

# We're here for their mental wellbeing.

We know looking after the mind is just as important as the body. So with Bupa Select health insurance, if a team member is struggling with a mental health condition, including anxiety, alcohol or drug abuse, we're here for them with the most extensive mental health cover in the market.\*

As well as getting the right support, we've made it simpler for your team to access it. For mental health concerns, they usually won't need to see a GP first^. They can call us directly for support and a referral, helping them get back to full strength sooner.

Access
5,000+
mental health
therapists
nationwide

#### What sets us apart

#### 1 No time limits on support

Our cover for mental health conditions no longer stops after three years, so you don't need to worry if a condition comes back.

## 2 More cover than ever before

We now cover most mental health conditions. The only exceptions are the treatment of dementia, learning difficulties, behavioural and developmental problems.

### 3 Ongoing support and advice

We cover ongoing support for the monitoring and maintenance of diagnosed eligible mental health conditions, as set out in your policy and certificate. This could help you manage conditions and prevent worsening symptoms.

**Note:** Standard exclusions for pre-existing, special and moratorium conditions, and benefit limits for out-, in- and day-patient mental health treatment continue to apply. For full details please refer to your guide and certificate.

Call us to find out more

0345 751 5515

bupa.co.uk/small-business

We may record or monitor our calls.

\*As of December 2020, this analysis is based on an internally conducted review of the SME health insurance market using publicly available information from the major insurers in the UK SME health insurance market. Combined, Bupa, AXA Health, Aviva and Vitality hold approximately 90% of the Gross Written Premium income of UK PMI providers. Refers to standard mental health cover when this is included in the selected SME health insurance product.

^Direct Access telephone services are available as long as the symptoms are covered under your policy. If your cover excludes conditions you had before your policy started, we'll ask you to provide evidence from a GP that your symptoms are not pre-existing for a period of up to two years after your policy start date or up to five years in the case of mental health. Always call us first to check your eligibility.

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