

The complaint

Mrs K complains about BUPA Insurance Limited's refusal to cover claims made under her private medical insurance cover for treatment of migraines.

What happened

Mrs K holds private medical insurance cover with Bupa. She has a special exclusion on her policy for treatment of migraines that was applied when she took out the policy.

Mrs K later made a claim for a consultation as she was experiencing vision problems. She told Bupa her vision problems were followed by a migraine. Bupa authorised the consultation, but advised Mrs K that if her vision problems were found to be due to migraines, the claim would not be covered because of the exclusion. Unhappy with this, Mrs K brought a complaint to this Service.

Our investigator didn't recommend the complaint be upheld. He thought it had been reasonable for Bupa to link Mrs K's vision problems to the excluded condition of migraines.

Mrs K didn't accept our investigator's findings, and so the matter has been passed to me for a decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Mrs K's application was fully underwritten. That meant she gave Bupa information about her medical history when taking out the policy. Based on this, Bupa excluded '*any treatment that is for, results from or is related to migraines*'.

I'm satisfied it was reasonable for Bupa to do this, as it is up to an insurer what risks it is willing to cover. Mrs K was made aware of the exclusion and went ahead with the policy. That means Bupa doesn't need to accept any claims for the treatment of migraines.

Bupa says it authorised the consultation in error as it considers it is more likely than not that Mrs K's symptoms were related to migraines. The NHS says that migraines can cause vision problems (and Mrs K's vision problems were then followed by a migraine), so I think it was reasonable for Bupa to conclude that Mrs K's symptoms were likely related to migraines. Nonetheless, Bupa has said that because it told Mrs K that it would authorise the consultation, then it would honour this. I think that was fair.

If it is found that Mrs K's symptoms don't result from or are not related to migraines, then she may be able to claim for treatment under the policy. Mrs K should speak to Bupa directly about making a claim if that's the case.

Mrs K has asked me to consider the fairness of a scenario which doesn't apply to her. She thinks it supports her view that it is unfair for an insurer to exclude conditions such as

migraines. However, it wouldn't be appropriate for me to comment on or make a finding on circumstances that don't apply here. My role is to consider whether a business has acted fairly and reasonably in the complaint brought to this Service. For the reasons I've explained above, I'm satisfied that Bupa has done so here.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs K to accept or reject my decision before 26 September 2023.

Chantelle Hurn-Ryan
Ombudsman