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**Cash Plan 100**  
**Company Membership Guide**



## Member Offers

Bupa provides an extensive range of special offers/discounts which have been negotiated with a broad spectrum of suppliers, covering discounts on Bupa products, meals, travel and more. Offers change on a regular basis.

For details, visit [www.bupa.co.uk/members/member-offers](http://www.bupa.co.uk/members/member-offers)

These are non contractual benefits which are subject to change or may be withdrawn at any time without notice.

## Contacting us

For all general membership enquiries including membership changes and payment enquiries.

0845 606 6003

For claims enquiries and to request claim forms.

0845 602 1092

Lines are open 9am - 5pm, Monday to Friday (except public holidays)  
Calls may be recorded and may be monitored.

This membership guide applies to anyone joining the scheme on or after 27 September 2010, until amended in accordance with these rules. These rules and benefit notes apply from the date they join. This membership guide also applies to existing Bupa Cash Plan 100 members from the date we inform you that it becomes applicable.

# General rules

## 1. Introduction

This Bupa Cash Plan 100 scheme is a group cover scheme and is governed by an **agreement** between the **sponsor** and **us**.

**You** need to read these rules along with the benefit notes section and the **membership letter we send you** for details of **your** cover.

Defined terms are set out in bold and italics and have the meanings set out in the glossary. **You** should read the glossary for the meanings of these terms.

## 2. Membership

**You** can only become a member of this scheme with the **sponsor's** agreement, whilst **you** are employed by the **sponsor** or are a retired employee of the **sponsor** and if **you** are aged between 16 and 65 and **UK** resident, **We** do not have to accept **you** as a member.

With the **sponsor's** agreement **you** can apply to include **your partner**, if they are under age 65, as a member of the scheme and **you** can apply to include **your** children or **your partner's** children as members of the scheme if they are under 21 or 24, if in full time education (**we** may ask for proof of your child's continuing education) and unmarried and not in a **civil partnership**. Any children and **partner** covered must live with **you** at **your** address. **We** refer to **your partner** and any children who become members under **your** membership as **dependants**.

**You** will need to write to **us** to ask **us** to add or remove any of **your dependants** from **your** membership. **We** do not have to accept them as **members**.

No person may be registered as a member under more than one group or individual **Bupa Cash Plan scheme**.

## 3. Starting and continuing your membership

**Your** membership and **your benefit year** will start from **your registration date**.

**Your dependants** will start their membership and **benefit year** from the same date as **you** if **you** apply for them to become members at the same time as **you**.

If **your sponsor** confirms they are to become members at a later date their membership

will start from the date shown in the **membership letter we send you** to welcome them as a **member** and, subject to qualifying periods, **we** will only pay **benefits** from that date in respect of that **member**. However, **your dependants benefit year** will always be deemed to begin on **your registration date**.

Subject to section 4 below, **your** membership and the membership of **your dependants** will continue provided **your sponsor** pays your subscriptions on or before they are due.

## 4. Ending membership

**You** may cancel your membership within 21 days from the date **you** receive **your membership letter** confirming **you** are a **member**.

**You** or **your sponsor** may end **your** membership or the membership of any of **your dependants** at any time by providing **us** with 30 days' prior written notice of **your** or its intention to do so.

**We** can end **your** membership or the membership of any of **your dependants** at any time by providing **your sponsor** with 30 days' prior written notice of **our** intention to do so.

**Your** membership will end if **our agreement** with the **sponsor** ends for any other reason.

**Your** membership will also automatically end immediately if **you** stop living in the **UK**.

**Your dependants** membership will end:

- if they stop living with **you** at **your** address
- in the case of child **dependants**, immediately following their 21st birthday, or 24th birthday if in full time education; or
- upon their marriage or **civil partnership**

**We** can end someone's membership if **we** have good reason to believe that they have misled **us**, or have attempted to mislead **us**. By this **we** mean giving false information or keeping information from **us** (intentionally or carelessly) which may influence **us** when deciding:

- whether they or anyone else can join the scheme
- what subscriptions they have to pay
- whether **we** have to pay any claim

If **your** membership ends, the membership of **your dependants** (if any) will also end at the same time.

## 5. Subscriptions

All subscriptions due under **our agreement** with the **sponsor** must be paid in full, on or before the date they are due to **us**.

Subscriptions are not paid until **we** receive them.

## 6. Paying benefits

**You** can only claim **benefits** for treatment and services **you** or **your dependants** receive while **you** or they (as the case may be) are a member of the scheme. **We** will pay **benefits** according to the terms and conditions of your membership that were in effect at the time the treatment or services were provided. All **benefits** will be paid to **you** and not to **your dependants**, unless authorised by **you**. Where **we** refer to payment of **benefits we** mean payment to **you**.

All **benefits** are subject to maximum payment amounts set out in the tables, Section 14 and subject to Section 8 General Exclusions (in relation to **chronic conditions**). These amounts are the maximum amount **we** will pay in any **benefit year**. If the first **benefit year** for **your** membership falls within 12 months of **you** or any of **your dependants** ceasing to be a member of any other **Bupa Cash Plan scheme**, **we** will treat any **benefits you** or they received under that scheme as falling within the first **benefit year** of **your** current membership (unless **we** agree otherwise).

**Your benefit** entitlement and that of **your dependants**, will be determined by the **membership level** chosen by **your sponsor**. There are six **membership levels** available, three of which are for individual members and three for family membership.

**We** are responsible for paying all **benefits** except **benefit 10** in the benefit notes (including the tables) which is payable by the **personal accident insurer**. **We** will however, arrange payment of such **benefit** on behalf of the **personal accident insurer**. **Benefits** payable under **benefit 10** are payable under a Master Policy of Insurance arranged by **us** with the **personal accident provider** for the benefit of Bupa Cash Plan 100 members.

## 7. Qualifying periods

### Initial qualifying period.

**We** will not pay **benefit 8** to a **member** during the initial qualifying period for that **member**. A **member's** initial qualifying period in respect of such **benefit** is: the first 52 weeks following the start of their current continuous period of membership of

the scheme. If there is a break in a **member's** membership their initial qualifying period will start again from the date their membership restarts.

### Additional qualifying period.

If **we** agree with **your sponsor** to increase **your membership level you** or **your dependants** may only claim **benefits** during your additional qualifying period up to the **benefit** limit applicable before **you** changed **your** membership level.

The additional qualifying period is:

the first 26 weeks following the date of the change in **your membership level** for all **benefits** except for benefit 8, where it shall be the first 52 weeks following the date of the change in **your membership level**.

There is no additional qualifying period for **benefits 10** and **11**.

If **you** reduce **your membership level** the reduced **benefit** limit will apply immediately from the date of the change.

## 8. General exclusions

In order to keep **your** subscriptions as low as possible, there are some things **your** Bupa Cash Plan 100 membership does not cover. Please read this section carefully.

### Pre-existing conditions

**We** do not pay **benefits 3** and **4**, for a **pre-existing condition** or a condition which results from or is related to a **pre-existing condition**.

### Chronic conditions

**We** do not pay **benefit 4** for **chronic conditions**. **We** will only pay **benefit 3** for a single period of treatment, up to a maximum of 21 consecutive nights once, during any **member's** lifetime and membership of this, or any other **Bupa Cash Plan scheme** even if there is a break in their cover and they rejoin the scheme, when the treatment or services they receive is for a **chronic condition**, or which result from or relate to a **chronic condition**.

## Other general exclusions

**We** do not pay **benefits** 3 and 4 for treatment or services **you** or **your dependants** receive if they are for, or relate to, or arise out of any of the following:

- geriatric care
- **in-patient treatment** which is not provided by and where the overall responsibility does not rest with a **consultant**
- hospital admissions arranged for social or domestic reasons
- **convalescence care** or **rehabilitation**
- cosmetic or reconstructive surgery undergone for cosmetic or psychological reasons (however, **we** will pay **benefits** if the treatment is for a surgical operation to restore a **member's** appearance after an accident or surgery for cancer)
- the first 10 days of a **member's** maternity in-patient hospital stay
- a hospital attendance for casualty or emergency treatment which does not require a formal admission to a hospital bed
- psychiatric or addictive conditions

## 9. Making a claim

In order to make a claim **you** must use the claim form **we** provide. If **you** do not have a claim form please call **us** on 0845 602 1092. Lines are open 9am - 5pm, Monday to Friday (except public holidays). Calls may be monitored and may be recorded.

When making a claim **you** will need to send **us your** fully completed claim form and original receipted account as soon as possible. In any event this should be within 90 days of **you** becoming entitled to make the claim unless this was not reasonably possible to do so.

**You** must provide any information or proof to support **your** claim if **we** make a reasonable request for **you** to do so. For example, **we** may need to ask **you** for one of the following:

- medical reports and other information about the treatment for which a **member** is claiming
- the results of any independent medical examination **we** may ask a **member** to undergo at **our** expense.

**We** cannot accept photocopies of receipted accounts or invoices, nor original receipts which have been altered.

**We** do not pay any amounts a **member** may be charged by a hospital or doctor or other person for completing **your** claim form. The charges will be **your** responsibility.

**We** do not have to pay any claim if **you** or **your dependants** break any terms and conditions of **your** membership or any terms of the **agreement** are being broken (other than any breach by **us**).

## 10. Making changes

**We** may change the terms and conditions of **your** membership upon 60 days' notice.

**We** may vary any of the terms of **our agreement** with the **sponsor** or cancel it at any time with the agreement of the **sponsor**.

**We** will write to **your sponsor** at least 60 days' before we change terms of **our agreement**.

## 11. General information

**Your** membership will be governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by the courts of the **United Kingdom**.

If **you** change **your** address please write to tell **us** as soon as reasonably possible as **we** will send any letters to the address **you** last gave **us**.

Letters between **us** must be sent with the postage costs paid before posting. **We** can each assume that the letter will be received three days after posting.

**We** do not normally return **your** claim form and receipt to **you**. However, if **you** request return of **your** receipts at the time **you** are claiming and enclose a stamped addressed envelope **we** will return them.

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights. Equally no change to **your** membership will be valid unless it is confirmed in writing.

Only the **sponsor** and **us** have legal rights under this **agreement**. This means that only the **sponsor** or **us** may enforce the **agreement**, although **we** will allow anyone who is covered under **your** membership complete access to **our** complaints process.

If **we** do not use **our** legal rights it does not mean **we** have given them up. **We** may use them in the future.

All correspondence to do with **your dependants** will be sent to **you**.

## 12. Data protection

**Confidentiality:** The confidentiality of patient and member information is of paramount concern to the companies in the Bupa Group. To this end, **we** fully comply with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes use third parties to process data on its behalf. Such processing, which may be outside of the EEA, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

**Medical information:** Medical information will be kept confidential.

**Member details:** All membership documents and confirmation of how **we** have dealt with any claim **you** may make will be sent to **you**.

**Telephone calls:** In the interest of continuously improving **our** services to members, calls may be recorded and may be monitored.

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

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

**Names and addresses:** **We do not** make the names and addresses of members available to other organisations outside of the Bupa Group.

**Keeping you informed:** The Bupa Group would, on occasion, like to keep **you** informed of The Bupa Groups products and services which **we** consider may be of interest to **you**.

**Contact address:** If **you** do not wish to receive information about **our** products and services, or have any other Data Protection queries please write to the Head of Information Governance at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at [dataprotection@bupa.com](mailto:dataprotection@bupa.com)

## 13. Complaints procedure

**We** are always pleased to hear about aspects of **your** membership that **you** or **your dependants** have particularly appreciated. **We** also want to hear about any problems a **member** may have. So, if something does go wrong, here's a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

### Getting in touch

Bupa Cash Plan membership services is always the first number to call if **you** need help or support or if **you** or **your dependants** have any comments or complaints. Please call **us** on 0845 606 6003 Lines are open 9am - 5pm, Monday to Friday (except public holidays). Calls may be monitored and may be recorded. Alternatively, you can write to **us** at Bupa Cash Plan, Dale Buildings, Cook Street, Coventry CV1 1JH or fax **us** on 02476 811800.

### Making a complaint

If **we** have not been able to resolve the problem and **you** or **your dependants** wish to take your complaint further, **you** can contact **our** Head of Bupa Cash Plan at the same address.

It's very rare that **we** can't settle a complaint, but if this does happen, **you** may refer **your** complaint to the **Financial Ombudsman Service**. **You** can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR, or call them on 0800 023 4567.

Please let **us** know if **you** want a full copy of **our** complaints procedure.

If something has gone wrong, **we** want to do everything **we** can to put it right. But none of these procedures affect **your** legal rights.

## 14. Notes on benefits

These notes (including the tables) explain more fully the **benefits** provided under **your** membership. Please note that when **we** refer to **dependants we** mean **your dependants** who are covered under the scheme as part of **your** membership. **You** should disregard references to **dependants** and **your partner** if **you** are an individual member.

**Benefits** are payable to each person covered under **your** membership unless stated otherwise. **We** only pay for treatment, goods and services received in the **United Kingdom**.

For all claims **you** will need to send **us your** fully completed claim form and original receipted accounts, where applicable.

## Benefit 1 - Dental

Dental **benefit**: **We** pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person) for the dental services set out below, which **you** or they receive during **your benefit year**.

Individual levels			Family levels		
1	2	3	4	5	6
£50	£100	£150	£50	£100	£150

### Dental note

The dental **benefit** sets out the total amount **we** pay (collectively on the individual levels and per **member** on family levels) for all dental services received by each **member** covered under **your** membership during **your benefit year** **not** for each type of service or item charged individually.

### Dental services

Dental services and treatment provided by a hygienist, dentist or orthodontist in the **UK** except as specified below.

### Dental services do not include:

- any service where the fees that you have to pay relate to a dental treatment plan, whether or not **you** receive any treatment.
- tooth cleaning and tooth whitening materials purchased for home use.
- any medications prescribed or non prescribed.

## Benefit 2 - Optical

Optical **benefit**: **We** pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person) for the optical services set out below, which **you** or they receive during **your benefit year**.

Individual levels			Family levels		
1	2	3	4	5	6
£50	£100	£150	£50	£100	£150

## Optical services

- glasses with prescribed lenses, contact lenses and routine sight tests when provided by a qualified ophthalmic practitioner
- corrective laser eye treatment carried out by an ophthalmic surgeon who is a **consultant**. Please contact **us** if you want to know if your consultant is recognised by **us**

### Optical Services do not include:

- industrial spectacles if they have not been prescribed; or
- sunglasses without prescribed lenses

### Optical note

The optical **benefit** sets out the total amount **we** pay per person for all optical services received by each person covered under **your** membership during **your benefit year** and **not** for each type of service or item charged individually.

## Benefit 3 - Hospital in-patient

Hospital in-patient **benefit**: **We** pay the amount shown in the table for each night **you** or **your dependants** receive **in-patient treatment**, for up to a total of 50 nights, subject to **your membership level** and the in-patient note specified below during **your benefit year**.

Individual levels			Family levels		
1	2	3	4	5	6
£15 each night	£30 each night	£45 each night	£15 each per night	£30 each per night	£45 each per night

### In-patient note

**In-patient treatment** must be provided by and the overall responsibility must rest with a **consultant**.

Please refer to section 8 for the General Exclusions that apply to this benefit 3.

## Benefit 4 - Hospital day surgery

Hospital day surgery **benefit**: **We** pay the amount shown in the table for **you** or **your dependants** (up to the maximum set out for **your membership level** per person) for each day-patient admission (up to the maximum set out below) for surgery that requires the use of an operating theatre during **your benefit year**.

Individual levels			Family levels		
1 £15	2 £30	3 £45	4 £15	5 £30	6 £45

### Hospital day surgery note

**We** will pay for up to a maximum of 10 day-patient surgery admissions for each person during **your benefit year**.

Please refer to section 8 for the General Exclusions that apply to this benefit 4.

## Benefit 5 - Physiotherapy, osteopathy, chiropractic and acupuncture

Physiotherapy, osteopathy, chiropractic and acupuncture **benefit**: **We** pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person.) for the physiotherapy, osteopathy, chiropractic and acupuncture services set out below which **you** or they receive during **your benefit year**.

Individual levels			Family levels		
1 £100	2 £200	3 £300	4 £100	5 £200	6 £300

### Physiotherapy, osteopathy, chiropractic and acupuncture services

Physiotherapy, osteopathy, chiropractic and acupuncture services provided by a **physiotherapist, osteopath, chiropractor** or **acupuncturist**.

### Physiotherapy, osteopathy, chiropractic and acupuncture note

The physiotherapy, osteopathy, chiropractic and acupuncture **benefit** above sets out the total amount **we** pay per person for all physiotherapy, osteopathy, chiropractic and acupuncture **benefits** received by each person covered under **your** membership during each **benefit year** and **not** for each type of service or item charged individually.

Treatment must be provided by a **physiotherapist, osteopath, chiropractor** or **acupuncturist** recognised by **us**. If you want to know if a practitioner is recognised by **us** please call **us** on 0845 602 1092.

## Benefit 6 - Consultation

Consultation **benefit** : **We** pay 100 percent of the amount **you** or **your dependants**, pay (up to the maximum set out for **your membership level** per person) for the consultation services set out below which **you** or they receive during **your benefit year**.

Individual levels			Family levels		
1 £75	2 £150	3 £225	4 £75	5 £150	6 £225

### Consultation services

- consultations **you** and/or **your dependants** have with a **consultant** (by a consultation **we** mean a meeting with a **consultant** to assess your condition)

### Consultation note

The consultation **benefit** above sets out the total amount **we** pay per person for all consultation **benefits** received by each person covered under **your** membership during **your benefit year** and **not** for each type of service or item charged individually.

### Consultation services do not include

- the costs of any diagnostic tests
- any radiologist's fees.

## Benefit 7 - Chiropody

Chiropody **benefit: We** pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person) for the chiropody services set out below which **you** or they receive during **your benefit year**.

Individual levels			Family levels		
1	2	3	4	5	6
£50	£100	£150	£50	£100	£150

### Chiropody services

Chiropody treatment provided by a **chiropodist**.

### Chiropody note

The chiropody **benefit** above sets out the total amount **we** pay per person for all chiropody **benefits** received by each person covered under **your** membership during **your benefit year** and **not** for each type of service or item charged individually.

## Benefit 8 - Maternity/Adoption

Maternity/Adoption **benefit: We** pay the amount shown in the table to **you** or **your dependant partner**, if covered under the scheme (up to the maximum set out for **your membership level**) for each child born to **you** or **your dependant partner** and/or for each child under the age of 16 adopted by **you** and **your dependant partner** during **your benefit year** and subject to the qualifying period.

Individual levels			Family levels		
1	2	3	4	5	6
£100 each child	£200 each child	£300 each child	£100 each child	£200 each child	£300 each child

### Maternity note

Either **you** or **your dependant partner** can claim this **benefit**, not both. However, please enclose a full birth certificate with your claim form.

### Adoption note

**We** will only pay if neither **you**, nor **your dependant partner** if any, is the natural parent of the child. You should enclose proof of adoption, with your claim form. **We** will only pay this **benefit** to either of **you** or **your dependant partner**, not to both.

## Benefit 9 - Prescription charges

Prescription **benefit: We** pay 100 percent of the amount **you** or **your dependants**, if covered under the scheme, collectively pay, (up to the maximum set out for **your membership level**) for prescription charges **you** or they incur during **your benefit year**.

Individual levels			Family levels		
1	2	3	4	5	6
£20	£25	£30	£20	£25	£30

### Prescription charges note

The prescription charges **benefit** sets out the total amount **we** pay for prescription charges incurred collectively by **you** and **your dependants** covered under **your** membership in pursuance of prescriptions provided by a **General Practitioner** during **your benefit year**.

## Benefit 10 - Personal accident

Personal accident **benefit**: If **you** or **your dependant partner** suffer any of the following while covered under the Bupa Cash Plan 100, the **personal accident insurer** will pay the amount shown, up to an overall maximum of £12,000 for each of you, in respect of accidental bodily injury resulting in:

1. Death as a result of an accident	£10,000
2. Permanent total disablement:	£10,000
3. Permanent and incurable paralysis of all limbs:	£10,000
4. Permanent and incurable insanity:	£10,000
5. Loss of entire sight of both eyes:	£10,000
6. The permanent total loss of use of both hands or both feet:	£10,000
7. Loss of entire sight of one eye:	£5,000
8. The permanent total loss of use of one hand or one foot:	£5,000
9. Permanent loss of hearing in:	
a Both ears:	£5,000
b One ear:	£1,500
10. Permanent total loss of the lens of one eye:	£2,500
11. The permanent total loss of use of four fingers and thumb of either hand:	£4,000
12. The permanent total loss of use of four fingers of either hand:	£2,000
13. The permanent total loss of use of one thumb of either hand:	
a Both joints:	£2,000
b One joint:	£1,000
14. The permanent total loss of use of fingers on either hand:	
a Three joints	£500
b Two joints:	£350
c One joint:	£200
15. The permanent total loss of use of toes:	
a All - One foot:	£1,500
b Big - Both joints:	£500
c Big - One joint:	£200
d Other than big, each toe:	£200
16. Established non-union of fractured leg or knee cap:	£1,000
17. Shortening of leg by at least 5cm:	£750
18. Funeral expenses following death as a result of an accident:	£2,000

## Personal accident note

This **benefit** is payable to **you** or **your dependent partner** only. The overall maximum that the **personal accident insurer** will pay for all claims during a **member's** lifetime, even if there is a break in their cover and they rejoin the scheme is £12,000.

Exclusions:

The **personal accident insurer** will not pay for any of the above injuries suffered while, or in connection with:

- piloting an aircraft
- flying as a member of the crew of an aircraft
- war whether declared or not
- intentional self inflicted injury, suicide or any attempted threat
- from sickness or disease not resulting from bodily injury

A copy of the master policy is available on request.

Cover provided by the **personal accident insurer**.

## Benefit 11 - Helplines

The following telephone advice helplines are available to Bupa Cash Plan **members**, 24-hours a day, 365 days a year on 0330 123 0124.

Legal	Legal advice on all personal matters (but not business-related issues).
Domestic	Advice on all forms of emergencies including plumbing, drainage, electricity etc.
Medical	Confidential advice on health related matters provided by fully qualified staff.
Debt counselling	Practical help and solutions to personal financial problems.
Redundancy counselling	Help and advice for people who have been made redundant.
Stress counselling	Advice given by trained nurses to give support to those who need to combat stress.
Welfare	Advice is available in all areas of welfare including Social Security benefit entitlement, travel advice and education etc.
Tax	Expert help to those who require advice on PAYE tax affairs (this does not extend to actual completion of forms).

## Glossary

This explains what we mean by various words in this membership guide. Words written in bold and italic, both here and in the guide, are particularly important as they have a specific meaning in the benefits and rules of your membership.

Word/phrases	Meaning
<b>acupuncturist:</b>	means an acupuncturist, registered as a Member or Fellow of the British Acupuncture Council (MBAcC or FBAcC), British Medical Acupuncture Society (BMAS), or Acupuncture Association of Chartered Physiotherapists (AACP), at the time you receive your treatment. You can contact the organisations on <a href="http://www.aacp.uk.com">www.aacp.uk.com</a> (AACP), <a href="http://www.medical-acupuncture.co.uk">www.medical-acupuncture.co.uk</a> (BMAS) or <a href="http://www.acupuncture.org.uk">www.acupuncture.org.uk</a> (MBAcC) to see if the practitioner is registered.
<b>agreement:</b>	means the agreement between <b>us</b> and <b>your sponsor</b> under which <b>we</b> have accepted you into membership of the scheme;
<b>benefit:</b>	means the individual benefits set out in the Benefits Notes section number 1 to 11;
<b>benefit year:</b>	means a twelve month period commencing on <b>your registration date</b> or an anniversary of <b>your registration date</b> ;
<b>Bupa Cash Plan Scheme:</b>	Any cash plan type scheme administered by Bupa. The characteristics of these schemes are often typified by the scheme refunding costs incurred and paid for by a <b>member</b> and include but are not limited to Bupa Cash Plan, Bupa Cash Plan 100, Bupa Additional Health, Mercia Health Benefits Schemes, Bupa Health Cash Back, Bupa Patient Cash and Bupa Cash Plan Fundamentals.
<b>chiropodist:</b>	means a person, registered as a chiropodist with the health professions council (HPC), at the time you receive your treatment). You can contact the HPC on <a href="http://www.hpcheck.org">www.hpcheck.org</a> to see if the practitioner is registered.

<b>chiropractor:</b>	means a chiropractor, registered as a member of the General Chiropractic Council (GCC), at the time you receive your treatment). You can contact the GCC on <a href="http://www.gcc-uk.org">www.gcc-uk.org</a> to see if the practitioner is registered.
<b>chronic condition:</b>	means a disease, illness or injury which has at least one of the following characteristics: <ul style="list-style-type: none"> <li>• it continues indefinitely and has no known cure</li> <li>• it comes back or is likely to come back</li> <li>• it is permanent</li> <li>• you need to be rehabilitated or specially trained to cope with it</li> <li>• it needs long-term monitoring, consultations, check-ups, examinations or tests;</li> </ul>
<b>consultant:</b>	means a consultant licensed and registered with the General Medical Council (GMC). You can contact the GMC on <a href="http://www.gmc-uk.org">www.gmc-uk.org</a> to see if the practitioner is registered. There is a requirement for a consultant to hold a license from 18 November 2009 in addition to the GMC registration. The licensing is managed by the GMC.
<b>convalescence care:</b>	means staying in a registered nursing home or a registered convalescence home, whether or not the stay follows private or NHS hospital treatment;
<b>dependants:</b>	means <b>your partner</b> and any child of <b>yours</b> who is a member of the scheme and named on <b>your membership letter</b> ;
<b>General Practitioner/GP:</b>	means a person who is legally qualified in medical practice following attendance at a recognised medical school and is licensed to practice medicine in the <b>UK</b> ;
<b>health professions council:</b>	means Health Professions Council (HPC) the state regulatory body, responsible for regulating the activities of, amongst others, chiropodists, dietitians, occupational therapists and physiotherapists;
<b>in-patient treatment:</b>	treatment which, for medical reasons, means you have to stay in hospital overnight or for longer;
<b>member:</b>	means the main member of the scheme and/or a <b>dependant</b> of the main member covered under the scheme;

**membership letter:** means the membership letter **we** send **you** welcoming **you** as a member;

**membership level:** means the level of chosen by **your sponsor**, and which determines **your benefit** entitlement. There are six membership levels available three of which are individual and three family;

**osteopath:** means an osteopath, registered as a member of the General Osteopathic Council (GOC) at the time you receive your treatment. You can contact the GOC on [www.osteopathy.org.uk](http://www.osteopathy.org.uk) to see if the practitioner is registered.

**our/us/we:** means Bupa Insurance Services Limited, Registered in England and Wales No 3956433, Registered Office Bupa House 15-19 Bloomsbury Way London WC1A 2BA;

**partner:** means **your** husband or wife (or the person **you** live with in a relationship similar to that of a husband or wife whether same sex or not);

**personal accident insurer:** means Chubb Insurance Company of Europe SA;

**pre-existing condition:** means any disease, illness or injury for which:

- you have received medication, advice or treatment; or
- you have experienced symptoms whether the condition was diagnosed or not before the start of your cover;

**physiotherapist:** means a person, registered as a physiotherapist with the health professions council (HPC), at the time you receive your treatment). You can contact the HPC on [www.hpcheck.org](http://www.hpcheck.org) to see if the practitioner is registered;

**registration date:** means your registration date will be shown in the **membership letter we** send **you** welcoming you as a member;

**rehabilitation:** treatment and or services aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke;

**sponsor:** means **your** employer, or if **you** are retired, former employer when you join the scheme with whom **we** have agreed to provide the **benefits**;

**United Kingdom/UK:** means Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.

**you/your** when printed in bold and italic type- ie **you/your** this means **you**, the main member only who has taken out the membership, and to whom **we** send the **membership letter**. When printed in plain type ie you/your **we** mean you, the main member and **your dependants**;