support Programme	Included	Included	Included	Included	Included	Included	Included	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	Included	Included	Included	Included	Included	Included	Included
HIV / AIDS drug therapy including ART	In-patient treatment only, not including drug therapy or ART	Paid in full	Paid in full	Paid in full	In-patient treatment only, not including drug therapy 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 24,000 USD 37,200 EUR 31,200	GBP 24,000 USD 37,200 EUR 31,200	GBP 24,000 USD 37,200 EUR 31,200	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	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	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	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Assisted fertility treatment (after a 10-month waiting period)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	GBP 6,000 USD 9,300 EUR 7,800	GBP 10,000 USD 15,500 EUR 13,000

	Policies with a start date on or before 9 July 2023				Policies with a start date on or after 10 July 2023			
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
Dental / Optical treatment:								
Dental	Not covered	Optional cover, if purchased - GBP 1,200 USD 1,900 EUR 1,600	Optional cover, if purchased - GBP 2,500 USD 3,900 EUR 3,300	Included - GBP 10,000 USD 15,500 EUR 13,000	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	X	X	X	GBP 150 USD 230 EUR 200	GBP 150 USD 230 EUR 200	GBP 200 USD 310 EUR 260	Dental treatment deductibles do not apply to Ultimate
Optical	Not covered	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	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	GBP 50 USD 80 EUR 65	GBP 50 USD 80 EUR 65	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 Business Premier and Business Elite, the Dental and Optical benefits can only be purchased together as a single module				Dental and Optical 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	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	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 relevant membership guide. Please contact us for a copy.

UK Business Health Plans - EXCLUSIONS comparison

	Policies with a start date on or before 9 July 2023				Policies with a start date on or after 10 July 2023			
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
● = excluded								
Administration / registration fees	●	●	●	●	●	●	●	●
Antenatal classes	●	●	●	●	●	●	●	●
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	●	●	●	●	●	●	●	●
Drugs and dressings (out-patient)	●							
Epidemics and pandemics	●	●	●	●	●	●	●	●
Experimental or unproven treatment	●	●	●	●	●	●	●	●
Eyesight	●	●	●	●	●	●	●	●
Family doctor treatment	●							
Footcare	●	●	●	●	●	●	●	●
Treatment for or related to gender dysphoria*	●				●			

	Policies with a start date on or before 9 July 2023				Policies with a start date on or after 10 July 2023			
	Business Select	Business Premier	Business Elite	Business Ultimate	Business Select	Business Premier	Business Elite	Business Ultimate
● = excluded								
Genetic testing	●	●	●	●	●	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●	●	●	●	●	●
Health hydros, nature cure clinics or any establishment that is not a hospital	●	●	●	●	●	●	●	●
Illegal activity	●	●	●	●	●	●	●	●
Infertility treatment	●	●	●	●	●	●		
Maternity and childbirth	●				Optional	Optional	Optional	Optional
Mechanical or animal donor organs	●	●	●	●	●	●	●	●
Obesity*	●	●	●	●	●	●	●	●
Persistent vegetative state (PSV) and neurological damage	●	●	●	●	●	●	●	●
Physical aids and devices	●	●	●	●	●	●	●	●
Pre-existing conditions	●	●	●	●	●	●	●	●
Preventive and wellness treatment	●	●	●	●	●	●	●	●
Reconstructive or remedial surgery	●	●	●	●	●	●	●	●
Sexual problems	●	●	●	●	●	●	●	●
Sleep disorders	●	●	●	●	●	●	●	●
Speech disorders	●	●	●	●	●	●	●	●
Stem cells	●	●	●	●	●	●	●	●
Surrogacy	●	●	●	●	●	●	●	●
Temporomandibular joint (TMJ) disorders	●	●	●	●	●	●	●	●
Travel costs for treatment	●	●	●	●	●	●	●	●
U.S. treatment	●	●	●		Optional	Optional	Optional	Optional
Unrecognised medical practitioner, hospital or healthcare facility	●	●	●	●	●	●	●	●

* unless eligibility criteria has been met

This is a summary of general exclusions. Full details can be found in the relevant membership guide. Please contact us for a copy.

