

Your 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 *Membership Certificate* which is unique to you and anyone else covered by your policy.

Bupa By You: Policy Benefits and Terms

Effective from 1 January 2021

These are the Policy Benefits and Terms of Bupa By You. They apply to any *Main Member* whose *Cover Start Date* is on or after the 'Effective from date' and to any *Dependants* included in their policy from that *Dependant's Cover Start Date*.

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 of this booklet.

How do I contact Bupa?

If you have queries about your cover or your *Benefits* we have provided a number you can call which you will find on your *Membership Certificate*.

You can also write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

For those with hearing or speech difficulties we use Relay UK which offers support for individuals who are deaf, hard-of-hearing, or speech-impaired. Relay UK allows for both smartphone and textphone communication:

- if you are using a smartphone, please download the Relay UK app and follow the steps outlined by the app. Then when you wish to make an outbound call just use the prefix **18001** followed by your helpline number and you will be connected, or
- if you are contacting us on a textphone please use the prefix **18001** followed by your helpline number.

To update your preferred contact method to Relay UK, please let one of our advisers know.

How do I make a claim?

We have included a 'Step by step guide to making a claim' in Section 2 of this booklet. You can also call *us* on the number on your *Membership Certificate* and *we* can talk you through the process.

Bupa Anytime HealthLine[^]

If you have any questions or worries about your health call *our* confidential Bupa Anytime HealthLine on **0345 601 3216[#]**. *Our* qualified nursing team is on hand 24 hours a day, so whatever your health question or concern, they have the skills and practical, professional experience to help.

Family Mental HealthLine[^]

If you are a parent or care for a young person, and have concerns about their mental wellbeing, *our* Family Mental HealthLine is available to provide advice, guidance and support. A trained adviser and/or mental health nurse will listen to what your family is experiencing and give you advice about what to do next.

Call *our* Family Mental HealthLine on **0345 266 7938[#]**. The young person does not have to be covered under your policy for you to be able to use this service.

[^]Bupa Anytime HealthLine and Family Mental HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

[#]Calls may be recorded and to maintain the quality of our service a nursing manager may monitor some calls always respecting the confidentiality of the call.

[†]Telephone support between 8am to 6pm Monday to Friday.

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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. At the *Cover Start Date* you must have been registered continuously with a *GP* for a period of at least six months, or have access to and be able to provide your full medical records in English.
2. Your *Membership 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 on your *Membership Certificate*. *We* also do not pay for any personal travel and/or accommodation costs which are not expressly set out in your *Benefits*.
3. *We* only pay up to the limits stated on your *Membership 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.
4. If your underwriting method shown on your *Membership Certificate* is:
 - **Underwritten:** *we* do not pay for *Treatment* for any Special Conditions detailed on your *Membership Certificate* or any *Pre-existing Conditions*, see your *Membership Certificate* for more details including what *we* mean by *Special Conditions*.
 - **Moratorium:** *we* do not pay for *Treatment* for Moratorium Conditions, see your *Membership Certificate* for more details including what *we* mean by Moratorium Conditions.
5. 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 *Membership Certificate*.
6. All *Treatment* must be carried out in a *Recognised Facility* in the *UK*, and provided by a *Consultant*, medical practitioner or healthcare professional who is recognised by *us* for the *Treatment* you need on the date you receive that *Treatment*, unless *we* specifically authorise otherwise in a particular case. You can ask *us* whether at the time of your *Treatment*:
 - a facility is a *Recognised Facility*
 - a practitioner is a *Recognised Practitioner*
 - a *Consultant*, medical practitioner or healthcare professional is recognised by *us* for remote consultations.

You can also access these details at finder.bupa.co.uk

7. If the *Treatment* you need is not available in the *UK* and would have been *Eligible Treatment* except for it not being available in the *UK*, we will pay you a contribution up to the cost that we would have paid to you to have the standard alternative *Treatment* available in the *UK*. Before the *Treatment* starts you must have our written confirmation that these criteria have been met and we need full clinical details from your *Consultant*, including confirmation that the *Treatment* is not available in the *UK*, before we can determine this. You will need to settle the claim direct to the medical provider or treatment facility yourself and submit your receipts to us before we reimburse you up to the level of the standard *Treatment* available in the *UK*. (See General Exclusion GE14 Experimental Drugs and Treatment.)
8. There must be a *Consultant* with overall responsibility for your *Treatment*, unless you are referred by:
- a *Consultant*
 - our Direct Access service (see paragraph 2.2 in the Claiming section of this booklet for details of the Direct Access service)
 - a *GP* (including via a digital *GP* service), or
 - another healthcare practitioner (the situations in which we will accept such a referral are set out on [bupa.co.uk/referrals](https://www.bupa.co.uk/referrals))

for *Out-patient Treatment* carried out by a *Consultant, Therapist, Mental Health and Wellbeing Therapist* or other *Recognised Practitioner*.

9. We do not pay for *Treatment* of *Chronic Conditions*. However, we will pay for *Eligible Treatment* 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*. See General Exclusion GE5 *Chronic Conditions*.

10. **Information about cover for children aged 17 or under:** Some private hospitals do not provide services for children or have restricted services available for children, so *Treatment* may be offered at an *NHS* hospital. You can ask us about *Recognised Facilities* where paediatric services are available or you can find them on finder.bupa.co.uk

Where *In-patient* or *Day-patient Eligible Treatment* is required, children are likely to be treated in a general children's ward. This is in line with good paediatric practice.

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.

Remote consultations by telephone or via any other remote medium with a *Consultant* recognised by us to carry out remote consultations.

Excluded Treatment

See General Exclusion GE5 *Chronic Conditions*

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* or *Recognised Practitioner*, recognised by us to carry out remote consultations.

Provider charges for *Out-patient Treatment* which is related to and is an integral part of your *Out-patient Treatment* including *Recognised Facility* charges for a *Prosthesis* or *Appliance* needed as part of that *Out-patient Treatment*. We treat these charges as falling under this Benefit B1.2.

Therapists' fees for Out-patient Eligible Treatment for short-term speech therapy when it is part of *Eligible Treatment*, eg after a stroke and takes place during or immediately following the *Eligible Treatment*.

The speech therapy must be provided by a *Therapist* who is a member of the Royal College of Speech and Language Therapists.

Excluded Treatment

See General Exclusion GE23 *Speech Disorders*

Benefit B1.3 Diagnostic Tests

Included Eligible Treatment

When requested by a *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 and Out-patient Surgical Operations

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*.

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 *Membership Certificate* must state that *Eligible Treatment for Cancer* is included.

Excluded Treatment

See General Exclusion GE5 *Chronic 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

This benefit cannot be claimed at the same time as Benefit A3.1, Benefit A4.1 or Benefit A4.2 for the same *Treatment*

Included Eligible Treatment

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

- treat a jaw bone 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.

When this benefit is payable we pay on the same basis and up to the same limits as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7.

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.

When this benefit is payable we pay on the same basis and up to the same limits as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7.

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.

Eligible Treatment for cataract surgery using ultrasonic emulsification.

When this benefit is payable we pay on the same basis and up to the same limits as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7.

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
- stillbirth
- 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*.

When this benefit is payable we pay on the same basis and up to the same limits as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7.

Excluded Treatment

See General Exclusion GE20 Pregnancy and Childbirth

Benefit B2.6 Cosmetic or Reconstructive Treatment

Included Eligible Treatment

An *Eligible Surgical Operation* for an excision of a lesion if any of the following criteria are met:

- a biopsy or clinical appearance indicates that disease is present
- the lesion obstructs one of your special senses (vision/ smell/ hearing) or causes pressure on other organs, or
- the lesion stops you from performing the *Activities of Daily Living*.

Before any *Treatment* starts you must have *our* confirmation that one of the above criteria has been met and *we* need full clinical details from your *Consultant* before *we* can determine this. If *benefits* are payable they are dealt with in the same way as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7.

Eligible Surgical Operations to restore the appearance of the specific part of your body that has been affected:

- by an accident, or
- if your *Benefits* include cover for *Cancer Treatment*, as a direct result of surgery for *Cancer*

when all the following apply:

- the accident or the *Cancer* surgery takes place during your current continuous period of being a member under this scheme and/or a member of another *Bupa* scheme and/or beneficiary under a trust administered by Bupa eligible to receive benefits for this type of *Treatment* provided there has been no break in your being a member of this scheme and/or member and/or beneficiary as applicable, and
- this is part of the original *Eligible Treatment* resulting from the accident or *Cancer* surgery.

Eligible Surgical Operations to restore appearance include those for the purposes of symmetry (eg surgery to a healthy breast to make it match a breast reconstructed following cancer surgery). Once the initial *Eligible Treatment* to restore your appearance is complete (including delayed surgery, such as delayed breast reconstructions) *we* do not pay for repeat surgeries or reconstructions, or further *Treatment* to restore or amend your appearance.

Before any *Treatment* starts you must have *our* confirmation that the above criteria have been met and *we* need full clinical details from your *Consultant* before *we* can determine this. When this benefit is payable *we* pay on the same basis and up to the same limits as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7 and for *Cancer Treatment* B4.

We do not pay for more than the one course/one set of *Eligible Surgical Operations* or for repeat cosmetic procedures.

Excluded Treatment

See General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment

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, Complementary Therapy Practitioner* or *Mental Health and Wellbeing Therapist*.

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 aged 18 or over.

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 needed as an essential part of your private *Eligible Treatment* when it is required routinely by patients undergoing the same type of *Treatment* as yours and:

- you are receiving your *Eligible Treatment* in a *Recognised Facility* equipped with a *Critical Care Unit*, and
- the intensive care is carried out in that *Critical Care Unit*.

Intensive care needed as part of your *Eligible Treatment* when unforeseen circumstances arise from a medical or surgical procedure that does not routinely require intensive care is only covered when you are receiving your *Eligible Treatment* in a *Recognised Facility* and either:

- the *Recognised Facility* is equipped with a *Critical Care Unit*, and your intensive care is carried out in that *Critical Care Unit*, or
- the *Recognised Facility* is not equipped with a *Critical Care Unit* but has a prior agreement with us to follow an emergency protocol agreed with another *Recognised Facility* that is equipped with a *Critical Care Unit*, which is either adjacent or is part of the same group of companies, and you are transferred under that prior emergency protocol and your intensive care is carried out in that *Critical Care Unit*.

In these circumstances your *Consultant* or *Recognised Facility* should contact us at the earliest opportunity.

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, and
- 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

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*.

Recognised Facility charges for short-term speech therapy when it is part of *Eligible Treatment*, eg after a stroke and takes place during or immediately following the *Eligible Treatment*. The speech therapy must be provided by a *Therapist* who is a member of the Royal College of Speech and Language Therapists.

Excluded Treatment

See General Exclusion GE23 Speech Disorders

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*.

By Prosthesis and Appliance we mean any of those on *our* lists of prostheses and appliances for the relevant *Benefit* and type of *Treatment* at the time of the *Eligible Treatment*. The lists will change from time to time. Details are available on request or at 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 when you do not have acute symptoms that are directly related to that Prosthesis or Appliance.

See General Exclusion GE19 Physical aids and Devices

Benefit B4 Cancer Treatment

Benefit B4.1 Cancer Cover

You are only covered for this benefit after a diagnosis of *Cancer* has been confirmed.

In addition to Benefits B4.1.1 to B4.1.5, fees and charges for *Eligible Treatment* for *Cancer* are paid on the same basis as *Eligible Treatment* for other conditions as set out in Benefits B1.4, B2, B3, B6 and B7.

Benefit B4.1.1 Out-patient Consultations for Cancer

Included Eligible Treatment

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

Remote consultations by telephone or via any other remote medium with a *Consultant* recognised by *us* to carry out remote consultations.

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

Included Eligible Treatment

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

Remote consultations by telephone or via any other remote medium with a *Therapist* or *Recognised Practitioner* recognised by *us* to carry out remote consultations.

Benefit B4.1.3 Out-patient Diagnostic Tests for Cancer

Included Eligible Treatment

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

If you are being treated for *Cancer*, and your *Consultant* has:

- demonstrated that you are at high risk of recurring *Cancer*, due to having triple negative breast *Cancer*, strong family history and/or through the use of a validated risk scoring system in line with NICE guidelines, and
- recommended that you receive a genetically-based test to evaluate future risk of developing further *Cancers*, we pay for this test as well as *Eligible Treatment* for the recommended prophylactic surgery when it is recommended by your *Consultant*. Before you have any tests, procedures or *Treatment* you must have our written confirmation that the above criteria have been met and we will need full clinical details from your *Consultant* before we can determine this.

Excluded Treatment

See General Exclusion GE21 Screening, Monitoring and Preventive Treatment

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* either:

- when they can only be dispensed by a hospital and are not available from a *GP*, or
- when they are available from a *GP* and you are prescribed an initial small supply on discharge from the *Recognised Facility* to enable you to start your *Treatment* straight away.

Excluded Treatment

We do not pay for any *Common Drugs, Advanced Therapies and Specialist Drugs* that are otherwise available from a *GP* or are available to purchase without a prescription. We do not pay for any complementary, homeopathic or alternative products, preparations or remedies for *Treatment of Cancer*.

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 B4.1.5 Experimental Drug Treatment for Cancer

Included Eligible Treatment

We pay for experimental drug *Treatment* for *Cancer* subject to the following criteria:

- the use of this drug *Treatment* follows an unsuccessful initial licensed *Treatment* where available, and
- you speak regularly to *our* nurse, as *we* may reasonably require in order to allow *us* to effectively monitor your *Treatment* and provide support, and
- the drug *Treatment* has been agreed by a multidisciplinary team that meets the NHS Cancer Action Team standards defined in The Characteristics of an Effective Multidisciplinary Team (MDT), and
- for the proposed *Treatment* *we* are provided with an MDT report, which includes one of the following:
 - evidence that the drug *Treatment* has been found to have likely benefit on your condition through a predictive genetic test where appropriate/available, or
 - evidence there is a European Medicines Agency (EMA) licence for the drug used to treat your condition and the drug is used within its licensed protocol, or
 - evidence that at least one NHS/National Comprehensive Cancer Network (NCCN)/European Society for Medical Oncology (ESMO) protocol exists, with supporting phase III clinical trial evidence, for your exact condition (ie the specific indication including tumour type, staging and phase of *Treatment* if relevant), or
 - evidence that the drug *Treatment* has published phase III clinical trial results showing that it is safe and effective for your condition.

Before starting this type of *Treatment* you must have *our* confirmation that the above criteria have been met and *we* need full clinical details from your *Consultant* before *we* can determine this.

Excluded Treatment

See General Exclusion 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, drug therapy or *Surgical Operation* you need to treat your *Cancer* is not available to you from the *NHS*, and
- what is not available to you from the *NHS* does not consist solely of supportive medicines for *Cancer* or diagnostic tests or investigations, 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 B4.1.

If you have cover for benefits CB2 and CB3

If the above criteria apply and you have *Eligible Treatment* for *Cancer* as set out in benefit 4.1 but have part of your *Cancer Treatment* provided under the *NHS* *we* pay *NHS* cash benefits as set out in benefits CB2 and CB3 for that part of your *Cancer Treatment* received in the *NHS* if it would otherwise have been covered under your *Benefits* for private *Treatment*.

Benefit B5 Mental Health Treatment

We pay for *Mental Health Treatment* as set out in this Benefit B5. Your *Mental Health Treatment* must be provided by a *Consultant* psychiatrist or a *Mental Health and Wellbeing Therapist*.

We do not pay for *Treatment* of dementia, behavioural or developmental problems. Cover is subject to the limits shown on your *Membership Certificate*.

Benefit B5.1 Out-patient Mental Health Treatment

Included Eligible Treatment

We pay *Consultant* psychiatrists' and *Mental Health and Wellbeing Therapists'* fees and *Recognised Facility* charges for *Mental Health Treatment* as listed overleaf.

Benefit B5.1.1 Out-patient Consultations and Treatment

Included Eligible Treatment

Consultant psychiatrists' fees for *Out-patient* consultations as part of *Eligible Treatment* of a *Mental Health Condition* and for *Out-patient Mental Health Treatment*.

Remote consultations by telephone or via any other remote medium with a *Consultant* psychiatrist recognised by us to carry out remote consultations.

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. Access to an online supported therapy programme/service. The online therapy is based on guided self-help and you must use the online programme/service we direct you to.

Remote consultations by telephone or via any other remote medium with a *Mental Health and Wellbeing Therapist* recognised by us to carry out remote consultations.

Benefit B5.1.3 Diagnostic Tests

Included Eligible Treatment

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

We pay for eligible diagnostic tests to rule out attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) when a *Mental Health Condition* is suspected. You must have *our* confirmation before any diagnostic tests are carried out that the above criterion has been met and we need full clinical details from your *Consultant* before we can determine this.

Excluded Treatment

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

See General Exclusion GE18 Learning Difficulties, Behavioural and Developmental Problems.

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

Included Eligible Treatment

Consultant psychiatrists' fees and Recognised Facility charges for Mental Health Day-patient Treatment and In-patient Mental Health Treatment.

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

Your Membership Certificate shows the maximum number of days that we will pay for in relation to Mental Health Day-patient Treatment and In-patient Mental Health Treatment.

We only pay for one addiction Treatment programme in your lifetime of being covered under a Bupa health insurance policy and/or a beneficiary of a Bupa administered trust. This applies to all Bupa health insurance policies and/or Bupa administered trusts that you have been covered under and/or a beneficiary of in the past or may be in the future, whether your being covered under a health insurance policy and/or your being a beneficiary under a trust is continuous or not. By addiction Treatment programme we mean a period of Eligible Treatment carried out as In-patient Mental Health Treatment and/or Mental Health Day-patient Treatment for the Treatment of substance related addictions or substance misuse, including detoxification programmes.

Benefit B5.3 Treatment otherwise excluded by General Exclusions

We pay for Mental Health Treatment of mental health symptoms related to or arising from a condition for which Treatment is otherwise excluded by the following General Exclusions in the 'General Exclusions: What is not covered' section of this membership guide:

General Exclusion GE1 Ageing, Menopause and Puberty

General Exclusion GE2 Accident and Emergency Treatment

General Exclusion GE3 Allergies, Allergic Disorders or Food Intolerances

General Exclusion GE4 Birth Control, Conception, Sexual Problems and Gender Dysphoria or Reassignment

General Exclusion GE5 Chronic Conditions

General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment

General Exclusion GE10 Deafness

General Exclusion GE12 Dialysis

General Exclusion GE15 Eyesight

General Exclusion GE18 Learning Difficulties, Behavioural and Developmental Problems

General Exclusion GE20 Pregnancy and Childbirth

General Exclusion GE21 Screening, Monitoring and Preventive Treatment

General Exclusion GE22 Sleep Problems and Disorders

General Exclusion GE23 Speech Disorders

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

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, and
- 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.

You must have *our* written confirmation before the home nursing starts that the above criteria have been met and we need full clinical details from your *Consultant* before we can determine this.

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 Not used

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

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 Benefits

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

We do not pay this *NHS Cash Benefit* when your admission and discharge occur on the same date.

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

Except for *NHS Cash Benefit* for *Eligible Treatment* for *Cancer Treatment* taken by mouth in Benefit CB3 we do not pay this Benefit CB1 at the same time as any other *NHS Cash Benefit* for *NHS In-patient Treatment*.

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* when it follows a diagnosis of *Cancer* (including blood transfusions 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

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

Except for *NHS Cash Benefit* for *Eligible Treatment* for *Cancer Treatment* taken by mouth in Benefit CB3 we do not pay this Benefit CB2 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 Cancer Treatment* carried out as *Out-Patient Treatment*, *Day-Patient Treatment* or in your home which we would have covered for private *Out-Patient* or *Day-Patient Treatment* or *Treatment at home* we pay this *NHS Cash Benefit* as follows:

- for each day you receive radiotherapy and/or proton beam therapy in a hospital setting
- for each day you receive IV-chemotherapy *Treatment*
- for each day on which you have a consultation with your consultant and they provide you with a prescription for *Cancer Treatment* taken by mouth
- for the day on which you undergo a *Surgical Operation*.

Where we refer to '*Cancer Treatment* taken by mouth' we mean:

- chemotherapy, or
- one of the following biological therapies:
 - monoclonal antibodies (MABs)
 - blood cell growth factors
 - cancer growth blockers
 - drugs that block cancer blood vessel growth (anti-angiogenics)
 - immunotherapy (including Interferon and Interleukin 2)
 - gene therapy, or
 - hormonal therapy

that can only be prescribed under a consultant's supervision and is not available from a *GP* and which you take by mouth.

For *Cancer Treatment* taken by mouth we pay this benefit CB3 at the same time as another NHS Cash Benefit you may be eligible for under your Benefits on the same day.

Excluded Treatment

Except for *NHS Cash Benefit* for eligible *Cancer Treatment* taken by mouth this benefit CB3 is:

- not payable at the same time as any other *NHS Cash Benefit* for *NHS Treatment* and
- only payable once, even if you have more than one *Eligible Treatment* on the same day.

Benefit CB4 Procedure Specific NHS Cash Benefit

Included Eligible Treatment

We pay Procedure Specific NHS Cash Benefit in relation to certain specific *Treatment* provided to you free of charge under the *NHS*. We only pay Procedure Specific NHS Cash Benefit if your *Treatment* would otherwise have been covered for private *Treatment* under your *Benefits*. We pay your Procedure Specific NHS Cash Benefit directly to the *Main Member*. For information on Procedure Specific NHS Cash Benefits please call **us** or go to **bupa.co.uk/pscb**. These cash benefits may change from time to time.

Excluded Treatment

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

Except for *NHS Cash Benefit* for *Eligible Treatment* for *Cancer Treatment* taken by mouth in Benefit CB3 we do not pay this Benefit CB4 at the same time as any other *NHS Cash Benefit* for *NHS In-patient Treatment*.

Benefits A Add-ons

At renewal if these Add-ons no longer meet your current needs, you can change or cancel them without cancelling your main product. If you do change or cancel any of these benefits your ability to claim for them will also change. It may also change your total monthly and annual payment for cover.

Benefit A1 Complementary Therapies Cover

Included Eligible Treatment

We pay *Complementary Therapy Practitioners'* fees up to the maximum annual benefit limit shown on your *Membership 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 on your *Membership 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 *Cover Start Date*
- once in any *Year*.

Benefit A3 Health Expenses Cover

Included Eligible Treatment

Your *Membership 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 on your *Membership Certificate*.

Benefit A3.1 Dental Cash Benefit

This benefit cannot be claimed at the same time as Benefit A4.1, Benefit A4.2 or Benefit B2.2 for the same Treatment

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

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

Benefit A4 Dental Cover

Included Eligible Treatment

Your *Membership 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 deliberately self-inflicted injury
- self-administered drugs such as antibiotics and painkillers or prescription charges.

Benefit A4.1 Dental Cover 20

This benefit cannot be claimed at the same time as Benefit A3.1 or Benefit B2.2 for the same *Treatment*

Included Eligible Treatment

We pay the proportion shown on your *Membership Certificate* of the amount you pay (up to the maximum annual benefit limit also shown on your *Membership 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 the date you started your current continuous period of cover for this Benefit A4.1 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

This benefit cannot be claimed at the same time as Benefit A3.1 or Benefit B2.2 for the same *Treatment*

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 the date you started your current continuous period of cover for this Benefit A4.3 (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

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 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, and immediately follow, the *In-patient Treatment* and take place at a *Recognised Facility*
- start within 42 days from and including the date you first receive that *In-patient Treatment*
- be part of a personalised programme involving at least two *Therapists*, each from a different specialism not including occupational therapy, and
- be led or supported by a *Consultant* trained and accredited in Rehabilitation Medicine, and
- your *Consultant* must confirm to *us* that you are physically and mentally able to start the rehabilitation programme within the defined timescales.

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 pay for *Treatment* to manage the symptoms of a terminal illness or disease from the date on which your *Consultant* tells you that your ongoing *Treatment* will be to support your end of life care only and you will not receive *Treatment* that is intended to halt or improve the terminal illness or disease itself. We then pay all charges and fees for the *Treatment* you need in accordance with, and on the same basis as, your other *Benefits* (including Discretion GD1 Treatment at home), for a maximum period of 21 consecutive days. We only pay for this once in your lifetime.

Excluded Treatment

See General Exclusion GE24 Temporary Relief of Symptoms

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. For example, we do not pay for the *Treatment* of acne arising from natural hormonal changes.

General Exclusion GE2 Accident and Emergency Treatment

Excluded Treatment

- *Treatment*, including immediate care, received during a visit to an *NHS* or private accident and emergency (A&E) department, urgent care centre or walk in clinic.
- *Treatment* received following an admission via an *NHS* or private A&E department, urgent care centre or walk-in clinic until after you are referred by a *Consultant* for *Eligible Treatment* in a *Recognised Facility*. In these circumstances, before you receive any *Treatment*, you should contact us as soon as reasonably possible to confirm whether your *Treatment* is covered under your *Benefits* as you are responsible for any costs you incur that are not covered under your *Benefits*.

Please also see 'Benefit 3.2.4 Intensive Care' in the section Benefits and 'Exclusion GE17 Intensive Care (other than routinely needed after private day-patient or in-patient treatment)' in this section.

General Exclusion GE3 Allergies, Allergic Disorders or Food Intolerances

Excluded Treatment

Treatment:

- to de-sensitise or neutralise any allergic condition or disorder, or
- of any food intolerance.

Once a diagnosis of an allergic condition or disorder or food intolerance has been confirmed we do not pay for any further *Treatment*, including diagnostic tests, to identify the precise allergen(s) or foodstuff(s) involved – this means, for example, if you are diagnosed with a tree nut allergy we will not pay for further investigations into which specific nut(s) you are allergic to.

General Exclusion GE4 Birth Control, Conception, Sexual Problems and Gender Dysphoria or Reassignment

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
- *Gender Dysphoria* or gender reassignment,

or any condition arising from any of these. Also see General Exclusion GE20 Pregnancy and Childbirth.

General Exclusion GE5 Chronic Conditions

Excluded Treatment

Treatment of Chronic Conditions.

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*. You can ask us if a condition is covered.

When you are receiving *In-patient Treatment*, in making our decision on whether your condition is, or has become, a *Chronic Condition*, we will consider the period of days during which there has been no change in your clinical condition or change in your *Treatment*.

We do not consider *Cancer* as a *Chronic Condition*. We explain what we pay for *Eligible Treatment* of *Cancer* in Benefit B4 Cancer Treatment in the Benefits Table section of this booklet.

We do not consider a *Mental Health Condition* as a *Chronic Condition*. We explain what we pay for *Eligible Treatment of Mental Health Conditions* in Benefit 5 Mental Health Treatment in the Benefits Table section of this booklet.

Also see General Exclusion GE24 Temporary Relief of Symptoms.

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 causing chemical, biological, radioactive or nuclear contamination, civil disturbances, acts against any foreign hostility where war has not been declared, or any similar cause, or
- chemical, biological, 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 Therapy Practitioner or Mental Health and Wellbeing Therapist*.

Exception

In relation to *Treatment*, see General Discretion GD2 Rehabilitation

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*.

Exception

See Benefit B2.6 Cosmetic or Reconstructive 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

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.

Exception

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.

Exception

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). Licensed gene therapy, somatic-cell therapy or tissue engineered medicines for conditions other than *Cancer* that have not been tested in phase III clinical trials will be considered experimental.

Exception

See Benefit B4.1.5 Experimental Drug Treatment for Cancer

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.

Treatment for laser-assisted cataract surgery.

Please note: this General Exclusion GE15 does NOT apply to Add-on *Benefits* A3.2 Optical Cash Benefit.

Exception

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 the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events materially in excess of normal expectancy, or as otherwise defined by the World Health Organisation (WHO). 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:

- direct admission into a *Critical Care Unit* at the point of admission, such as following:
 - an *NHS* transfer to a *Recognised Facility*
 - an *Out-patient* consultation
 - a *GP* referral
 - repatriation
 - private facility to private facility transfer
- 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*.

Exception

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) and Autistic Spectrum Disorder (ASD), or developmental problems, such as shortness of stature.

Exception

See Benefit B5.1.3 Diagnostic Tests (in relation to mental health conditions).

General Exclusion GE19 Physical Aids and Devices

Excluded Treatment

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

Exception

See Benefits B1.2 Out-patient Therapies and 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 Gender Dysphoria or Reassignment, GE21 Screening, Monitoring and Preventive Treatment and GE5 Chronic Conditions.

Exception

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 or 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
- preventive *Treatment*, procedures or medical services (including vaccinations)
- 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.

Exception

See Benefit B4.1.3 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.

Exception

See Benefit B3.2.6 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.

Exception

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

General Exclusion GE25 Advanced Therapies and Specialist Drugs

Excluded Treatment

We do not pay for:

- any gene therapy, somatic-cell therapy or tissue engineered medicines that are not on the list of *Advanced Therapies* that applies to your *Benefits*
- any drugs or medicines that are neither *Common Drugs* nor *Specialist Drugs* for which a separate charge is made by your *Recognised Facility*.

Section two:

Policy terms

Bupa By You health insurance

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

Your *Membership 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.

Eligibility

To be eligible for this cover the *Main Member* and *Dependants* must:

- be *Resident* in the UK
- at the *Cover Start Date* have been registered continuously with a *GP* for a period of at least six months, or have access to and be able to provide their full medical records in English, and
- not receive payment for taking part in sports.

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 *Membership Certificate* names any *Dependants* you have asked *us* to cover. Where *we* refer to "you" in these Terms, Benefits Table and on your *Membership 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 your *Cover Start Date* and *Cover End Date*, are listed on your *Membership 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 on your *Membership 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 *Membership 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)) in advance throughout your membership. Bupa Insurance Services Limited acts as *our* agent for arranging and administering your policy. Subscriptions are collected by Bupa Insurance Services Limited as *our* agent for the purpose of receiving, holding and refunding subscriptions and claims monies. 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 write to tell the *Main Member or Dependant* having *Treatment* (when aged 16 and over) when there is an amount for them to pay in relation to any claim (for example, if they have an excess amount to pay) and who payment should be made to.
- 1.3 *We* only pay *Benefits* for *Treatment* you receive while you are covered under the policy and *we* only pay *Benefits* in accordance with the cover that applies to you on the date the *Treatment* takes place. *We* do not pay for any *Treatment*, including any *Treatment* *we* have pre-authorised, that takes place on or after the date your cover ends.
- 1.4 *We* do not have to pay a claim if you or a *Dependant* break any of the terms and conditions of membership, which are related to the claim. If there is reasonable evidence that you or a *Dependant* did not take reasonable care in answering *our* questions (by this *we* mean giving false information or keeping necessary information from *us*) then if this was:
- intentional, *we* may treat your or (if applicable) your *Dependant's* cover as if it never existed and refuse to pay all claims
 - careless, then depending on what *we* would have done if you or they had answered *our* questions correctly, *we* may treat your or (if applicable) your *Dependant's* cover as if it never existed and refuse to pay all claims (in which case you may need to repay any claims *we* have paid and *we* will return any subscriptions you have paid in respect of your or (if applicable) your *Dependant's* cover), change your or their cover, or *we* could reduce any claim payment.
- 1.5 Your agreement is for one year's insurance. However, your cover will renew automatically each *Year*, subject to 1.6.1 to 1.6.4 below, as long as you continue to pay your subscriptions and any other charges, unless *we* decide to close Bupa By You Health Insurance.
- 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 606 6739** (*we* may record or monitor *our* calls) or writing to *us*: **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**. *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, or any other payment you have to make in respect of the cover, on or before the date they are due. In the event of your membership terminating as a result of your failing to pay subscriptions in respect of your membership, on the due date, *we* may at *our* sole discretion permit your membership and that of your *Dependants* to continue, on condition that the overdue subscriptions payable in respect of your membership are received by *us* within 30 days of the due date
 - you stop being *Resident* in the *UK*, or
 - *we* do not have the correct address for you, and *we* are unable to confirm your correct address after using reasonable efforts to do so, then *we* will cancel your policy at renewal as *we* will not be able to confirm that you still require cover
 - 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 being *Resident* in the *UK*
 - the *Dependant* dies.

It is your responsibility to tell *us* if any of these happen.

- 1.6.4** *We* can end a person's membership in the circumstances set out in 1.4 above.
- 1.6.5** *We* can cancel or refuse to renew a *Main Member's* or a *Dependant's* cover if, in *our* reasonable opinion, *our* relationship with that *Main Member* or *Dependant* has broken down. Such circumstances include but are not limited to:
- being abusive to *our* staff or providers
 - issuing court proceedings entirely without merit
 - any action which leads *us* to believe the member will not act in good faith in their dealings with *us*.

- 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*.

If your 'Underwriting method' on your *Membership Certificate* is 'Underwritten' *we* will not add any personal exclusions or restrictions to your cover for medical conditions that:

- start after your *Effective Underwriting Date*, so long as you gave *us* all the information *we* asked for before the *Effective Underwriting Date*
- start before your *Effective Underwriting Date*, where you gave *us* all the information *we* asked for and *we* accepted the condition.

If your 'Underwriting method' on your *Membership Certificate* is 'Moratorium' *we* will not add any personal exclusions or restrictions to your cover for medical conditions that start before your *Moratorium Start Date* where the requirements specified on your *Membership 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 you do not accept any of the changes you can cancel your Bupa By You health insurance policy within the later of:

- 28 days of the date on which the change takes effect, or
- 28 days of *Bupa* telling you about the change.

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 on your *Membership 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) being *Resident* in the UK.

1.10 We will send all membership documents to the *Main Member*. All claims correspondence is sent to the *Main Member*, or to the *Dependant* having the *Treatment* when they are aged 16 and over. 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.

1.14 **Private Healthcare Information Network** You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: www.phin.org.uk

2. Claiming

2.1 Step by step guide to making a claim

Being referred for treatment

Your consultation or *Treatment* must follow an initial referral by:

- our Direct Access service, if you have cover for it. For details about cover for Direct Access and how it works see 2.2 Direct Access service in this section
- a *GP* (including via a digital *GP* service), or
- another healthcare practitioner. The situations in which we will accept such a referral are set out on [bupa.co.uk/referrals](https://www.bupa.co.uk/referrals)

Step 1 Find out if the Direct Access service is available to you

For certain medical conditions you can call *us* directly for a referral to a *Consultant*, *Therapist*, or *Mental Health and Wellbeing Therapist* usually without consulting a *GP*, and we call this *our* Direct Access service. For details about cover for Direct Access and how it works please see paragraph 2.2 'Direct Access service' on page 37.

Step 2 If Direct Access is not available (or if you prefer) – consult a GP for an open referral

Sometimes, when you have had a consultation with another healthcare practitioner before consulting a *GP* and they believe referral to a *Consultant* is appropriate, a *GP* appointment may not be clinically necessary. The situations in which we will accept such a referral are set out on [bupa.co.uk/referrals](https://www.bupa.co.uk/referrals) or you can call *us*.

The *GP* will assess if you need to go to see a *Consultant*. If they decide that you do and:

- your *Benefits* include cover for *Out-patient* consultations, diagnostic tests and therapies before hospital *Treatment*, ask the *GP* for an 'open referral' (unless a paediatric referral is required – see 'Referrals for children' below). This allows *us* to offer you a choice of nearby *Recognised Practitioners* covered under your *Benefits*. Some *GPs* may prefer to give a 'named referral' to a certain *Consultant*, however, you should call *us* before you make an appointment to confirm that we recognise them under your cover, to avoid your being liable to pay.
- your *Benefits* do not cover *Out-patient* consultations, diagnostic tests or therapies before a diagnosis of your condition and hospital *Treatment*, you will need to choose whether to pay yourself for a private *Out-patient* consultation, diagnostic test or therapy or use the *NHS*. If you decide to pay yourself call *us* and we can talk through your options and help you find a *Recognised Practitioner* covered under your *Benefits* in case you should go on to need hospital *Treatment*.

Referrals for children aged 17 or under: It is not always possible for *us* to find you a paediatric *Consultant* so when a paediatric referral is required we ask that you obtain a named referral from a *GP*.

Step 3 Call us

Call the number on your *Membership Certificate* and we will talk you through your options. We will explain which nearby *Consultants*, facilities and healthcare professionals are covered under your *Benefits* and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us.

If your *Consultant* recommends further tests or *Treatment*, it is important you check back with us to obtain further pre-authorisation.

We strongly advise you to call us before arranging or receiving any *Treatment* to pre-authorise it, as you will be responsible for paying any fees or charges that are not covered under your *Benefits*.

Claims checklist

To help us make the claims process as simple and swift as possible, please have the following information close to hand when you call us:

- your *Bupa* membership number
- details of the condition you are suffering from
- details of when your symptoms first began
- details of when you first consulted a *GP* about your condition
- details of the *Treatment* that has been recommended.

2.2 Direct Access service

Our Direct Access service can help provide a fast and convenient way for you to access *Eligible Treatment* for certain medical conditions without the need for a *GP* referral. Age limits apply to who can use the service. Further details about the Direct Access service, including the age limits that apply, can be found on bupa.co.uk/direct-access or you can call us.

Please note:

- if your *Membership Certificate* shows your underwriting method as 'Underwritten', before a referral for *Treatment* can be made through our Direct Access service you may need to provide us with certain information to establish that your condition is not a *Pre-existing Condition* – please see paragraph 2.5 and 2.6 on pages 38 and 39 for full details
- if your *Membership Certificate* shows your underwriting method as 'Moratorium', before using the Direct Access service you will need to follow the standard process for claiming to establish that your condition is not a moratorium condition – please see paragraphs 2.4 and 2.6 on pages 38 and 39 for full details
- if an individual *Out-patient* limit applies to your cover as shown on your *Membership Certificate* and you have used all your *Out-patient* limit for the *Year*, you can still use the Direct Access service but any *Out-patient* consultations, diagnostic tests or therapies you are referred for would not be covered under your *Benefits*
- if your *Benefits* do not cover *Out-patient* consultations, diagnostic tests and therapies before diagnosis of your condition and hospital *Treatment*, you can still use the Direct Access service, but any *Out-patient* consultations or therapies the Direct Access service may refer you for would not be covered under your *Benefits*.

The charge for any telephone assessments required as part of *our* Direct Access process will not:

- erode your *Out-patient* benefit limit if you have one, nor
- be subject to your excess if one applies to your cover.

If you go on to receive and claim for *Eligible Treatment* following referral by *our* Direct Access service, that *Treatment* will be treated as a normal claim under your cover.

General information on claiming

2.3.1 *Treatment* costs are only covered when:

- the person with responsibility is a *Consultant*. The only exception to this is where a *GP*, *Consultant* or *our* Direct Access service refers you 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.

2.3.2 Any *Treatment* must be provided in the *UK*.

2.4 **If you need to make a claim and your *Membership Certificate* says that your underwriting method is 'Moratorium':** 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 a *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.

2.4.1 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*.

2.4.2 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.

2.5 **If you need to make a claim and your *Membership Certificate* shows your underwriting method is 'Underwritten':** it is important that you complete and send *us* the *Application Form* for you and/or for your *Dependants* if the special conditions section of your *Membership Certificate* states that *we* require you to do so. Until you have completed this *we* won't be able to confirm exactly what your policy covers you and/or your *Dependants* for, meaning your claims might take longer for *us* to process or you might not be eligible to claim for *Treatment* you need.

2.5.1 When you call your helpline to pre-authorise your *Treatment* *we* will confirm if the *Treatment* is eligible under your cover and if so the *Benefits* available to you and, if you wish to make a claim, tell you whether you need to complete a claim form.

2.5.2 If you do not need to complete a claim form, we will treat your call 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*.

2.5.3 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.

2.6 Providing us with information

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.

Medical reports – when we need more information from your doctor

2.6.1 When we need to ask your doctor for more information, in writing about your consultation, tests or treatment for insurance purposes, we will need your permission. The **Access to Medical Reports Act 1988** or the **Access to Personal Files and Medical Reports (NI) Order 1991** give you certain rights, which are:

1. You can give permission for your doctor to send *us* a medical report without asking to see it before they send it to *us*.
2. You can give permission for your doctor to send *us* a medical report and ask to see it before they send it to *us*.
 - You will have 21 days from the date we ask your doctor for your medical report to contact them and arrange to see it.
 - If you don't contact your doctor within 21 days we will ask them to send the report straight to *us*.
 - You can ask your doctor to change the report if you think it's inaccurate or misleading. If they refuse, you can insist on adding your own comments to the report before they send it to *us*.
 - Once you've seen the report, it won't be sent to *us* unless you give your doctor permission to do so.
3. You can withhold your permission for your doctor to send *us* a medical report. If you do, we will be unable to see whether the consultation, test or treatment is covered by your policy, and we won't be able to give you a pre-authorisation number or confirm whether we can contribute to the costs.

In any event you also have the right to ask your doctor to let you see a copy of your medical report within six months of it being sent to *us*.

Your doctor can withhold some or all the information in the report if, in their view, the information:

- might cause physical or mental harm to you or someone else or
- would reveal someone else's identity without their permission (unless the person is a healthcare professional and the information is about your care provided by that person)

We may be able to pay towards the cost of a medical report. We will let you know when we ask for your permission to request the report from your doctor. If we can pay towards it, you will need to pay any remaining amount.

- 2.7 Claiming for NHS Cash Benefits:** If your *Membership 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 Please note:** you can only claim for eligible private medical costs once. This means if you have two policies that provide private medical cover, the cost of your *Eligible Treatment* may be split between *Bupa* and the other insurance company. You will be asked to provide us with full details of any other insurance policy at the time of claim.
- 2.10 Case Management:** If we believe you are having *Eligible Treatment* that could benefit from our case management support we will provide a case manager to help you navigate through your healthcare experience. Your case manager will contact you by phone and will work with you to understand your individual needs and the best way to help you. This can include discussing options available to you, liaising with healthcare professionals and helping you get the most from your policy.

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** When you receive private medical treatment you have a contract with the providers of your *Treatment*. Any costs that are not covered under your *Benefits* you are responsible for paying.
- 3.4** Other than in relation to the reimbursement of *Eligible Treatment* costs, there is no contract between you and us in respect of any private medical treatment or any other clinical services that you receive under your policy. We are not the provider of these things and this means that we are not responsible for the delivery of your private medical treatment or other clinical services.
- 3.5.1** Your *Membership Certificate* will say if you have agreed with us an excess payment.
- 3.5.2** 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.
- 3.5.3** Any excess applies per person per policy *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 the *Main Member* or *Dependant* having *Treatment* (when aged 16 and over) to say who they should pay.
- 3.5.4** 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.
- 3.5.5** Unless we say otherwise on your *Membership 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*.

3.5.6 Example of how an annual fixed excess works

Check your *Membership Certificate* to see if an excess applies to your *Benefits*. The following is an example only and assumes that all costs are *Eligible Treatment* costs and:

- an excess of £100 a *Year*
- an *Out-patient* benefit limit of £500 a *Year*.

Example	Excess
<i>Out-patient</i> benefit limit for the <i>Year</i>	£500
You incur costs for <i>Out-patient</i> physiotherapy	£250
We pay your <i>Therapist</i>	£150
We notify you of excess amount you pay direct to your <i>Therapist</i>	£100
Your remaining <i>Out-patient</i> benefit limit for the rest of the <i>Year</i>	£350
Your remaining excess for the rest of the <i>Year</i>	£0

4. Changes to lists

Where we refer to a list that we can change, it will be for one of the following reasons:

- where we are required to by any industry code, law or regulation
- where a contract ends or is amended by a third party for any reason
- where we elect to terminate or amend a contract. For example: because of quality concerns or changes in the provision of facilities and/or specialist services
- where the geographic balance of the service we provide is to be maintained
- where effectiveness and/or costs are no longer in line with similar *Treatments* or services or accepted standards of medical practise, or
- where a new service, *Treatment* or facility is available.

The lists we apply these criteria to include the following:

- *Advanced Therapies*
- Appliances
- *Consultant Fees Schedule*
- *Critical Care Units*
- *Fee-Assured Consultants*
- Medical *Treatment* providers
- *Muscle, Joint or Bone Conditions*
- Prostheses
- *Recognised Facilities*
- *Recognised Practitioners*
- *Schedule of Procedures*
- *Specialist Drugs*

Please note that we cannot guarantee the availability of any facility, practitioner or *Treatment*.

5. 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 *Membership Certificate*.

Word/phrase	Meaning
<i>Activities of Daily Living</i>	functional mobility, bathing/showering, dressing, self-feeding, personal hygiene/grooming, fulfilment of work or educational responsibilities.
<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>	gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medical Products (ATMPs) by the European Medicines Agency to be used as part of your <i>Eligible Treatment</i> and which are, at the time of your <i>Eligible Treatment</i> , included (with the medical condition(s) for which we pay for them) on our list of Advanced Therapies that applies to your <i>Benefits</i> . The list is available at bupa.co.uk/policyinformation or you can call us. The Advanced Therapies on the list will change from time to time.
<i>Application form</i>	the questionnaire we provide to you when you and/or your <i>Dependants</i> first take out or are added as a <i>Dependant</i> to a policy with us which requires you and/or your <i>Dependants</i> to disclose details of your/their health, medical history and lifestyle. If you no longer have the application form, you may call us to request a replacement.
<i>Benefits</i>	the Benefits explained in the Bupa Benefits Table. The Benefits which relate to your cover are those specified on your <i>Membership Certificate</i> for which you are individually entitled.
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: Bupa, 1 Angel Court, London EC2R 7HJ . Bupa provides the cover.
<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">■ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests■ it needs ongoing or long-term control or relief of symptoms■ it requires your rehabilitation or for you to be specially trained to cope with it■ it continues indefinitely■ it has no known cure■ it comes back or is likely to come back.
<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 included as an integral part of your <i>Eligible Treatment</i> .

Word/phrase	Meaning
<i>Complementary Therapy Practitioner</i>	an acupuncturist, chiropractor or osteopath who is on <i>our Recognised Practitioner</i> list. The practitioners on the list will change from time to time. You can ask <i>us</i> if a practitioner is a <i>Recognised Practitioner</i> 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 <i>our</i> recognised consultant list for the relevant <i>Benefit</i> and type of <i>Treatment</i>.</p> <p>The practitioners on the list will change from time to time. You can ask <i>us</i> whether a medical or dental practitioner is on <i>our</i> list and the type of <i>Treatment</i> we recognise them for or you can access these details at finder.bupa.co.uk</p>
<i>Consultant fees schedule</i>	<p>the schedule <i>we</i> use for providing <i>Benefits</i> setting out the benefit limits for <i>Consultants' fees</i> based on:</p> <ul style="list-style-type: none"> ■ the type of <i>Treatment</i> carried out ■ for <i>Surgical Operations</i>, the type and complexity of the <i>Surgical Operation</i> according to the <i>Schedule of Procedures</i> – the benefits available for <i>Consultant</i> surgeons and <i>Consultant</i> anaesthetists may differ for the same <i>Surgical Operation</i> ■ the recognition status of the <i>Consultant</i>, and ■ where the <i>Treatment</i> is carried out both in terms of the <i>Treatment</i> facility and the location. <p>The schedule will change from time to time. Details of the schedule can be found at bupa.co.uk/codes</p>
<i>Cover End Date</i>	the date on which your current period of cover under the policy ends, shown as 'Cover end date' on your <i>Membership Certificate</i> .
<i>Cover Start Date</i>	the date on which your current period of cover under the policy starts, shown as 'Cover start date' on your <i>Membership Certificate</i> .
<i>Critical Care Unit</i>	any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is on <i>our</i> list of Critical Care Units and recognised by <i>us</i> for the type of intensive care that you require at the time you receive your <i>Treatment</i> . The units on the list and the type of intensive care that <i>we</i> recognise a unit for will change from time to time. You can ask <i>us</i> whether a Critical Care Unit is on <i>our</i> list and the type of <i>Treatment</i> we recognise it for.
<i>Day-patient</i>	a patient who is admitted to a hospital or day-patient 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 Dental Professional who is registered with the General Dental Council.

Word/phrase	Meaning
<i>Dental Treatment</i>	<p>the following Dental Treatment carried out by a <i>Dental Professional</i>:</p> <ul style="list-style-type: none"> ■ fillings (amalgam, composite anterior, composite posterior) ■ root canal <i>Treatment</i> ■ surgical <i>Treatment</i> (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), including in each case anaesthetics fees.
<i>Dependant</i>	<p>your partner and any child for whom you or your partner hold responsibility and who is named on your <i>Membership Certificate</i>. 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.</p>
<i>Effective Underwriting Date</i>	<p>the date you/your <i>Dependant</i> started your/their continuous period of cover under the policy, shown as your/their 'Date of underwriting' on your <i>Membership Certificate</i>.</p> <p>This may be the date you/they originally joined <i>Bupa</i> or, if you/they transferred your/their cover from a <i>Previous Policy</i> the date of underwriting by the insurer or administrator for your/their <i>Previous Policy</i>.</p>
<i>Eligible Surgical Operation</i>	<p><i>Eligible Treatment</i> carried out as a <i>Surgical Operation</i>.</p>
<i>Eligible Treatment</i>	<p><i>Treatment</i> of:</p> <ul style="list-style-type: none"> ■ an <i>Acute Condition</i> or ■ a <i>Mental Health Condition</i> <p>together with the products and equipment used as part of the <i>Treatment</i> that:</p> <ul style="list-style-type: none"> ■ are consistent with generally accepted standards of medical practice and representative of best practice in the medical profession in the <i>UK</i> ■ are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided ■ are demonstrated through scientific evidence to be effective in improving health outcomes, and ■ are not provided or used primarily for the expediency of you or your <i>Consultant</i> or other healthcare professional <p>and the <i>Treatment</i>, services or charges are not excluded under your <i>Benefits</i>.</p>

Word/phrase	Meaning
<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"> ■ examinations ■ X-rays ■ extractions ■ root canal extirpation ■ initial relief <i>Treatment</i> of dental or gingival infection ■ temporary filling, or provision of permanent filling if a temporary filling is not required ■ construction of temporary crown/bridge/veneer ■ re-cement of crown/inlay/bridge/veneer ■ temporary post and core, repair or replacement of orthodontic appliance ■ repair or adjustment to denture ■ other temporary emergency dental treatment as determined by the <i>Dental Professional</i> eg stopping bleeding, re-fixing orthodontic retainer wire.
<i>Fee-Assured Consultants</i>	<p>a <i>Consultant</i> who, at the time you receive your <i>Treatment</i>, is recognised by <i>us</i> as a fee-assured consultant. You can contact <i>us</i> to find out if a <i>Consultant</i> is a fee-assured consultant or use finder.bupa.co.uk</p>
<i>Gender Dysphoria</i>	<p>a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity, sometimes known as gender identity disorder, gender incongruence or transgenderism.</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>
<i>In-patient</i>	<p>a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.</p>
<i>Main Member</i>	<p>the person named as the Main Member on the <i>Membership Certificate</i> who is eligible to be covered in his or her own right rather than as a <i>Dependant</i>.</p>
<i>Membership Certificate</i>	<p>the most recent membership certificate that <i>we</i> issue to the <i>Main Member</i> for your/your <i>Dependant(s)</i> (if any) current continuous period of cover under the policy.</p>
<i>Mental Health and Wellbeing Therapist</i>	<ul style="list-style-type: none"> ■ a psychologist registered with the Health and Care Professions Council ■ a psychotherapist accredited with the UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy or the British Psychoanalytical Council ■ a counsellor accredited with the British Association for Counselling and Psychotherapy ■ a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies, <p>who is on <i>our Recognised Practitioner</i> list. The practitioners on the list will change from time to time. You can ask <i>us</i> whether a practitioner is on <i>our</i> list and the type of <i>Treatment</i> <i>we</i> recognise them for or you can access these details at finder.bupa.co.uk</p>

Word/phrase	Meaning
<i>Mental Health Condition</i>	a condition which is a mental health condition according to a reasonable body of medical opinion, and/or which is diagnosed and treated and managed as a mental health condition by a <i>Consultant</i> psychiatrist or a <i>Mental Health and Wellbeing Therapist</i> . We do not pay for <i>Treatment</i> of dementia, behavioural or developmental problems once diagnosed.
<i>Mental Health Day-patient Treatment</i>	<i>Mental Health Treatment</i> which for medical reasons means a patient has to be admitted to a <i>Recognised Facility</i> because they need a period of clinically-supervised <i>Mental Health Treatment</i> as a day case but does not have to occupy a bed overnight and the <i>Mental Health Treatment</i> is provided on either an individual or group basis.
<i>Mental Health Treatment</i>	<i>Eligible Treatment</i> of a <i>Mental Health Condition</i> as set out in Benefit B5 Mental Health Treatment.
<i>Moratorium Start Date</i>	the date you/your <i>Dependant</i> started your/their continuous period of cover under the policy, shown as your/their 'Moratorium start date' on your <i>Membership Certificate</i> . This may be the date you/they originally joined <i>Bupa</i> or, if you/they transferred your/their cover to <i>Bupa</i> from a <i>Previous Policy</i> the date identified by the insurer or administrator of your/their <i>Previous Policy</i> for determining moratorium conditions under your/their <i>Previous Policy</i> .
<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 <i>us</i> for the purpose of providing <i>Benefits</i> . You should call <i>us</i> 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"> ■ the National Health Service operated in Great Britain and Northern Ireland, or ■ the healthcare scheme that is operated by the relevant authorities of the Channel Islands, or ■ the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
<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 <i>we</i> may make if you or a <i>Dependant</i> have received free <i>NHS Treatment</i> which could have been covered by <i>us</i> as private <i>Treatment</i> .
<i>Optician</i>	an ophthalmic Optician 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 or out-patient clinic and is not admitted as a <i>Day-patient</i> or an <i>In-patient</i> .

Word/phrase	Meaning
<i>Pre-existing Condition</i>	<p>any disease, illness or injury for which in the seven years before your <i>Effective Underwriting Date</i>:</p> <ul style="list-style-type: none"> ■ you have received medication, advice or <i>Treatment</i>, or ■ you have experienced symptoms, <p>whether the condition was diagnosed or not.</p>
<i>Previous Policy</i>	<ul style="list-style-type: none"> ■ another <i>Bupa</i> private medical insurance policy or Bupa administered healthcare trust ■ a private medical insurance policy or medical healthcare trust provided or administered by another insurer <p>that <i>we</i> specifically agree will be treated as a previous policy for the purpose of assessing your <i>Moratorium Start Date</i>, <i>Effective Underwriting Date</i> or continuous periods of cover as applicable, provided that:</p> <ul style="list-style-type: none"> ■ you have provided <i>us</i> with evidence of your continuous cover under the previous policy, and ■ there is no break in your cover between the previous policy and this policy.
<i>Recognised Facility</i>	<p>the hospitals or <i>Treatment</i> facilities, centres or units that are:</p> <ul style="list-style-type: none"> ■ on <i>our</i> list for the medical condition you have ■ carrying out the type of <i>Treatment</i> you need, and ■ covered by your <i>Membership Certificate</i>. <p>You can ask <i>us</i> whether a hospital, facility, centre or unit is on <i>our</i> list and the type(s) of <i>Treatment</i> <i>we</i> recognise them for or you can access these details at finder.bupa.co.uk</p>
<i>Recognised practitioner</i>	<p>a healthcare practitioner who at the time of your <i>Treatment</i>:</p> <ul style="list-style-type: none"> ■ is recognised by <i>us</i> for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of <i>Treatment</i> you need, and ■ is in <i>our</i> list of recognised practitioners that applies to your <i>Benefits</i>. <p>You can ask <i>us</i> if a practitioner is a <i>Recognised Practitioner</i> and the type of <i>Treatment</i> <i>we</i> recognise them for or you can access these details at finder.bupa.co.uk</p>
<i>Renewal Date</i>	<ul style="list-style-type: none"> ■ each anniversary of your <i>Cover Start Date</i>, or ■ common renewal date. Cover is generally renewed annually. Depending on the month in which you first join the <i>scheme</i>, your initial period of cover may not be a full 12 months and your <i>Benefits</i> and your subscriptions may change at the common renewal date. <p>If you are unsure which applies to you, you can call <i>us</i> or look in your eligibility information leaflet.</p>
<i>Resident</i>	where your current, permanent address is.
<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"> ■ routine examination/check-up ■ X-rays ■ scale and polish consultations, including simple scale and polish and chronic periodontal <i>Treatment</i>.

Word/phrase	Meaning
<i>Schedule of Procedures</i>	the schedule we use for providing <i>Benefits</i> which classifies <i>Surgical Operations</i> according to their type and complexity. The schedule will change from time to time. Not all procedures listed in the schedule are covered under <i>Bupa</i> schemes. Further information on the schedule is available on request.
<i>Specialist Drugs</i>	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 Specialist Drugs that applies to your <i>Benefits</i> . The list is available at bupa.co.uk/policyinformation or you can call us. The specialist drugs on the list will change from time to time.
<i>Surgical Implant</i>	any implant inserted into the jaw bone for the support or retention of crowns, bridges or dentures.
<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"> ▪ all medically necessary <i>Treatment</i> related to the procedure ▪ all consultations carried out from the time you are admitted to a facility until the time you are discharged, or <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"> ▪ all medically necessary <i>Treatment</i> related to the operation ▪ any consultation on the same day.
<i>Therapist</i>	<ul style="list-style-type: none"> ▪ a chartered physiotherapist ▪ a British Association of Occupational Therapists registered occupational therapist ▪ a British and Irish Orthoptic Society registered orthoptist ▪ a Royal College of Speech and Language Therapists registered speech and language therapist ▪ a Society of Chiropractors and Podiatrists registered podiatrist, or ▪ a British Dietetic Association registered dietitian <p>who is Health and Care Professions Council registered and is on our list of <i>Recognised Practitioners</i>.</p> <p>The therapists on the list will change from time to time. You can ask us whether a therapist is a <i>Recognised Practitioner</i> and the type of <i>Treatment</i> we recognise them for or you can access these details at finder.bupa.co.uk</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>UK/United Kingdom</i>	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
<i>We/our/us</i>	<i>Bupa</i> .
<i>Year</i>	<p>for each period of your cover, the period beginning on your <i>Cover Start Date</i> and ending on your <i>Cover End Date</i>.</p> <p>If your <i>Renewal Date</i> is a common renewal date or if you are a <i>Dependant</i> joining an existing policy then depending on the month in which you first join the policy, your initial period of cover may not be a full 12 months and your cover and your subscriptions may change at the <i>Renewal Date</i>.</p>

Section three:

Protecting your information and rights

1. Status disclosure

Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited for the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name *Bupa*) are wholly owned subsidiaries of the British United Provident Association Limited.

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

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office: **1 Angel Court, London EC2R 7HJ**

Getting in touch

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

You can call *us* on **0345 609 0777***.

The Staff at *Bupa* are trained and supervised to provide *our* customers and members with information only on Bupa's own insurance products and health related services.

2. Cancellation

You may cancel your membership for any reason by calling *us* on **0800 010 383*** or writing to *us* within the later of 21 days of receipt of your policy documents (including your *Membership Certificate*) *we* send you confirming your cover, or your *Cover Start Date*. During this period, if you have not made any claims, *we* will refund all of your subscriptions paid for that *Year*. After this period of time you can end your cover at anytime, *we* will refund any subscriptions you have paid relating to the period after your cover ends.

*We may record or monitor our calls.

You may cancel any of your *Dependants'* membership for any reason by calling us on **0800 010 383*** or writing to us within the later of 21 days of receipt of your policy documents (including your *Membership Certificate*) we send you confirming their cover, or their *Cover Start Date*. During this period, as long as no claims have been made in respect of their cover, we will refund all of your subscriptions paid in respect of that *dependant's* cover for that *Year*. After this period of time you can end their cover at anytime, we will refund any subscriptions you have paid relating to the period after their cover ends.

Please note: cancelling or ending your and/or any *Dependant's* membership will also cancel or end your and/or their cover for:

- any Benefit A Add-on and/or Bupa By You Travel Insurance you and/or they may have included under your/their cover.

Benefit A Add-ons: You may cancel your and/or any of your *Dependants'* cover for any Benefits A Add-ons for any reason by calling us on **0800 010 383*** or writing to us within the later of 21 days of:

- receipt of your policy documents (including your *Membership Certificate*) we send you confirming your and/or their cover for the Benefits A Add-on you are cancelling, or
- your and/or their *Cover Start Date* for the Benefit A Add-on you are cancelling.

During this period, as long as no claims have been made in respect of your and/or their cover for the Benefits A Add-on you are cancelling, we will refund all of your subscriptions paid in respect of your and/or their cover for that *Year* that relate to that Benefits A Add-on. After this period of time you can end your and/or their cover for any Benefit A Add-on at any time, we will refund any subscriptions you have paid that relate to your and/or their cover for that Benefit A Add-on for the period after your and/or their cover for that Benefit A Add-on ends.

Bupa by You Travel and Emergency Medical Cover: please refer to your separate Bupa By You Travel and Emergency Medical Cover policy wording booklet for cancellation details.

Please also refer to section 2, sub sections 1.6.2 and 1.6.3.

3. Statement of demands and needs

This policy is generally suitable for someone who is looking to cover the cost of a range of health expenses. We have not provided you with any advice regarding this policy. If you have purchased through a non-*Bupa* financial adviser then please refer to the demands and needs statement that they have provided you with.

Please read your *Membership Certificate* and this Policy Benefits and Terms booklet to ensure this policy meets your needs.

*We may record or monitor our calls.

4. Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about us

In this privacy notice, references to ‘we’, ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notice

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services (‘you’, ‘your’), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by law.

We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice.

We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom.

Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

5. Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

By phone: **0345 606 6739***

In writing: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

By email: customerrelations@bupa.com

Please be aware that information you send to this email address may not be secure unless you send *us* your email through Egress.

For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You will not be charged for sending secure emails to a *Bupa* email address using the Egress service.

How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we will write to you to confirm this. Where we are unable to resolve your complaint within this time, we will promptly write to you to acknowledge receipt. We will then continue to investigate your complaint and aim to send you *our* final written decision within four weeks from the day of receipt. If we are unable to resolve your complaint within four weeks following receipt, we will write to you to confirm that we are still investigating it.

Within eight weeks of receiving your complaint we will either send you a final written decision explaining the results of *our* investigation or we will send you a letter advising that we have been unable to reach a decision at this time.

If you remain unhappy with *our* response, 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 contact them via email at complaint.info@financial-ombudsman.org.uk or call them on **0800 023 4567** (calls to this number are free on mobile phones and landlines) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers).

For more information you can visit www.financial-ombudsman.org.uk

*We may record or monitor our calls.

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact us.

Your complaint will be dealt with confidentially and will not affect how we treat you in the future. Following the complaints procedure does not affect your right to take legal action.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For *Bupa*, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit <http://ec.europa.eu/consumers/odr>

6. 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 on its website at: www.fscs.org.uk

7. Financial crime and sanctions

Financial crime

You agree to comply with all applicable UK legislation relating to the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

Bupa, through your policy, shall not provide cover or be liable to pay any claim where this would expose Bupa to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where *Bupa* transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.

Bupa Health Assessments and Bupa Anytime HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa Health Assessments and Bupa Anytime HealthLine are provided by:

Bupa Occupational Health Limited. Registered in England and Wales No. 631336.

Registered office: 1 Angel Court,
London EC2R 7HJ

Bupa health insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 312526.

You can check the Financial Services Register by visiting: <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

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