

*Policy Benefits and Terms*

# Bupa By You health insurance

Full terms and conditions of everything covered  
under our health insurance options.



## How to use this booklet

There are a number of different cover options available with Bupa By You health insurance and this booklet includes full details of them all.

To understand your personal cover, you should read this booklet alongside your Certificate which is unique to you and anyone else covered by your policy.

### **Words in italics**

Wherever you see words or phrases in italics, these have technical meanings which are set out in the glossary towards the end.

### **Special requirements**

This booklet is also available in Braille, large print or audio.

# Get started

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## Section one:

# Eligible treatment, benefits and limitations

## Benefits Table

This Benefits Table sets out the type of *Benefits* and charges we pay for *Eligible Treatment*, what we do not cover in relation to any particular Benefit, and some items where we have a discretion. The General Exclusions section sets out the areas we do not cover.

This Table forms part of the Bupa By You Health Insurance Agreement.

### Important Information

1. Your Certificate sets out the details of the cover you have chosen. We do not pay for any Benefit or Discretion listed in this Table unless it is included in your Certificate.
2. We also only pay up to the limits stated in your Certificate and subject to any excess stated on your Certificate. The limits may affect how much we pay for particular *Benefits* or to particular *Treatment* providers.
3. We do not pay for any Special Conditions detailed in your Certificate, or any *Pre-existing Conditions* or Moratorium Conditions. What this means is explained in your Certificate.
4. You should always call us before arranging or receiving *Treatment* to check that you will be covered. The number to call us on can be found on your certificate.
5. We only pay for *Eligible Treatment*. Even if we have already paid for some *Treatment*, if it becomes clear that your *Treatment* is not what we consider to be *Eligible Treatment*, we can refuse to pay for any new or continuing *Treatment*.
6. All *Treatment* must be carried out in a *Recognised Facility* in the UK, the Channel Islands or the Isle of Man, and provided by a *Consultant*, medical practitioner or healthcare professional who is recognised by us on the date you receive *Treatment*, unless we specifically authorise otherwise in a particular case. You can ask us whether a facility or practitioner is recognised or you can access these details at **finder.bupa.co.uk** You can also find out whether a *Consultant*, medical practitioner or healthcare professional is recognised by us for remote consultations.
7. There must be a *Consultant* with overall responsibility for your *Treatment*, unless your *GP* or *Consultant* refers you for, or we authorise, *Out-patient Treatment* by a *Mental Health and Wellbeing Therapist* or Complementary Medicine Practitioner.

## Benefit B1 Out-Patient Treatment

### Benefit B1.1 Out-patient Consultations

#### Included Eligible Treatment

*Consultants' fees for Out-patient consultations as part of Eligible Treatment.*

While we do not pay for *Treatment of Chronic Conditions*, we will pay for *Eligible Treatment* for a flare-up of acute symptoms of a *Chronic Condition* (except a chronic mental health condition), if the *Treatment* is likely to lead quickly to a complete recovery rather than prolonged *Treatment*.

Remote consultations by telephone or via any other remote medium with a *Consultant* are covered if the *Consultant* is at the time of your *Treatment* recognised by us to carry out remote consultations.

#### Excluded Treatment

See General Exclusion GE5 *Chronic Conditions* and *Chronic Mental Health Conditions*

#### Discretionary Eligible Treatment

Discretion D1.1 *Out-patient Consultations*

We may pay a *Consultant* or *Recognised Facility* charge for the use of a consulting room for the consultation. If we decide not to pay, then you will have to pay this charge.

### Benefit B1.2 Out-patient Therapies

#### Included Eligible Treatment

*Therapists' fees for Out-patient Eligible Treatment.*

Remote consultations by telephone or via any other remote medium with a *Therapist*, *Mental Health and Wellbeing Therapist* or any other healthcare professional, are only covered if the healthcare professional is at the time of your *Treatment* recognised by us to carry out remote consultations.

#### Discretionary Eligible Treatment

Discretion D1.2 *Out-patient Therapies*

If your *Consultant* refers you to a practitioner who is not a *Therapist*, we may pay where the *Consultant* remains in overall charge of your care and the practitioner has applied for Bupa recognition, which we have not yet accepted or rejected.

### Benefit B1.3 Diagnostic Tests

#### Included Eligible Treatment

When requested by your *GP* or *Consultant* as part of *Out-patient Eligible Treatment*, *Recognised Facility* charges for diagnostic tests and their interpretation.

### Benefit B1.4 MRI, CT and PET Scans

When requested by your *Consultant* to help assess your *Acute Condition*, *Recognised Facility* charges for MRI, CT and PET scans and their interpretation.

## Benefit – B2 Treatment In Hospital

### Benefit B2.1 Consultants' Fees for Day-patient and In-patient Treatment

#### Included Eligible Treatment

*Consultant surgeons' and Consultant anaesthetists' fees for Eligible Surgical Operations. Consultant physicians' fees for Eligible Treatment that does not include a Surgical Operation or Cancer Treatment.*

While we do not pay for *Treatment of Chronic Conditions*, we will pay for *Eligible Surgical Operations* for a flare-up of acute symptoms of a Chronic Condition, if the *Treatment* is likely to lead quickly to a complete recovery rather than prolonged *Treatment*.

Although we do not pay for Cosmetic surgery, we do pay for an *Eligible Surgical Operation* required to restore your appearance as a direct result of an accident or *Cancer* surgery so long as the accident or the *Cancer* surgery was during your current continuous period of cover under this Agreement or under any other Bupa medical insurance provided without a break in your cover.

You must have our consent before receiving the *Treatment*.

If your *Treatment* includes an *Eligible Surgical Operation*, we only pay *Consultant* physician's fees if the attendance of the physician is medically necessary for the operation.

Where the *Treatment* is *Eligible Treatment for Cancer*, your Certificate must state that *Eligible Treatment for Cancer* is included.

#### Excluded Treatment

See General Exclusion GE5 *Chronic Conditions* and Chronic Mental Health Conditions  
See General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss *Treatment*

#### Discretionary Eligible Treatment

Discretion D2.1 *Consultants' Fees for Day-patient and In-patient Treatment*

We may pay *Consultants' fees for Eligible Treatment* in a *Treatment* facility that is not recognised by us when your proposed *Treatment* cannot take place in a *Recognised Facility* for medical reasons. However, you will need our agreement before the *Treatment* is received and we need full details from your *Consultant* before we can give our decision.

## Benefit B2.2 Dental/Oral Surgical Treatment

### Included Eligible Treatment

An *Eligible Surgical Operation* carried out by a *Consultant* to:

- put a natural tooth back into a jawbone after it is knocked out or dislodged in an unexpected accidental injury
- treat a jawbone cyst, but not if it is related to a cyst or abscess on the tooth root or any other tooth or gum disease or damage
- remove a complicated, buried or impacted tooth root, eg an impacted wisdom tooth, but not if the purpose is to facilitate dentures.

### Excluded Treatment

See General Exclusion GE11 *Dental/Oral Treatment*

## Benefit B2.3 Dialysis

### Included Eligible Treatment

*Eligible Treatment* for short-term kidney dialysis or peritoneal dialysis:

- if the dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of your body, or
- you need this immediately before or after a kidney transplant.

### Excluded Treatment

See General Exclusion GE12 Dialysis

## Benefit B2.4 Eyesight

### Included Eligible Treatment

*Eligible Treatment* for your eyesight if it is needed as a result of an injury or an *Acute Condition*, such as a detached retina.

### Excluded Treatment

See General Exclusion GE15 Eyesight

## Benefit B2.5 Pregnancy and Childbirth

### Included Eligible Treatment

*Eligible Treatment* of the following conditions:

- miscarriage or when the foetus has died and remains with the placenta in the womb
- still birth
- hydatidiform mole (abnormal cell growth in the womb)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions.

*Eligible Treatment* of the member (mother) that relates to pregnancy or childbirth but only if:

- the *Treatment* is required due to a flare-up of the medical condition, and
- the *Treatment* is likely to lead quickly to a complete recovery or to you being restored fully to your state of health prior to the flare-up of the condition without you needing to receive prolonged *Treatment*.

### Excluded Treatment

See General Exclusion GE20 Pregnancy and Childbirth

### Discretionary Eligible Treatment

Discretion D2.5 Caesarean Section

We may pay for the delivery of a baby by caesarean section where the caesarean section needs to be provided because of an immediate threat to the life of the member (mother). We may pay for planned delivery of a baby by caesarean section where vaginal delivery by the member (mother) would be likely to result in her loss of life.

In both instances we need full clinical details from your *Consultant* before we can give our decision. For planned caesarean sections we need these details at least two weeks before the planned date of the caesarean section.



# Benefit B3 Recognised Facility Charges

## Benefit B3.1 Out-patient Surgical Operations

### Included Eligible Treatment

*Recognised Facility* charges for *Out-patient Eligible Surgical Operations*.

This includes theatre use, equipment, *Common Drugs*, *Advanced Therapies*, *Specialist Drugs* and surgical dressings used during the operation.

### Discretionary Eligible Treatment

Discretion D3 *Non-Recognised Facilities*

We may pay facility charges for *Eligible Treatment* in a *Treatment* facility that is not recognised by us when your proposed *Treatment* cannot take place in a *Recognised Facility* for medical reasons. However, you will need our agreement before the *Treatment* is received and we need full details from your *Consultant* before we can give our decision.

## Benefit B3.2 Day-patient and In-patient Treatment

### Included Eligible Treatment

*Recognised Facility* charges for *Day-patient* and *In-patient Treatment* including *Eligible Surgical Operations*.

### Benefit B3.2.1 Accommodation

### Included Eligible Treatment

*Recognised Facility* accommodation including your meals and refreshments while you are receiving *Eligible Treatment*.

### Excluded Treatment

Exclusion of Accommodation

We do not pay for:

- personal items such as telephone calls, newspapers, personal laundry, or guest meals and refreshments
- accommodation charges for an overnight stay or a bed if:
  - the charge is for an overnight stay for *Treatment* that would normally be carried out as *Out-patient* or *Day-patient Treatment*
  - the charge is for the use of a bed for *Treatment* that would normally be *Out-patient Treatment*
- the accommodation itself if it is primarily used for:
  - convalescence, rehabilitation, supervision or other purposes which are not *Eligible Treatment*
  - general nursing care or other services which could be provided in a nursing home or other establishment which is not a *Recognised Facility*
  - services from a *Therapist* or *Complementary Therapy Practitioner*.

## Benefit B3.2.2 Parent Accommodation

### Included Eligible Treatment

Accommodation for one parent, each night they need to stay in the *Recognised Facility* with their child.

The child must be a Member receiving *In-patient Eligible Treatment* and the amount will count towards any limits applicable to the child's relevant *Benefit*.

### Excluded Treatment

Exclusion of Parent Accommodation

We do not pay if the child is over the age of 16.

## Benefit B3.2.3 Theatre Charges, Nursing Care, Drugs and Surgical Dressings

### Included Eligible Treatment

When essential for *Day-patient Treatment* or *In-patient Treatment*, operating theatre and nursing care charges, *Common Drugs*, *Advanced Therapies*, *Specialist Drugs* and surgical dressings.

### Excluded Treatment

Exclusion of Extra Nursing Services

We do not pay for extra nursing services in addition to those that the *Recognised Facility* would usually provide for normal patient care, without extra charge.

## Benefit B3.2.4 Intensive Care

### Included Eligible Treatment

Intensive care only if it is an essential part of your *Eligible Treatment* where intensive care is required routinely by patients undergoing the same *Treatment* or unforeseen circumstances arise from a medical or surgical procedure.

You must be receiving private *Eligible Treatment* in a *Recognised Facility* equipped with a *Critical Care Unit* and intensive care must be carried out in that unit.

If you want to transfer your care from an *NHS* hospital to a private *Recognised Facility*, we only pay if all of the following conditions are met:

- you have been discharged from an *NHS Critical Care Unit* to an *NHS* general ward for more than 24 hours
- it is agreed by both your referring and receiving *Consultants* that it is clinically safe and appropriate to transfer your care; and
- we have confirmed that your *Treatment* is *Eligible Treatment*.

We need full clinical details from your *Consultant* before we can give our decision.

## Excluded Treatment

### Exclusion of Intensive Care

We do not pay for any intensive care, or any other *Treatment* in a *Critical Care Unit*, if it is not routinely required as a medically essential part of the *Eligible Treatment* being carried out.

See General Exclusion GE17 Intensive Care

## Benefit B3.2.5 Diagnostic Tests and MRI, CT and PET Scans

### Included Eligible Treatment

When recommended by your *Consultant* as part of *Day-patient* or *In-patient Treatment*, we pay *Recognised Facility* charges for:

- diagnostic tests
- MRI, CT and PET Scans.

## Benefit B3.2.6 Therapies

### Included Eligible Treatment

*Recognised Facility* charges for *Eligible Treatment* provided by *Therapists*, when necessary as part of your *Day-patient* or *In-patient Treatment*.

## Excluded Treatment

See General Exclusion GE23 Speech Disorders

### Discretionary Eligible Treatment

#### Discretion D3.2.6 Therapies

We may pay for short-term speech therapy when it is part of *Eligible Treatment*, eg after a stroke. The speech therapy must be provided by a *Therapist*.

## Benefit B3.2.7 Prostheses and Appliances

### Included Eligible Treatment

*Recognised Facility* charges for the provision of a Prosthesis or Appliance reasonably necessary as part of *Eligible Treatment* as a *Day-patient* or *In-patient* for a *Benefit* listed in your Certificate.

By Prosthesis and Appliance we mean any of these on our lists of prostheses and appliances for the relevant *Benefit* and type of *Treatment* at the time of the *Eligible Treatment*. The lists may change from time to time. Details are available on request or at [bupa.co.uk/prostheses-and-appliances](http://bupa.co.uk/prostheses-and-appliances)

## Excluded Treatment

### Exclusion of Prostheses and Appliances

We do not pay for any further *Treatment* which is associated with or related to a Prosthesis or Appliance such as its maintenance, refitting or replacement.

See General Exclusion GE19 Physical aids and Devices

## Benefit B4 Cancer Treatment

In addition to the items listed in B4.1 and B4.2 below, *Eligible Treatment* for Cancer is dealt with in the same way as *Eligible Treatment* for other conditions under *Benefits* B1, B2, B3, B6 and B7.

### Benefit B4.1 Cancer Cover

#### Included Eligible Treatment

*Benefit B4.1.1 Out-patient Consultations for Cancer*

*Consultants' fees for Out-patient consultations as part of Eligible Treatment for Cancer.*

#### Discretionary Eligible Treatment

*Discretion D4.1.1 Out-patient Consultations for Cancer*

We may pay a *Consultant* or *Recognised Facility* charge for the use of a consulting room for an *Out-patient* consultation.

### Benefit B4.1.2 Out-patient Therapies and Treatment for Cancer

#### Included Eligible Treatment

*Therapists' fees for Out-patient Eligible Treatment for Cancer.*

#### Discretionary Eligible Treatment

*Discretion D4.1.2 Out-patient Therapies and Treatment for Cancer*

If your *Consultant* refers you to a practitioner who is not a *Therapist*, we may pay where the *Consultant* remains in overall charge of your care and the practitioner has applied for Bupa recognition, which we have not yet accepted or rejected.

### Benefit B4.1.3 Out-patient Diagnostic Tests for Cancer

#### Included Eligible Treatment

When requested by your *GP* or *Consultant* as part of *Out-patient Eligible Treatment* for *Cancer*, we pay *Recognised Facility* charges for diagnostic tests and their interpretation.

#### Excluded Treatment

See General Exclusion GE21 Screening, Monitoring and Preventive *Treatment*

#### Discretionary Eligible Treatment

*Discretion D4.1.3 Out-patient Diagnostic Tests for Cancer*

If you are being treated for *Cancer*, have strong direct family history of *Cancer* and your *Consultant* has recommended that you receive a genetically-based test to evaluate future risk of developing further *Cancers*, we may cover this test as well as the recommended prophylactic surgery.

You must have our agreement before you have these tests or surgery and we will need full details from your *Consultant* before we give our decision.

## Benefit B4.1.4 Out-patient Cancer Drugs

### Included Eligible Treatment

We pay *Recognised Facility* charges for *Common Drugs*, *Advanced Therapies* and *Specialist Drugs*, related specifically to planning and providing *Out-patient Eligible Treatment* for *Cancer*.

### Excluded Treatment

See General Exclusions GE13 Drugs and Dressings for *Out-patient* or Take Home Use and Complementary and Alternative Products and GE14 Experimental Drugs and *Treatment*

## Benefit B4.2 NHS Cancer Cover Plus

### Included Eligible Treatment

We pay for *Eligible Treatment* for *Cancer* if:

- the radiotherapy, chemotherapy or *Surgical Operation* you need to treat your *Cancer* is not available to you on the *NHS*, and
- you receive your *Treatment* for *Cancer* in a *Recognised Facility*.

Where the conditions set out above do apply, we pay for your *Eligible Treatment* for *Cancer* as set out in *Benefit C4.1*.

### Discretion D4.2 NHS Cancer Cover Plus

When you are receiving *NHS Treatment* for *Cancer* we may pay for certain tests, procedures or *Treatment* that are for or directly related to your *NHS Treatment* (details of the tests, procedures or *Treatment* that may be covered are available upon request). You must have our written agreement before you have such tests, procedures or *Treatment* and we need full details from your *NHS Consultant* before we can make our decision.

If we decide to pay, we must be satisfied that the *Treatment* and related *Consultants'* fees for *Out-patient* consultations relevant to the tests, procedures or *Treatment* are:

- a medically essential part of your *NHS Treatment* for *Cancer*
- carried out in a *Recognised Facility*
- requested by your *NHS Consultant* oncologist to help determine, assess or refine your *Treatment* plan
- not available to you on the *NHS*.

Where we pay for such tests, procedures or *Treatment* that is not radiotherapy, chemotherapy or a *Surgical Operation*, this does not constitute a transfer of your *Treatment* from the *NHS* to us.

## Benefit B5 Mental Health Treatment

Your cover is designed to provide help for short- or medium-term medical *Treatment* that restores you back to health. Mental health conditions are often long-term in nature and may change in nature over time.

By a mental health condition, we mean a condition we recognise as mental health.

We do recognise alcoholism, drug addiction, Anorexia Nervosa and Bulimia Nervosa as mental health conditions. You can ask us if another condition is covered.

### Excluded Treatment

See General Exclusion GE5 *Chronic Conditions* and Chronic Mental Health Conditions

## Benefit B5.1 Out-patient Mental Health Treatment

### Included Eligible Treatment

We pay *Consultants* and *Mental Health and Wellbeing Therapists'* fees and *Recognised Facility* charges for *Eligible Treatment* of a mental health condition as listed below.

### Benefit B5.1.1 Out-patient Consultations and Treatment

#### Included Eligible Treatment

*Consultants'* fees for *Out-patient* consultations as part of *Eligible Treatment* of a mental health condition and for *Out-patient Eligible Treatment* for a mental health condition.

### Benefit B5.1.2 Out-patient Mental Health and Wellbeing Therapies

#### Included Eligible Treatment

*Mental Health and Wellbeing Therapists'* fees for *Out-patient Eligible Treatment* for a mental health condition.

### Discretionary Eligible Treatment

Discretion D5.1.2 *Out-patient* Mental Health and Wellbeing Therapies

If your *Consultant* or *GP* refers you to a practitioner who is not a *Therapist*, we may pay where the *Consultant* or *GP* remains in overall charge of your care and the practitioner has applied for Bupa recognition, which we have not yet accepted or rejected.

### Benefit B5.1.3 Diagnostic Tests

#### Included Eligible Treatment

When requested by your *GP* or *Consultant* to help determine or assess your acute condition as part of *Out-patient Eligible Treatment* for a mental health condition, *Recognised Facility* charges for diagnostic tests and interpretation of the results.

### Excluded Treatment

MRI, CT and PET Scans are not paid under this *Benefit* – see *Benefit* B1.4

## Benefit B5.2 Day-patient and In-patient Mental Health Treatment

### Included Eligible Treatment

*Consultants' fees and Recognised Facility charges for Day-patient and In-patient Eligible Treatment of a mental health condition.*

We pay the type of *Recognised Facility* charges referred to in *Benefit B3.2*

Your Certificate shows the maximum number of days that we will pay for in relation to *Day-patient* or *In-patient Eligible Treatment* for a mental health condition.

## Benefit B6 Home Nursing after Private Eligible Treatment as an In-Patient

### Benefit B6 Home Nursing after Private Eligible Treatment as an In-patient

#### Included Eligible Treatment

You must have our agreement before this *Treatment* starts and we need full details from your *Consultant*.

Home nursing where:

- it is *Eligible Treatment*
- it is needed for medical reasons and not domestic or social reasons
- it starts immediately after you leave a *Recognised Facility*
- it is necessary so that without it you would have to remain in the *Recognised Facility*
- it is provided by a nurse in your own home
- it is carried out under the supervision of your *Consultant*.

The nurse must be a qualified nurse on the register of the Nursing and Midwifery Council.

#### Excluded Treatment

Exclusion of Home Nursing

We do not pay for home nursing provided by a community psychiatric nurse.

## Benefit B7 Private Ambulance Charges

### Benefit B7 Private Ambulance Charges

#### Included Eligible Treatment

Travel by private road ambulance if you need private *Day-patient* or *In-patient Eligible Treatment* and an ambulance is medically necessary for travel:

- from your home, place of work, or an airport or sea port, to a *Recognised Facility*
- between *Recognised Facilities* if you are moved for *In-patient Treatment*
- from a *Recognised Facility* to home.



## Benefit B8 AIDS/HIV

### Benefit B8 AIDS/HIV

#### Included Eligible Treatment

We will pay for *Eligible Treatment* related to or arising from AIDS or HIV or any condition related to or resulting from AIDS or HIV where the person claiming:

- became infected five years or more after their Start Date, or
- has been covered for this type of *Treatment* under a Bupa private medical insurance scheme since July 1987 (or earlier) without a break in cover.

#### Excluded Treatment

Exclusion of AIDS/HIV

We do not pay for *Treatment* related to or arising from AIDS or HIV or any condition related to or resulting from AIDS or HIV in any other circumstances.

See General Exclusion GE2 AIDS/HIV

## Benefit B9 Active Cover/Fit And Active Cover

### Benefit B9 Active Cover/Fit and Active Cover

#### Included Eligible Treatment

You should call us to find out if your condition is a *Muscle, Joint or Bone Condition*.

We pay for *Eligible Treatment* you require after your *Muscle, Joint or Bone Condition* has been diagnosed and that is for or related to the diagnosed *Muscle, Joint or Bone Condition*.

We pay for *Eligible Treatment* for a *Muscle, Joint or Bone Condition* on the same basis as set out in *Benefits* B1, B2, B3, B6, B7 and CB1 for *Acute Conditions*.

#### Excluded Treatment

We do not pay for any *Treatment* that is not related to a *Muscle, Joint or Bone Condition* under this benefit.



## Benefit B10 Fitness Check

### Included Eligible Treatment

We will pay for one Fitness Check to be undertaken at a Bupa Health Centre for you each *Year*.

The Fitness Check is an assessment of cardiovascular fitness, including a:

- range of tests
- fitness consultation with an exercise physiologist
- cardio-respiratory report, and
- health and fitness report with action plan.

Further details are available from us on request.

Please note: A Fitness Check is not appropriate for people with certain medical conditions or who are currently taking particular medications. You should contact us before booking a Fitness Check to confirm that you are able to undergo it. We can provide information about those people who should not undergo a Fitness Check.

## Benefits CB NHS Cash Benefits

### Benefit CB1 NHS Cash Benefit for NHS In-patient Treatment

#### Included Eligible Treatment

If you receive free *NHS In-patient Treatment* which we would have covered for private *In-patient Treatment*, we pay *NHS Cash Benefit* for each night you are in the *NHS* hospital.

#### Excluded Treatment

Exclusion of *NHS Cash Benefit* for *NHS In-patient Treatment*

We do not pay for any additional charges by the hospital (eg for amenities) where your *Treatment* is provided free under the *NHS*.

### Benefit CB2 NHS Cash Benefit for NHS In-patient Cancer Treatment

#### Included Eligible Treatment

If you receive free *NHS In-patient Treatment* for radiotherapy, chemotherapy or a *Surgical Operation* for *Cancer Treatment* (including blood and marrow transplants) which we would have covered for private *In-patient Treatment*, we pay *NHS Cash Benefit* for each night of *NHS In-patient* stay.

#### Excluded Treatment

Exclusion of *NHS Cash Benefit* for *NHS In-patient Cancer Treatment*

We do not pay for any additional charges by the hospital (eg for amenities) where your *Treatment* is provided free under the *NHS*.

Also, we do not pay this *Benefit* at the same time as any other *NHS Cash Benefit* for *NHS In-patient Treatment*.

## Benefit CB3 NHS Cash Benefit for NHS Out-patient, Day-patient and Home Cancer Treatment

### Included Eligible Treatment

If you receive free *NHS Treatment* carried out as an *Out-patient*, *Day-patient*, or in your home which we would have covered for private *Out-patient* or *In-patient Treatment*, we pay *NHS Cash Benefit* for:

- radiotherapy: for each day radiotherapy is received in a hospital
- chemotherapy: for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy
- a *Surgical Operation*: on the day of your operation.

We only pay one *NHS Cash Benefit* even if you have more than one *Treatment* on the same day or might have been entitled to the payment under separate *Benefit* categories.

### Excluded Treatment

Exclusion of *NHS Cash Benefit* for *NHS Out-patient*, *Day-patient* and *Home Cancer Treatment*

We do not pay this *Benefit* at the same time as any other *NHS Cash Benefit*. We only pay this *Benefit* once even if you have more than one *Eligible Treatment* on the same day.

## Benefit CB4 Procedure Specific NHS Cash Benefits

### Included Eligible Treatment

Other *NHS Cash Benefits* are available to you. These depend on the type of *Treatment* you need. For information on *Procedure Specific NHS Cash Benefits* please call us or go to **[bupa.co.uk/pscb](http://bupa.co.uk/pscb)** These *NHS Cash Benefits* may change from time to time. None of them are payable at the same time as any other *NHS Cash Benefit*.

## Benefits – A – Add Ons

### Benefit A1 Complementary Therapies Cover

#### Included Eligible Treatment

We pay *Complementary Therapy Practitioners'* fees up to the maximum annual benefit limit shown in your Certificate.

#### Excluded Treatment

We do not pay for any complementary or alternative products, preparations or remedies.

See General Exclusion GE13 Drugs and Dressings for *Out-patient* or Take Home Use and Complementary and Alternative Products

## Benefit A2 Cancer Assist

### Included Eligible Treatment

We will pay the cash amount shown in your Certificate if you are diagnosed with *Cancer* whilst this *Benefit* applies to you.

The *Benefit* will only be paid:

- upon a new diagnosis of *Cancer* made after your Start Date or the date this *Benefit* was added to your cover, whichever is later
- once in any *Year*.

## Benefit A3 Health Expenses Cover

### Included Eligible Treatment

Your Certificate shows whether you have Health Expenses Cover 20 or Health Expenses Cover 10. We pay the *Benefits* below up to the maximum annual limit shown in your Certificate.

### Benefit A3.1 Dental Cash Benefit

#### Included Eligible Treatment

We pay for *Dental Injury Treatment*, *Emergency Dental Treatment* or *Routine Dental Treatment* which you receive during a *Year*.

#### Excluded Treatment

We do not pay for:

- costs relating to any services covered by a dental payment plan and any amounts payable for a dental payment plan. (A dental payment plan is an insurance policy with regular ongoing payment which covers *Treatment* that you may require.)
- tooth cleaning and whitening materials purchased for home use
- any medications, whether or not they are prescribed for you.

### Benefit A3.2 Optical Cash Benefit

#### Included Eligible Treatment

We pay for the following optical goods and services, which you receive during a *Year*:

- glasses with prescribed lenses, contact lenses and routine sight tests when provided by an *Optician*
- *Treatment* and consultations related to corrective laser eye *Treatment* carried out by an ophthalmic surgeon who is a *Consultant*.

#### Excluded Treatment

We do not pay for any of the following optical goods and services:

- industrial spectacles if they have not been prescribed for you
- sunglasses without prescribed lenses
- lens solutions, cleaning materials and other optical accessories.

## Benefit A3.3 Prescriptions Cash Benefit

### Included Eligible Treatment

We pay for prescription charges you incur during a *Year* in relation to prescriptions provided by your *GP* or *Dental Professional*.

## Benefit A4 Dental Cover

### Included Eligible Treatment

Your Certificate shows whether you have Dental Cover 20 or Dental Cover 10.

### Excluded Treatment

We do not pay for:

- any *Pre-existing Condition*
- *Orthodontic Treatment*
- *Surgical Implants* or any *Dental Treatment* involving or making use of or in any way related to *surgical implants*
- mouthguards
- any *Dental Treatment* not normally provided by *Dental Professionals* in the UK
- the replacement of a prosthetic appliance (any artificial aid used to restore dentition):
  - which has been lost or stolen
  - which could have been repaired according to generally accepted dental standards (except dentures)
  - within five years of it having been fitted
- any *Dental Treatment* resulting from or related to any injury sustained whilst participating in a physical contact sport such as rugby or boxing
- any *Dental Treatment* or care resulting from or related to a self-inflicted injury
- self-administered drugs such as antibiotics and painkillers or prescription charges.

## Benefit A4.1 Dental Cover 20

### Included Eligible Treatment

We pay the proportion shown in your Certificate of the amount you pay (up to the maximum annual benefit limit also shown in your Certificate) for:

- *Dental Treatment*
- *Dental Injury Treatment*
- *Emergency Dental Treatment*
- *Routine Dental Treatment*

which you receive in a *Year*.

We pay for *Emergency Dental Treatment* carried out during your initial appointment for the dental emergency.

### Excluded Treatment

We do not pay for any *Dental Injury Treatment* arising as a direct or indirect result of an external impact which occurred before your Start Date or outside the UK.

### Discretionary Eligible Treatment

Discretion A4.1 Dental Cover 20

We may pay for *Emergency Dental Treatment* for the same dental emergency carried out at a subsequent appointment but we only pay if the *Treatment* is medically essential in order to complete the *Emergency Dental Treatment* started in the initial appointment.

## Benefit A4.2 Dental Cover 10

### Included Eligible Treatment

We pay for *Dental Treatment* or *Routine Dental Treatment* that you receive under the NHS during a *Year* up to the same amount as the *NHS Band 1, 2 or 3* charge applicable to that type of *Treatment* at the time you receive that *Treatment*.

If you wish to claim charges you have paid for *Dental Treatment* or *Routine Dental Treatment* that you have received privately rather than under the NHS, we will pay up to the *NHS Band* charge that is applicable to the *Treatment* you have received had you received the same *Treatment* under the NHS.

## Benefit A4.3 Oral Cancer Treatment (for Dental Cover 20 and Dental Cover 10)

### Included Eligible Treatment

For *Oral Cancer Treatment* we pay on the same basis as set out in *Benefit 4.1*.

### Excluded Treatment

We do not pay for any *Oral Cancer Treatment* received by you if the oral *Cancer* was diagnosed before you began your current continuous period of membership of the scheme (or any Bupa dental scheme which included cover for those types of *Treatment*).

## General Discretions

### Discretion GD1 Treatment at Home

We may pay for *Eligible Treatment* at home. You must have our agreement before the *Treatment* starts and we need full details from your *Consultant*.

The following must apply:

- your *Consultant* must recommend that you receive the *Treatment* at home and must remain in overall charge of your *Treatment*
- if you did not have the *Treatment* at home then, for medical reasons, it would be necessary for you to receive the *Treatment* in a *Recognised Facility*
- the *Treatment* must be provided by a medical *Treatment* provider on our list for the type of *Treatment* at home you need. These providers and the type of *Treatment* we recognise them for may change from time to time. You can ask us whether a *Treatment* provider is on our list and the type of *Treatment* we recognise them for or you can access these details at [finder.bupa.co.uk](https://finder.bupa.co.uk)

### Excluded Treatment

Exclusion of *Treatment* at Home

We do not pay for any fees or charges for *Treatment* at home which has not been provided by the medical *Treatment* provider we recognise.

### Discretion GD2 Rehabilitation

We may pay for *Eligible Treatment* for rehabilitation up to a maximum of 21 consecutive days to restore health or mobility or to allow you to live an independent life, eg after a stroke. The rehabilitation must:

- be an integral part of *In-patient Treatment* and take place in a *Recognised Facility*
- start within forty-two days from and including the date you first receive that *In-patient Treatment*.

You must have our agreement before the rehabilitation starts and we need full details from your *Consultant* before we can give our decision.

### Excluded Treatment

See General Exclusion GE8 Convalescence, Rehabilitation and General Nursing Care

### Discretion GD3 Temporary Relief of Symptoms of a terminal disease

We may pay for *Treatment* in the case of a terminal disease or illness, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the continuing management of the condition.

### Excluded Treatment

See General Exclusion GE24 Temporary Relief of Symptoms

### Discretion GD4 Experimental Drugs or Treatment

We may pay for *Treatment* (including drugs) or procedures that we normally consider to be experimental or unproved based on established medical practice in the UK.

However, you must have our agreement before the *Treatment* or procedure starts and we need full details from your *Consultant*.

### Excluded Treatment

See General Exclusion GE14 Experimental Drugs and *Treatment*

## General Exclusions: What is not covered

### General Exclusion GE1 Ageing, Menopause and Puberty

#### Excluded Treatment

*Treatment* to relieve symptoms commonly associated with any bodily change arising from a physiological or natural cause, such as ageing, menopause or puberty and not due to any underlying disease, illness or injury.

### General Exclusion GE2 AIDS/HIV

#### Excluded Treatment

*Treatment* for, related to or arising from AIDS or HIV or any condition related to or resulting from AIDS or HIV.

Specified *Benefits* where the Exclusion does not apply  
See *Benefit* B8 AIDS/HIV

### General Exclusion GE3 Allergies or Allergic Disorders

#### Excluded Treatment

*Treatment* to desensitise or neutralise any allergic condition or disorder.

### General Exclusion GE4 Birth Control, Conception, Sexual Problems and Sex Changes

#### Excluded Treatment

*Treatment* for or arising from:

- any type of contraception, sterilisation, termination of pregnancy
- any other type of sexual problem including impotence, whatever the cause
- assisted reproduction (eg IVF investigations or *Treatment*), surrogacy, harvesting donor eggs or donor insemination
- solely, the *Treatment* of infertility
- sex change or gender reassignment,

or any condition arising from any of these.

Also see General Exclusion GE20 Pregnancy and Childbirth.



## General Exclusion GE5 Chronic Conditions and Chronic Mental Health Conditions

### Excluded Treatment

*Treatment of Chronic Conditions.*

Any *Treatment* for a mental health condition if you are suffering from, or have suffered from, a chronic mental health condition.

Where it is not clear that a condition is a *Chronic Condition* and we have paid for its *Treatment*, that does not mean that we will continue paying when we have more information which, in our reasonable view, confirms that it is a *Chronic Condition*.

By a mental health condition, we mean a condition we recognise as being mental health. You can ask us if a condition is covered.

By a chronic mental health condition we mean one which either:

- meets the definition in the glossary of a *Chronic Condition*, or
- is a mental health condition, or is related to a mental health condition, for which we have paid *Benefits* for *Treatment* in three different membership years, which need not be consecutive. These payments may be under any Bupa schemes or Bupa administered plans you are or have been a member of.

A “membership year” for this purpose means the period from the date you started cover/the renewal date under any scheme/plan to the day before the first/next renewal date for that scheme/plan, or to the date cover ended.

Also see General Exclusion GE24 Temporary Relief of Symptoms.

Specified *Benefits* where the Exclusion does not apply

See *Benefit* B1.1 *Out-patient* Consultations and *Treatment* and *Benefit* B2.1 Consultants' Fees for Day-patient and In-patient *Treatment*

## General Exclusion GE6 Complications from Excluded Conditions/Treatment and Experimental Treatment

### Excluded Treatment

*Treatment* or increased *Treatment* costs arising from complications caused by a condition which is not covered under your *Benefits*.

*Treatment* costs arising from complications caused by experimental *Treatment* or *Treatment* required as a result of experimental *Treatment*.

## General Exclusion GE7 Contamination, Wars, Riots and Terrorist Acts

### Excluded Treatment

*Treatment* for any condition arising directly or indirectly from:

- war, riots, terrorist acts, civil disturbances, foreign hostility where war has not been declared, or any similar cause
- chemical, radioactive or nuclear contamination, or combustion of chemicals or nuclear fuel or any similar event.



## General Exclusion GE8 Convalescence, Rehabilitation and General Nursing Care

### Excluded Treatment

Accommodation if its usual primary use is for:

- convalescence, rehabilitation, supervision or any purpose other than providing *Eligible Treatment*
- general nursing care or other services which could be provided in a nursing home or any other establishment which is not a *Recognised Facility*
- services from a *Therapist*, Complementary Medicine Practitioner or *Mental Health and Wellbeing Therapist*.

Specified *Benefits* where the Exclusion does not apply

In relation to *Treatment*, see General Discretion GD2 Convalescence, Rehabilitation and General Nursing Care

## General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment

### Excluded Treatment

*Treatment* to change your appearance, whether or not it is needed for medical or psychological reasons, such as:

- breast enlargement, reduction or other *Treatment* to change the shape or appearance of breasts, including gynaecomastia (the enlargement of breasts in males)
- any *Treatment* or surgery for or with the intention, directly or indirectly, of removing healthy tissue or surplus or fat tissue, including surgery related to obesity/morbid obesity
- scar revision or *Treatment* of keloid scars.

Also see General Exclusion GE21 Screening, Monitoring and Preventive *Treatment*.

See *Benefit B2.1 Consultants' fees for Day-patient and In-patient Treatment*

## General Exclusion GE10 Deafness

### Excluded Treatment

*Treatment* for or arising from deafness caused by congenital abnormality, maturing or ageing.

## General Exclusion GE11 Dental/Oral Treatment

### Excluded Treatment

Dental or oral *Treatment* including:

- routine examinations
- dental implants or dentures, the repair or replacement of damaged teeth, including crowns, bridges, dentures or other dental prosthesis
- management of, or any *Treatment* relating to, jaw shrinkage or loss, as a result of dental extractions or gum disease
- bone disease when related to gum disease or tooth disease or damage
- fillings (amalgam, composite anterior, composite posterior)
- X-rays
- scale and polish and chronic periodontal *Treatment*
- root canal *Treatment*
- surgical *Treatment* (extraction, surgical, extraction flap raised apicectomy, incising of abscess, simple gingivectomy)
- crowns and bridges (inlay/onlay, veneer, full gold crown, porcelain crown, porcelain bonded to metal crown, bridge, adhesive bridge, cast post and core, pre-fabricated post and core, re-fix or re-cement of existing crown, re-cement of adhesive bridge, re-cement of any other bridge)
- dentures – acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint).

**Please note – this General Exclusion GE11 does NOT apply to Add On Benefits A3 Health Expenses Cover and A4 Dental Cover.**

See *Benefit B2.2 Dental/Oral Surgical Treatment*

## General Exclusion GE12 Dialysis

### Excluded Treatment

*Treatment* for or associated with kidney dialysis (haemodialysis), meaning the removal of waste matter from your blood by passing it through a kidney machine or dialyser.

*Treatment* for or associated with peritoneal dialysis, meaning the removal of waste matter from your blood by introducing fluid into your abdomen which acts as a filter.

See *Benefit B2.3 Dialysis*

## General Exclusion GE13 Drugs and Dressings for Out-patient or Take Home Use and Complementary and Alternative Products

### Excluded Treatment

Any drugs or surgical dressings provided or prescribed for *Out-patient Treatment* or for you to take home with you on leaving hospital or a *Treatment* facility.

Any complementary or alternative therapy products or preparations, including but not limited to homeopathic remedies or substances, regardless of who prescribed or provided them or the type of *Treatment* or medical condition they are used or prescribed for.

Also see General Exclusion GE14 Experimental drugs and *Treatment*.

See *Benefit* B4.1.4 *Out-patient Cancer Drugs*

## General Exclusion GE14 Experimental Drugs and Treatment

### Excluded Treatment

*Treatment* or procedures which we reasonably consider to be experimental or unproved based on established medical practice in the United Kingdom, such as drugs outside the terms of their licence or procedures which have not been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence).

## General Exclusion GE15 Eyesight

### Excluded Treatment

*Treatment* to correct your eyesight, for example, for long or short sight or failing eyesight due to ageing, including spectacles or contact lenses.

See *Benefit* B2.4 Eyesight

## General Exclusion GE16 Epidemic/Pandemic

### Excluded Treatment

*Treatment* for or arising from any epidemic disease and/or pandemic disease.

An epidemic is where there are more cases of a disease than would be expected for that disease in that area at that time.

A pandemic is the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world.

## General Exclusion GE17 Intensive Care

### Excluded Treatment

Intensive care carried out in a unit or facility which is not a *Critical Care Unit*, or any Intensive Care following:

- an unplanned or an emergency admission to an *NHS* hospital or facility
- a transfer (whether as an emergency or not) to an *NHS* hospital or facility even if from a private *Recognised Facility*
- a transfer from an *NHS Critical Care Unit* to a private *Critical Care Unit*.

See *Benefit* B3.2.4 Intensive Care

## General Exclusion GE18 Learning Difficulties, Behavioural and Developmental Problems

### Excluded Treatment

*Treatment* related to learning difficulties, such as dyslexia, or behavioural problems, such as attention deficit hyperactivity disorder (ADHD), or developmental problems, such as shortness of stature.

## General Exclusion GE19 Physical Aids and Devices

### Excluded Treatment

We do not pay for supplying or fitting physical aids and devices (eg hearing aids, spectacles, contact lenses, crutches, walking sticks, etc).

See *Benefit* B3.2.7 Protheses and Appliances

## General Exclusion GE20 Pregnancy and Childbirth

### Excluded Treatment

*Treatment* for:

- pregnancy, including *Treatment* of an embryo or foetus
  - childbirth and delivery of a baby
  - termination of pregnancy, or any condition arising from termination of pregnancy.
- Also see General Exclusions GE4 Birth Control, Conception, Sexual Problems and Sex Changes, GE21 Screening, Monitoring and Preventive Treatment and GE5 *Chronic Conditions* and Chronic Mental Health Conditions.

See *Benefit* B2.5 Pregnancy and Childbirth

## General Exclusion GE21 Screening, Monitoring and Preventive Treatment

### Excluded Treatment

Health checks or health screening. Health screening is where you may not be aware you are at risk of, or are affected by, a disease or its complications but are asked questions or have tests, which may lead to your needing further tests or *Treatment*.

Routine tests, or monitoring of medical conditions, including:

- routine antenatal care or screening for and monitoring of medical conditions of the mother or foetus during pregnancy
- routine checks or monitoring of *Chronic Conditions* such as diabetes mellitus or hypertension
- tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are carried out for screening or monitoring purposes, such as endoscopies when no symptoms are present or investigations into recurrent miscarriage
- preventive *Treatment*, procedures or medical services
- medication reviews and appointments where you have had no change in your usual symptoms.

Also see General Exclusions GE5 *Chronic Conditions* and GE20 Pregnancy and Childbirth.

See Discretion D4.1.4 *Out-patient* Diagnostic Tests for Cancer

## General Exclusion GE22 Sleep Problems and Disorders

### Excluded Treatment

*Treatment* for or arising from sleep problems or disorders such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep).

## General Exclusion GE23 Speech Disorders

### Excluded Treatment

*Treatment* for or relating to any speech disorder, such as stammering.

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See Discretion D3.2.6 Therapies

## General Exclusion GE24 Temporary Relief of Symptoms

### Excluded Treatment

*Treatment*, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the continuing management of a condition.

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See General Discretion GD3 Temporary Relief of Symptoms of a terminal disease

## Section two:

# Policy Terms

## Bupa By You Health Insurance

We are Bupa Insurance Limited and you are the Main Member named in the Certificate we provide which refers to these Policy Terms.

Your Certificate (which is personal to you and your Dependants), the Benefits Table and these Policy Terms (including the Glossary), together form our Bupa By You Health Insurance Agreement with you. If you have bought Bupa By You Travel and Emergency Medical Cover then your membership guide for the Travel and Emergency Medical Cover also forms part of our Agreement with you. It is important that you read these documents together to understand your cover.

Some words and phrases we use are in italics. These have technical meanings which are set out in the glossary at the end of these Terms.

As well as this Policy Benefits and Terms booklet, we will give you a 'Getting you started' guide which describes how to contact us and how you can claim *Benefits*. This booklet and the guide are also available online at **[bupa.co.uk/policyinformation](http://bupa.co.uk/policyinformation)**

### Still have questions?

You should call the helpline if you are unsure of your *Benefits*:  
**0345 609 0777** or **01784 411 734**. We may record or monitor our calls.

For those with hearing or speech difficulties who use a textphone, call us on **0345 606 6863**.

We offer a choice of Braille, large print or audio for correspondence and marketing literature. Please get in touch to let us know which you would prefer.

# 1 Cover for you and your dependants

**1.1.1** Only you as the Bupa *Main Member* have legal rights under this Agreement, although your *Dependants* also have access to our complaints process (please see 'Making a complaint' in the 'Protecting your information and rights' section of this booklet).

**1.1.2** Your Certificate names any *Dependants* you have asked us to cover. Where we refer to "you" in these Terms, Benefits Table and in your Certificate in relation to the cover or a claim, that will include your *Dependants*, where relevant.

**1.1.3** The details of the cover you have chosen, whether *NHS Cash Benefits* apply, any personal restrictions or exclusions, excess payments, and the Start and Renewal Date(s), are listed in your Certificate.

**1.1.4** The *Benefits* we provide and some requirements are described in our Benefits Table. *Benefits* mentioned in these Terms or the Benefits Table, but not listed in your Certificate, do not apply to you or your *Dependants*.

**1.1.5** The Benefits Table also details conditions, *Treatment*, charges and costs we do not cover and some items where we have a discretion.

**1.1.6** Your Certificate will state whether your cover is Underwritten or Moratorium (and explain what that means).

**1.1.7** You must pay subscriptions (including Insurance Premium Tax (IPT)) to us in advance throughout your membership. The amount and method of payment is shown in your Certificate.

If the IPT rate changes or any new taxes or charges are introduced, we will change the amount of the subscriptions you have to pay.

**1.2** You will have a contract with the *Consultant*/medical practitioner/healthcare professional and/or clinic/hospital for private medical *Treatment* and you are responsible for paying for them. If your *Treatment* is covered, we will pay the amount covered. We usually pay direct although occasionally we may pay you. Any amount not covered is your responsibility. We will tell you how we have dealt with a claim.

**1.3** We only pay the *Benefits* that apply to you under a current policy on the date you received your *Treatment*. The fact that we have pre-authorised *Treatment* does not mean that we will pay if the policy does not continue.

**1.4** We do not have to pay a claim if you break any of these Terms.



**1.5** Your cover will renew automatically each *Year* as long as you continue to pay your subscriptions and any other charges, unless:

- if it is arranged under a *Group Sponsor*, we decide not to renew your cover or that of your *Dependants*
- we decide to end the scheme, or
- a *Group Sponsor* decides to end the scheme.

If this applies, we will write to tell you at least 28 days before your Renewal Date.

**1.6.1** You can end your cover (which will also end the cover for your *Dependants*) or the inclusion of any of your *Dependants* at any time by calling us on **0345 609 0777** or **01784 411 734** or writing to us: Bupa, Salford Quays, Manchester M50 3XL. For those with hearing or speech difficulties who use a textphone, call us on **0345 606 6863**. We will refund any subscriptions which relate to a period after the cover ends.

**1.6.2** Your cover, and that of all your *Dependants*, will automatically end if:

- you do not pay your subscriptions on time
- you stop living in the UK, the Channel Islands or the Isle of Man
- you cease to qualify for membership of a scheme arranged through a *Group Sponsor*, or
- you die.

**1.6.3** A *Dependant's* individual cover will automatically end if:

- you tell us not to renew the cover of that *Dependant*

- the *Dependant* stops living in the UK, the Channel Islands or the Isle of Man
- the *Dependant* dies
- in relation to Add On Benefit A3 Health Expenses Cover only, the *Dependant*:
  - reaches the age of 18 and is not in full time education
  - is over 18 and ceases to be in full time education, or reaches the age of 21, or
  - stops living at your address.

It is your responsibility to tell us if this happens.

**1.6.4** We can end your or a *Dependant's* cover, or refuse to pay a claim, if there is reasonable evidence that you or they gave us false information or kept necessary information from us, either intentionally or carelessly, which could have affected whether or not we would provide the cover or pay a claim.

**1.7** We can change these Terms, the amount of your subscriptions, any discount or preferential rates and the cover available to you and your *Dependants* or other terms of your membership, at your Renewal Date. We will not add any personal exclusions or restrictions to your cover for medical conditions that:

- start after their Start Date, so long as you gave us all the information we asked for before the Start Date



- start before their Start Date, where:
  - you gave us all the information we asked for and we accepted the condition, or
  - if your cover is Moratorium, the requirements specified in your Certificate have been met for that condition to be covered.

If we do make any changes, we will write to tell you at least 28 days before the Renewal Date.

If your cover is arranged by a *Group Sponsor*, we may make changes to any discount or preferential rates, these Terms the amount of your subscriptions and the cover available to you and your *Dependants*, on your Renewal Date and if you do not accept any of the changes you can end your membership either:

- within 28 days of the date on which the change takes effect, or
- within 28 days of our telling you about the change,

whichever is later. If you do end your membership within the 28 days we will treat the changes as not having been made.

**1.8** At your Renewal Date you can ask us to:

- add, remove or change an excess, as explained in your Certificate
- remove any Add Ons you have chosen
- change any of your cover options.

You may add *Dependants* to your cover at any time.

We will consider your request and we may not agree or, for an increase in cover, we may add restrictions before

we agree. These changes may affect the subscriptions you have to pay.

Changes are not effective until we have confirmed them in writing.

You may tell us that you want your partner to have the authority to ask us to make changes.

**1.9** You must call or write to tell us if you change your address or you stop (or any of your *Dependants* stops) living in the UK, Channel Islands or Isle of Man.

**1.10** We will send all correspondence and membership documents to the *Main Member*. When you send us documents, we cannot return the originals to you. However we will send you copies if you ask us to do so at the time you give us the documents.

**1.11.1** We may post any official communication (a notice) to you under your Agreement at the contact details we hold. Our communication will be effective on the second business day after posting.

**1.11.2** Any official communication or request you send to us will only be effective when we receive it. We may agree that you can send us official communications or requests by email.

**1.12** This Agreement is governed by English law.

**1.13** This Agreement is, and our marketing and other communications will be, in English. We will communicate with you in English throughout the period of the Agreement.

## 2 Claiming

**2.1** Our 'Getting you started' guide explains in detail how to make a claim.

**2.2.1** *Treatment* costs are only covered when:

- the person with responsibility is a *Consultant*. The only exception to this is where a *GP* refers you (or we refer you if we have said that a *GP* referral is not required) for *Out-patient Treatment* by a *Therapist, Mental Health and Wellbeing Therapist* or *Complementary Therapy Practitioner*
- on the date you receive *Treatment* the *Consultant*, medical practitioner or other healthcare professional and the facility where the *Treatment* is given, are recognised by us for treating the Condition you have and for providing the type of *Treatment* you need.

**2.2.2** Any *Treatment* must be provided in the UK, the Channel Islands or the Isle of Man.

**2.3** Your *Treatment* must, in most cases, follow an initial referral by a *GP* after you have seen them in person. There are some conditions where a *GP* referral is not required and details of these are available from us or at: **[bupa.co.uk/policyinformation](https://bupa.co.uk/policyinformation)** The list of conditions for which a *GP* referral is not required may change.

**2.4** Your *GP* will advise if you need to see a *Consultant* or other healthcare professional and if so you will need a referral letter. We recommend that you

ask your *GP* for an 'Open Referral letter' which will detail your symptoms, the body area affected and the type of specialist your *GP* advises, but will not name a specific *Consultant*, facility or healthcare professional. Alternatively, there is a form you can give to your *GP* to complete at **[bupa.co.uk/open-referral](https://bupa.co.uk/open-referral)**

If your *GP* does want to refer you to a specific *Consultant*, facility or healthcare professional, call us before you make an appointment to confirm that we recognise them, to avoid your being liable to pay.

**2.5.1** You must provide us with the information we reasonably need to assess your claim. For example, we may ask you for:

- medical reports and other information about the proposed *Treatment*
- an independent medical examination, at our expense
- original accounts and invoices in connection with your claim (including any related to *Treatment* costs covered by your excess – if any). We cannot accept photocopies of accounts or invoices or originals that have been altered.

You can, of course, refuse to supply any of this material, but if you do not provide us with information we reasonably request, we will be unable to assess or pay your claim.

**2.5.2** When you need a medical report from your *GP*, we can request this for you. You can ask us to get the report without your seeing it before it is sent to us, though you can always change your mind by contacting your *GP* before the report is sent to us, when you will have the opportunity to ask the *GP* to change the report or to allow you to add your comments, or you can refuse to agree to its release.

Alternatively, you can tell us that you want to see the report before it is sent to us, in which case you will have 21 days, after we tell you that we have requested the report to contact your *GP* to make arrangements to see it.

If you do not contact the *GP* within the 21 days, we will ask for the report. If you contact your *GP* to see the report, you must then give the *GP* written consent before it can be released.

**2.5.3** If you do refuse consent to the release of the report to us, we may be unable to proceed with your claim.

**2.5.4** You can always ask your *GP* to let you see a copy of the report, so long as you ask within six months of the report being sent to us. Your *GP* may withhold information contained in the report if (a) they feel that it may be harmful to you (b) it would indicate their intentions in respect of you or (c) would reveal information about, or the identity of, another person without their consent (other than that of a health professional in relation to your care). The *GP* must tell you if any of this applies.

**2.5.5** The *GP* may charge for the report. We may agree to make a contribution to the cost but we are not obliged to agree to this and it will be confirmed when we discuss the requirement with you. If we do make a contribution, you will be responsible for any amount above this.

**2.6** If your Certificate says that your cover is Moratorium, then before you arrange any consultation or *Treatment* you must call us and we will send you a pre-*Treatment* form to complete with details of the history of the relevant medical condition including information you will need to get from your *GP* or *Consultant*. They may charge you a fee for this which we do not pay. Once we receive all the information we need, we will say whether your proposed *Treatment*, medical provider, healthcare professional or *Treatment* facility will be eligible under your cover.

If you wish to make a claim, we will tell you whether you will need to complete a claim form.

If you do not need to complete a claim form, we will treat your submission of your pre-*Treatment* form to us as your claim once we are notified that you have received your consultation or *Treatment*. In most cases we will be notified that you have received your consultation or *Treatment* by your *Consultant* or the provider of your *Treatment*.

If you do need to complete a claim form, you will need to return the fully completed claim form to us as soon as possible and in any event within six months of receiving the *Treatment* for which you are claiming unless this was not reasonably possible.

**2.7** If your Certificate says you are entitled to *NHS Cash Benefits*, call the helpline to check your *Benefits*. We will confirm your *Benefits* and tell you whether you need to complete a claim form. You must send us either:

- your completed claim form if you need to complete one – please note that for *NHS Cash Benefit* you will need to take your claim form with you to the hospital and ask them to complete the hospital sections, or
- if you do not need a claim form, a covering letter giving your name, address and membership number together with your original invoices and receipts.

**2.8** If you claim for *Treatment* because of an injury or medical condition caused by someone else you must tell us this as soon as possible. If you claim compensation from the person at fault you must:

- tell us and tell the insurance company or solicitor of the person at fault that you are having private *Treatment* and wish to recover the costs as part of your claim
- add to your claim the costs we have paid, interest on those costs and our administration costs;
- keep us informed of the progress of the claim

- and pay to us any amount reflecting the costs we have paid (and any associated interest and administration costs) which you recover.

**2.9** If you have other insurance cover for the cost of the *Treatment* or services you are claiming from us you must provide us with full details as soon as possible. We will only pay our proportionate share of the cost of the *Treatment* you are claiming.

### 3. Paying a claim

**3.1** Usually we will pay the providers of your *Treatment* directly. Otherwise we will pay the *Main Member*. We will pay claims for *NHS Cash Benefits* to the *Main Member*.

**3.2** If you wish to withdraw your claim, you should call the helpline to tell us as soon as possible. You will be unable to withdraw if we have already paid the claim. If you do withdraw your claim you will be responsible for paying the costs of that *Treatment*.

**3.3** In exceptional circumstances, we may agree to pay for the costs of *Treatment* to which you are not entitled under your cover, ie an 'ex gratia payment'. If we do, this payment will count towards the maximum amount we will pay under your cover. Making these payments does not oblige us to make them in the future.

**3.4.1** Your Certificate will say if you have agreed with us an excess payment.

**3.4.2** Having an excess means that you have to pay part of any *Treatment* costs that we would otherwise pay. An excess applies to the first amount of any claim.

**3.4.3** Your excess applies each *Year*. It resets at each Renewal Date even if your *Treatment* is continuing. So your excess could apply twice to a single course of *Treatment* if the *Treatment* begins in one *Year* and continues into the next.

You are responsible for paying any excess. We will write to you to say who you should pay.

**3.4.4** You should always make a claim for *Treatment* costs even if we will not pay the claim because of your excess. Otherwise the amount will not be counted towards your excess and you may lose out should you need to claim next time.

**3.4.5** Unless we say otherwise in your Certificate:

- we apply the excess limits in the order in which we process claims
- the excess does not apply to *Cash Benefits*
- when you claim for *Treatment* costs where a benefit limit applies, your excess payment will not count towards your total benefit limit for that benefit.



## 4. Glossary

In this glossary we define the words and phrases which are in italics in the Bupa By You Health Insurance Policy Terms, the Benefits Table and your Certificate.

| Word/Phrase               | Meaning  |
|---------------------------|--|
| <i>Acute Condition</i>    | a disease, illness or injury that is likely to respond quickly to <i>Treatment</i> which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.  |
| <i>Advanced Therapies</i> | new and innovative targeted/bespoke therapies using advanced materials and methods which at the time of your <i>Eligible Treatment</i> are included on our list of <i>Advanced Therapies</i> available on request and at <b><a href="https://bupa.co.uk/policyinformation">bupa.co.uk/policyinformation</a></b><br>The <i>Advanced Therapies</i> on the list may change from time to time.   |
| <i>Benefits</i>           | the <i>Benefits</i> explained in the Bupa Benefits Table.<br><br>The <i>Benefits</i> which relate to your cover are those specified in your Certificate for which you are individually entitled.   |
| <i>Cancer</i>             | a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.  |
| <i>Chronic Condition</i>  | a disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none"><li>■ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests</li><li>■ it needs ongoing or long-term control or relief of symptoms</li><li>■ it requires your rehabilitation or for you to be specially trained to cope with it</li><li>■ it continues indefinitely</li><li>■ it has no known cure</li><li>■ it comes back or is likely to come back.</li></ul> |

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| <i>Common Drugs</i>                       | commonly used medicines, such as antibiotics and painkillers that in our reasonable opinion based on established clinical and medical practice should be used as part of your <i>Eligible Treatment</i> .   |
| <i>Complementary Therapy Practitioner</i> | an acupuncturist, chiropractor or osteopath who is on our recognised practitioner list. The practitioners on the list may change from time to time. You can ask us if a practitioner is a recognised practitioner and the type of <i>Treatment</i> we recognise them for.   |
| <i>Consultant</i>                         | <p>a registered medical or dental practitioner who, at the time you receive your <i>Treatment</i> is on our recognised <i>Consultant</i> list for the relevant <i>Benefit</i> and type of <i>Treatment</i>.</p> <p>The practitioners on the list may change from time to time. You can ask us whether a medical or dental practitioner is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at <b>finder.bupa.co.uk</b></p>  |
| <i>Consultant fees schedule</i>           | <p>the schedule we use for providing <i>Benefits</i> setting out the benefit limits for <i>Consultants'</i> fees based on:</p> <ul style="list-style-type: none"> <li>■ the type of <i>Treatment</i> carried out</li> <li>■ for <i>Surgical Operations</i>, the type and complexity of the <i>Surgical Operation</i> according to the <i>Schedule of Procedures</i> – the <i>Benefits</i> available for consultant surgeons and consultant anaesthetists may differ for the same <i>Surgical Operation</i></li> <li>■ the recognition status of the <i>Consultant</i>, and</li> <li>■ where the <i>Treatment</i> is carried out both in terms of the <i>Treatment</i> facility and the location.</li> </ul> <p>The schedule may change from time to time. Details of the schedule are available on request.</p> |
| <i>Critical Care Unit</i>                 | <p>any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is on our list of <i>Critical Care Units</i> and recognised by us for the type of intensive care that you require at the time you receive your <i>Treatment</i>.</p> <p>The units on the list and the type of intensive care that we recognise a unit for may change from time to time. You can ask us whether a <i>Critical Care Unit</i> is on our list and the type of <i>Treatment</i> we recognise it for.</p>   |

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| <i>Day-patient</i>                 | a patient who is admitted to a hospital or <i>Day-patient</i> unit because they need a period of medically supervised recovery but does not occupy a bed overnight.  |
| <i>Dental Injury Treatment</i>     | <i>Dental Treatment</i> required as a direct result of injury caused by an external impact.  |
| <i>Dental Professional</i>         | a <i>Dental Professional</i> who is registered with the General Dental Council.  |
| <i>Dental Treatment</i>            | <p>the following <i>Dental Treatment</i> carried out by a <i>Dental Professional</i>:</p> <ul style="list-style-type: none"> <li>■ fillings (amalgam, composite anterior, composite posterior)</li> <li>■ root canal <i>Treatment</i></li> <li>■ surgical <i>Treatment</i> (extraction, surgical extraction (flap raised), apicectomy, incising of abscess, simple gingivectomy)</li> <li>■ crowns and bridges (inlay/onlay, veneer, full gold crown, porcelain crown, porcelain bonded to metal crown, bridge, adhesive bridge, cast post and core, pre-fabricated post and core, re-fix or re-cement of existing crown, re-cement of adhesive bridge, re-cement of any other bridge)</li> <li>■ dentures – acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint), including in each case anaesthetics fees.</li> </ul> |
| <i>Dependant</i>                   | your partner and any child of yours who is named on your Certificate. Your partner can be your husband or wife, civil partner, or the person you live with in a relationship similar to that of a marriage or civil partnership.   |
| <i>Eligible Surgical Operation</i> | <i>Eligible Treatment</i> carried out as a <i>Surgical Operation</i> .   |



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| <i>Eligible Treatment</i>         | <p><i>Treatment</i> of an <i>Acute Condition</i> together with the products and equipment used as part of the <i>Treatment</i> that:</p> <ul style="list-style-type: none"> <li>■ are consistent with generally accepted standards of medical practice and representative of best practice in the medical profession in the UK</li> <li>■ are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided</li> <li>■ are demonstrated through scientific evidence to be effective in improving health outcomes, and</li> <li>■ are not provided or used primarily for the expediency of you or your <i>Consultant</i> or other healthcare professional.</li> </ul>  |
| <i>Emergency Dental Treatment</i> | <p>the following temporary <i>Dental Treatment</i> carried out by a <i>Dental Professional</i>, where urgently required to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health:</p> <ul style="list-style-type: none"> <li>■ examinations</li> <li>■ X-rays</li> <li>■ extractions</li> <li>■ root canal extirpation</li> <li>■ initial relief <i>Treatment</i> of dental or gingival infection</li> <li>■ temporary filling, or provision of permanent filling if a temporary filling is not required</li> <li>■ construction of temporary crown/bridge/veneer</li> <li>■ re-cement of crown/inlay/bridge/veneer</li> <li>■ temporary post and core, repair or replacement of orthodontic appliance</li> <li>■ repair or adjustment to denture</li> <li>■ other temporary <i>Emergency Dental Treatment</i> as determined by the <i>Dental Professional</i> eg stopping bleeding, re-fixing orthodontic retainer wire.</li> </ul> |
| <i>Fee-Assured Partner</i>        | <p>a <i>Consultant</i> who, at the time you receive your <i>Treatment</i>, is recognised by us as a <i>Fee-Assured Partner</i>. You can contact us to find out if a <i>Consultant</i> is a <i>Fee-Assured Partner</i> or use <b>finder.bupa.co.uk</b></p>   |
| <i>GP</i>                         | <p>a doctor who, at the time he/she refers you for your consultation or <i>Treatment</i>, is on the UK General Medical Council's General Practitioner Register.</p>   |

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| <i>Group Sponsor</i>                         | the organisation (of which the <i>Main Member</i> is an employee or member) for whose employees or members we are providing health insurance.   |
| <i>In-patient</i>                            | a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.  |
| <i>Main Member</i>                           | the person named as the <i>Main Member</i> in the Certificate who is eligible to be covered in his or her own right rather than as a <i>Dependant</i> .   |
| <i>Mental Health and Wellbeing Therapist</i> | <ul style="list-style-type: none"> <li>■ a psychologist registered with the Health and Care Professions Council</li> <li>■ a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy or the British Psychoanalytical Council</li> <li>■ a counsellor accredited with British Association for Counselling and Psychotherapy</li> <li>■ a cognitive behavioural <i>Therapist</i> accredited with the British Association for Behavioural and Cognitive Psychotherapies, who is on our recognised practitioner list.</li> </ul> <p>The practitioners on the list may change from time to time. You can ask us whether a practitioner is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at <b><a href="https://finder.bupa.co.uk">finder.bupa.co.uk</a></b></p> |
| <i>Muscle, Joint or Bone Condition</i>       | a musculoskeletal condition which at the time your current period of cover began is included on the list of such conditions used by us for the purpose of providing <i>Benefits</i> . You should call us before you have <i>Treatment</i> to confirm if your condition is covered. Details of the list are available on request.  |
| <i>NHS</i>                                   | <ul style="list-style-type: none"> <li>■ the National Health Service operated in Great Britain and Northern Ireland, or</li> <li>■ the healthcare scheme that is operated by the relevant authorities of the Channel Islands, or</li> <li>■ the healthcare scheme that is operated by the relevant authorities of the Isle of Man.</li> </ul>   |

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| <i>NHS Band</i>               | any of bands 1, 2 or 3 specified by the <i>NHS</i> in England in relation to the classification of, and fees payable for, dental services provided to <i>NHS</i> patients in England.   |
| <i>NHS Cash Benefit</i>       | The cash payment we may make if you or a <i>Dependant</i> have received free <i>NHS Treatment</i> which could have been covered by us as private <i>Treatment</i> .   |
| <i>Optician</i>               | an ophthalmic <i>Optician</i> or optometrist registered with the General Optical Council.   |
| <i>Oral Cancer Treatment</i>  | <i>Treatment</i> for <i>Cancer</i> of the oral cavity, lips, tongue and/or pharynx provided by a <i>Consultant</i> .  |
| <i>Orthodontic Treatment</i>  | <i>Dental Treatment</i> provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.   |
| <i>Out-patient</i>            | a patient who attends a hospital, consulting room, <i>Out-patient</i> clinic and is not admitted as a <i>Day-patient</i> or an <i>In-patient</i> .  |
| <i>Pre-existing Condition</i> | any disease, illness or injury for which in the seven years before your Start Date: <ul style="list-style-type: none"> <li>■ you have received medication, advice or <i>Treatment</i>, or</li> <li>■ you have experienced symptoms, whether the condition was diagnosed or not.</li> </ul>  |
| <i>Recognised Facility</i>    | <p>The hospitals or <i>Treatment</i> facilities, centres or units that are:</p> <ul style="list-style-type: none"> <li>■ on our list for the medical condition you have</li> <li>■ carrying out the type of <i>Treatment</i> you need, and</li> <li>■ covered by your Certificate.</li> </ul> <p>You can ask us whether a hospital, facility, centre or unit is on our list and the type(s) of <i>Treatment</i> we recognise them for or you can access these details at <b>finder.bupa.co.uk</b></p> |

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|---------------------------------|--|
| <i>Routine Dental Treatment</i> | <p>the following dental services carried out by a <i>Dental Professional</i>:</p> <ul style="list-style-type: none"> <li>■ routine examination/check-up</li> <li>■ X-rays</li> <li>■ scale and polish consultations, including simple scale and polish and chronic periodontal <i>Treatment</i>.</li> </ul>  |
| <i>Schedule of Procedures</i>   | <p>the schedule we use for providing <i>Benefits</i> which classifies <i>Surgical Operations</i> according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under Bupa schemes. Further information on the schedule is available on request.</p>   |
| <i>Specialist Drugs</i>         | <p>drugs and medicines to be used as part of your <i>Eligible Treatment</i>, which are not <i>Common Drugs</i> and are at the time of your <i>Treatment</i> included on our list of <i>Specialist Drugs</i> that applies to your <i>Benefits</i>. The drugs on the list may change from time to time. You can ask us whether a drug or medicine is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at <b><a href="https://bupa.co.uk/policyinformation">bupa.co.uk/policyinformation</a></b></p>  |
| <i>Surgical Implant</i>         | <p>any implant inserted into the jaw bone for the support or retention of crowns, bridges or dentures.</p>   |
| <i>Surgical Operation</i>       | <p>a surgical procedure or complex investigative/diagnostic procedure. This includes, if it is carried out as <i>In-patient Treatment</i>:</p> <ul style="list-style-type: none"> <li>■ all medically necessary <i>Treatment</i> related to the procedure</li> <li>■ all consultations carried out from the time you are admitted to a facility until the time you are discharged, or</li> </ul> <p>if it is carried out as <i>Out-patient Treatment</i>, the following if it is integral to the operation:</p> <ul style="list-style-type: none"> <li>■ all medically necessary <i>Treatment</i> related to the operation</li> <li>■ any consultation on the same day.</li> </ul> |

|                  |  |
|------------------|--|
| <i>Therapist</i> | <ul style="list-style-type: none"> <li>■ a chartered physiotherapist</li> <li>■ a British Association of Occupational Therapists registered occupational <i>Therapist</i></li> <li>■ a British and Irish Orthoptic Society registered orthoptist</li> <li>■ a Royal College of Speech and Language Therapists registered speech and language therapist</li> <li>■ a Society of Chiropodists and Podiatrists registered podiatrist, or</li> <li>■ British Dietetic Association registered dietitian who is Health and Care Professions Council registered and is on our list.</li> </ul> <p>The <i>Therapists</i> on the list may change from time to time. You can ask us whether a <i>Therapist</i> is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at <b><a href="https://finder.bupa.co.uk">finder.bupa.co.uk</a></b></p> |
| <i>Treatment</i> | surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.   |
| <i>Year</i>      | <p>when you first become a member under the scheme, this is the period beginning on your Start Date and ending on the day before the Renewal Date.</p> <p>For continuing members this is the period beginning on the Renewal Date and ending on the day before the next Renewal Date.</p>  |

# Section three:

## Protecting your information and rights

### 1 Status disclosure

#### About our people

The purpose of this booklet is to help you understand the scope of insurance services provided by Bupa Insurance Services Limited (trading name Bupa) and our regulatory status. The Staff at Bupa are trained and supervised to provide our customers and members with information only on Bupa's own range of insurance and health related services. Private health insurance, health expenses, dental and travel cover are provided by Bupa Insurance Limited.

#### About our status

Bupa Insurance Services Limited is an insurance intermediary, and cover is provided by Bupa Insurance Limited. These are a subsidiary of the British United Provident Association Limited. Bupa Insurance Services Limited acts as an agent of Bupa Insurance Limited in sourcing a suitable policy, placing the insurance and administering claims.

Our address is:

Bupa House, 15-19 Bloomsbury Way,  
London, WC1A 2BA

Phone: **020 7656 2000**

We may record or monitor our calls.

Fax: **020 7656 2700**

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website **[www.fca.org.uk](http://www.fca.org.uk)**

#### Getting in touch

The Bupa helpline is always the first number to call if you need help or support.

## 2 The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation.

Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or by visiting **[www.fscs.org.uk](http://www.fscs.org.uk)**

## 3 Cancellation

Cancellation: You may cancel your and/or your *Dependants'* membership by writing to us within 21 days of receiving the first membership certificate we send you, as long as you have not made any claims we will refund all of your subscriptions. After this period of time you can cancel your cover at anytime, we will refund any subscriptions you have paid relating to the period after your cover ends.

Your membership and that of your *Dependants* will automatically end if you do not pay your subscriptions on or before the date they are due, you stop living in the UK or we decide to end the scheme.

## 4 Statement of demands and needs

This product is generally suitable for customers who are looking to cover the cost of a range of healthcare expenses.

We have given you information about a range of Bupa products available to you so you can make a decision about the cover you require. We have not given you any advice about these products and how they meet your individual circumstances. If you have purchased through a financial adviser then please refer to the statement of demands and needs that they have provided you with.

Details of the policy, including its *Benefits*, exclusions and limitations can be found in this booklet. It is important that you read this to ensure it is suitable for you.



## 5 Bupa privacy notice

**Confidentiality:** The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, we comply with data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside of the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security, in addition to the obligations imposed by the Data Protection Act.

**Medical information:** Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care.

**Audit of medical and billing information:** When we process claims or investigate complaints on your behalf, Bupa may request and obtain further details from your treatment provider. The information may be sought either at the time of processing or subsequently, for the purposes of ensuring the accuracy of information and the quality of treatment and care. Please note, it is a term and condition of your policy that Bupa may obtain medical and billing information from your treatment provider relating to claims or complaints you may make.

**Member details:** All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the Main Member. Your membership and contact details may be shared by the companies in the Bupa group to enable us to

manage our relationship with you as a Bupa customer and update and improve our records. Depending on how your cover or policy has been funded or introduced, Bupa may share information with your employer and/or an appointed intermediary, solely for scheme administration purposes. Bupa does not make the names, addresses and other contact details of our members available to any other organisations to use for their own purposes.

**Telephone calls:** In the interest of continuously improving our services to members, We may record or monitor our calls.

**Research:** Anonymised or aggregated data may be used by us, or disclosed to others, for research or statistical purposes.

**Fraud:** Information may be disclosed to others with a view to detecting and/or preventing fraudulent or improper claims.

**Keeping you informed:** The Bupa group would, on occasion, like to keep you informed of the Bupa group's products and services that we consider may be of interest to you. If you do not wish to receive information about our products and services, or have any other data protection queries, please write to: Bupa UK Information Governance Team, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ or contact us via email at: [DataProtection@bupa.com](mailto:DataProtection@bupa.com)

## 6 Making a complaint

We are committed to providing a first class service at all times and will make every effort to meet the high standards we set. If you are dissatisfied in any way, then this is the procedure that you should follow.

If Bupa, or any representative of Bupa, did not sell you this policy and your complaint is about the sale of your policy, please contact the person who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you.

For any other complaints, our customer services department is the first number to call if you need help or support or if you have any comments or complaints. You can contact us in several ways:

- **By phone:**  
0800 010 383  
We may record or monitor our calls
- **In writing:**  
Customer Relations, Bupa, Salford Quays, Manchester, M50 3XL
- **By email:**  
customerrelations@bupa.com
- **Or via our website:**  
bupa.co.uk/members/  
member-feedback

Your complaint will be dealt with confidentially and will not affect how we treat you in the future.

If we cannot resolve your complaint immediately we will write to you, within five working days, to acknowledge receipt of it. We will then continue to investigate your complaint and aim to send you our full written final decision within 15 working days. If we are unable to resolve your complaint within 15 working days we will write to you to confirm that we are still investigating your complaint.

Within eight weeks of receiving your complaint we will either send you a full written final decision detailing the results of our investigation or send you a letter advising that we have been unable to complete the review of your complaint.

If you remain dissatisfied after receiving our final decision, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: Exchange Tower, London, E14 9SR or call them on **0800 023 4567** (free for fixed line users) or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02). For more information you can visit **[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)** While we are bound by the decision of the Financial Ombudsman Service, you are not.



Bupa health insurance is provided by:

Bupa Insurance Limited, registered in England and Wales  
No. 3956433, authorised by the Prudential Regulation  
Authority and regulated by the Financial Conduct Authority  
and the Prudential Regulation Authority.

Arranged and administered by Bupa Insurance Services  
Limited, registered in England and Wales No. 3829851,  
authorised and regulated by the Financial Conduct Authority.

Registered offices: Bupa House, 15-19 Bloomsbury Way,  
London WC1A 2BA

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