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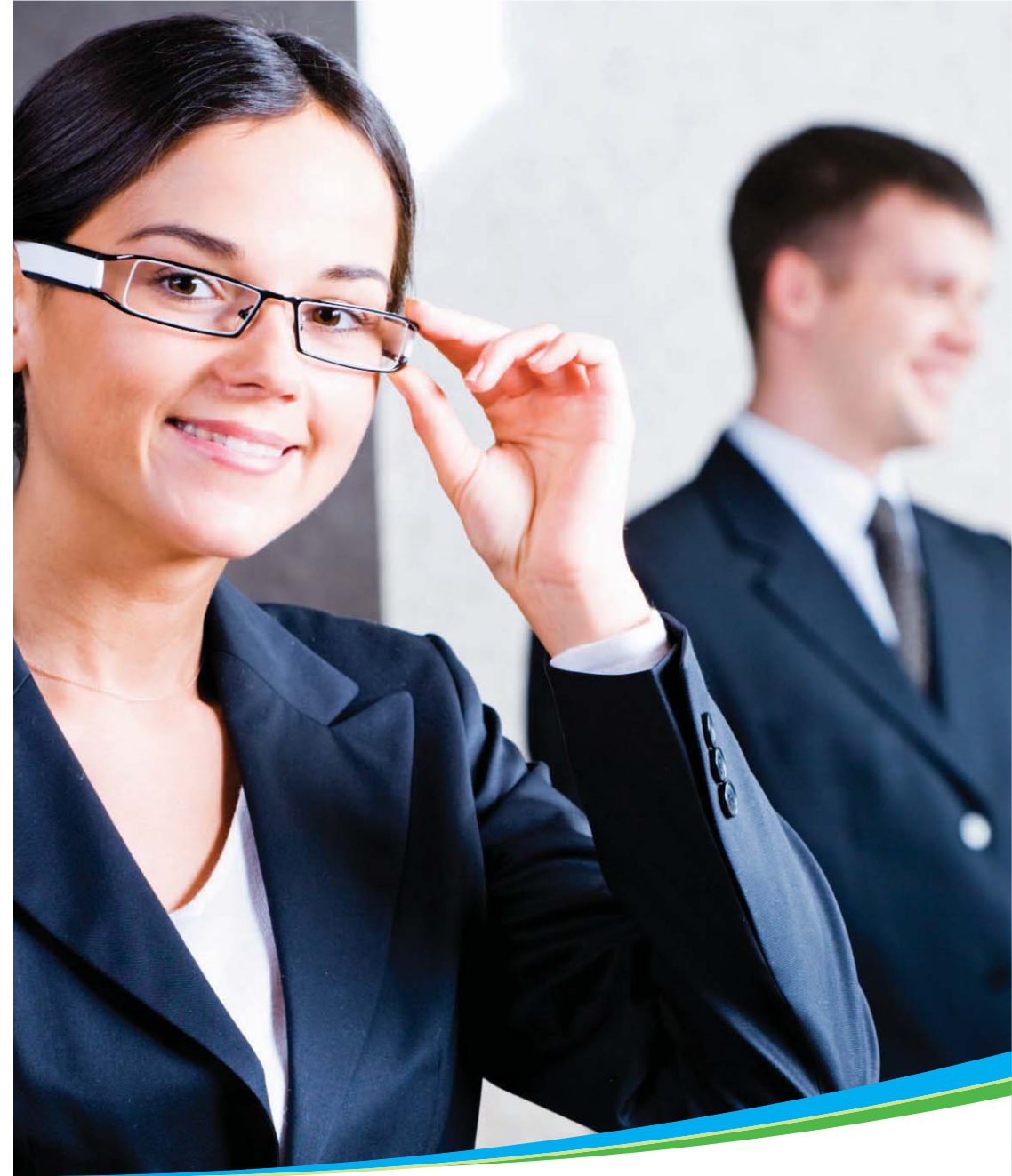
- Medical cover
- Cash plans
- Critical illness cover
- Income and lifestyle protection
- Long term care cover
- Travel cover

**Call 0800 600 500**  
for information on all other Bupa services

Lines open 8am - 8pm Monday to Friday and 9am - 5pm on Saturday.  
Calls may be recorded and may be monitored.  
[www.bupa.com](http://www.bupa.com)



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**Bupa Cash Plan**  
**Bupa Additional Health**  
**Company Membership Guide**



# Contacting us

For all general membership enquiries including membership changes, company, direct debit, standing order and payment enquiries

0845 606 6003

For claims enquiries, to request claim forms and counter payment enquiries.

0845 602 1092

Lines are open 8.30 am - 5.30 pm, Monday to Friday

Calls may be recorded and may be monitored.

This membership guide applies to anyone joining the scheme on or after 1 December 2007, 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 members from the date we inform you that it becomes applicable.

## General rules

### 1. Introduction

This Bupa Additional Health company scheme cover is provided under an **agreement** between the **sponsor** and **us**.

You need to read these rules along with the notes on benefits 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.

Individual membership cover is for **you**. Benefit maximums are per **member** covered.

Couple membership cover is for **you** and for **your partner**. Benefit maximums are per **member** covered.

Family membership cover is for **you**, **your partner** and for any child dependants **you** may have included on **your** membership. Benefit maximums are per **member** covered.

For individual, couple or family membership cover, the membership level 1, 2 or 3 **you** have chosen will be stated on **your membership letter**. This determines your **benefit** entitlement.

You should refer to specific **benefits** for the amounts claimable for your **membership level**.

### 2. Membership

**You** can only become a **member** of this scheme whilst **you** are employed by the **sponsor** or **you** are a retired employee of the **sponsor** and if **you** are aged 16 or over and **UK** resident. The **sponsor** must agree to **you** becoming a **member**.

**We** do not have to accept **you** as a **member**. If **we** do accept **you** as a **member**, **we** will provide written confirmation of this.

If **your membership letter** says that **you** have couple membership cover, **you** can apply to

include **your partner** as a **member** of the scheme. **We** do not have to accept **your partner** as a **member**. If **we** accept **your partner** as a **member**, **we** will provide written confirmation of this.

If **your membership letter** says that **you** have family membership cover, **you** can apply to include **your partner** 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 18, or 21 if in full time education (**we** may ask for proof of your child's continuing education), 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**. The **sponsor** must confirm to **us** their approval of any application to include **your** partner or **your** children or **your** partner's children as **members** of the scheme.

**We** do not have to accept any of **your dependants** as a **member**. If **we** do accept any of **your dependants** as a **member**, **we** will provide written confirmation of this.

**You** will need to write to **us** to ask **us** to add or remove any of **your dependants** from **your** membership.

The amount set out for **your partner** in each **benefit** refers to all **partners** registered in each **benefit year** and not each **partner**.

No person may be registered as a member under more than one group or individual Bupa Cash Plan, Bupa Health Additions or Bupa Additional Health type product.

### 3. Starting and continuing your membership

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

If **you** apply for **your dependants** to become **members**, their **membership** will start from the date shown in the **membership letter** **we** send **you** and, subject to qualifying periods, **we** will only pay **benefits** from that date in respect of that **member**.

**Your dependants' benefit year** will always be deemed to begin on **your registration date**. **Your** membership will be for a month at a time but will be renewed automatically provided the **sponsor** continues to pay **your** subscriptions when they are due.

### 4. Cancelling or ending membership

**You** may cancel **your** membership for any reason by writing to **us** 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** intention to do so. To end any membership, you must write to:

Member Services Manager  
Bupa Cash Plan  
Dale Buildings  
Cook Street  
Coventry CV1 1JH

**Your** membership will end if **our agreement** with the **sponsor** ends for any reason. **Your** membership will also automatically end immediately if **you** stop living in the **UK** or if **you** die.

**Your dependants'** membership will end:

- if **your** membership ends
- if they stop living with **you** at **your** address
- in the case of child **dependants**, immediately following their 18th birthday, or 21st birthday if in full time education
- in the case of child **dependants**, 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

**We** do not have to consent to **you** renewing **your** membership. However, **we** will not refuse **our** consent for reasons relating to a change in your state of health that occurs after you join Bupa Additional Health, or because of the number or type of claims that you make.

## 5. Subscriptions

All subscriptions and any other payment due for **your** membership and that of any other person covered under **our agreement** with the **sponsor** must be paid in full by the **sponsor**, 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 notes on benefits and the tables. These amounts are the maximum amount **we** will pay in any **benefit year**. If any part of 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, Bupa Health Additions or Bupa Additional Health type product, **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 you** have chosen.

## 7. Qualifying periods

### Initial qualifying period

There is no initial qualifying period.

### Additional qualifying period

If **we** agree to increase your **membership level**, during **your** additional qualifying period, **you** and **your dependants** may only claim **benefits** during your additional qualifying period up to the benefit maximum applicable before **you** changed your **membership level**.

The additional qualifying period is the first 28 days following the date of the change in your **membership level** for all **benefits** except for **benefit 6**. There is no additional qualifying period for **benefit 6**.

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

## 8. 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 8.30am - 5.30pm, Monday to Friday. Calls may be recorded and may be monitored.

When making a claim, **you** will need to send **us your** fully completed claim form and original receipted account where applicable as soon as possible. These documents should be submitted within 90 days of you using your eligible service or receiving treatment, unless it 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 doctor or other person for completing **your** claim form. These charges will be **your** responsibility.

**We** do not have to pay any claim if **you** or **your dependants** break any of the terms and conditions of **your** membership

## 9. Making changes

**We** may change the terms and conditions of **your** membership, including your cover, from time to time by agreement between the **sponsor** and **us**.

**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**.

## 10. 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**.

Throughout the membership guide, whenever required by context, words used in the singular shall be construed to include the plural.

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** and **you** must be sent with the postage costs paid before posting. Both parties can assume that letters will be received three days after posting.

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

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 **we** have legal rights under this scheme. This means that only the **sponsor** or **we** may enforce the terms and conditions of the scheme, 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**.

## 11. 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 uses 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 the main member.

**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:** Bupa does **not** make the names and addresses of members available to other organisations.

**Keeping you informed:** The Bupa Group would, on occasion, like to keep you informed of The Bupa Group's 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 Bupa Group Information Protection Manager at: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at: DataProtection@Bupa.com

## 12. 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 is a simple procedure to ensure that 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 8.30am - 5.30pm, Monday to Friday. Calls may be recorded and may be monitored. Alternatively, you can write to **us** at Bupa Cash Plan, Dale Buildings, Cook Street, Coventry CV1 1JH or fax **us** on 02476 811 800.

### 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** or they can contact **our** Head of Bupa Cash Plan at the same address.

It is very rare that we can not 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 0845 080 1800.

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.

## 13. 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** have individual membership cover.

**Benefits** are payable for each person covered under **your** membership. The **membership level you** have chosen, as stated on **your membership letter**, determines your **benefit** entitlement.

**We** only pay for treatment, goods and services received in the **United Kingdom**. Goods (e.g. spectacles or contact lenses, including those purchased over the Internet), must be provided by a **UK** based and **UK** registered company, and you must be invoiced in pounds sterling.

## Benefit 1 - Dental

Dental **benefit**: **We** pay 50 percent on level 1, and 100 percent on levels 2 and 3, of the amount **you** or **your dependants** pay (up to the maximum set out for your **membership level**) for the dental services set out below, which **you** or they receive during your **benefit year**. The amount payable is per **member** covered, on all levels.

Level 1	Level 2	Level 3
50 percent cashback	100 percent cashback	100 percent cashback
up to £90	up to £125	up to £250

### Dental note

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

### Dental services

Dental services provided by a dentist 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.

## Benefit 2 - Optical

Optical **benefit**: **We** pay 50 percent on level 1, and 100 percent on levels 2 and 3, of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the optical services set out below, which **you** or they receive during **your benefit year**. The amount payable is per **member** covered, on all levels.

Level 1	Level 2	Level 3
50 percent cashback	100 percent cashback	100 percent cashback
up to £90	up to £125	up to £250

## Optical note

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

### 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
- sunglasses without prescribed lenses
- lens solutions, cleaning materials and other optical accessories

## Benefit 3 - Chiropody

Chiropody **benefit**: **We** pay 50 percent on level 1, and 100 percent on levels 2 and 3, of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the chiropody services set out below, which **you** or they receive during **your benefit year**. The amount payable is per **member** covered, on all levels.

Level 1	Level 2	Level 3
50 percent cashback	100 percent cashback	100 percent cashback
up to £75	up to £75	up to £150

### Chiropody note

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

## Chiropody services

Chiropody treatment provided by a **chiropodist**.

### Exclusions

This **benefit** covers treatment provided by a **chiropodist** only. **We** do not pay for any associated prescription fees or medication administered. These are not covered.

## Benefit 4 - Reflexology and Acupuncture

Reflexology and acupuncture **benefit**: **We** pay 50 percent on level 1, and 100 percent on levels 2 and 3, of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the reflexology and acupuncture services set out below, which **you** or they receive during **your benefit year**. The amount payable is per **member** covered, on all levels.

Level 1	Level 2	Level 3
50 percent cashback	100 percent cashback	100 percent cashback
up to £75	up to £75	up to £150

### Reflexology and acupuncture note

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

### Reflexology and acupuncture services

Reflexology and acupuncture treatment provided by a **reflexologist** or **acupuncturist**.

### Exclusions

This **benefit** covers treatment provided by a **reflexologist** or **acupuncturist** only. **We** do not pay for any associated prescription fees or medication administered. These are not covered.

## Benefit 5 - Prescriptions

Prescriptions **benefit**: **We** pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the prescription costs set out below which **you** or they incur during **your benefit year**. The amount payable is per **member** covered, on all levels.

Level 1	Level 2	Level 3
100 percent cashback	100 percent cashback	100 percent cashback
up to £15	up to £21	up to £42

### Prescription costs

The prescription charges paid in pursuance of a prescription provided by a **General Practitioner**.

### Prescription note

The prescription **benefit** above sets out the total amount **we** pay for all prescription costs as set out above incurred by each **member** covered under **your** membership during each **benefit year** and **not** for each item charged individually.

## Benefit 6 - Helplines

The following telephone advice helplines are available to Bupa Additional Health **members**.

Legal	Provides advice on personal matters (please note that business-legal advice is excluded).
Domestic	Provides <b>members</b> with practical advice and assistance for a wide range of domestic situations and emergencies including access to plumbers, builders, roofers etc.
Medical	Confidential advice on health related matters provided by a team of 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 and support offered by registered nurses 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.)

The helpline number to access each of the above helpline is 0870 1648 065. The helplines are open 24 hours a day, 365 days a year. Daytime calls cost up to 8p plus 6ppm from BT lines Monday to Friday. Mobile and other providers' charges may vary. Prices correct as at May 2009.

## 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.

If you are unsure about your level of cover, please call **us** before starting treatment.

Word/phrases	Meaning
<b>acupuncturist:</b>	means an acupuncturist registered as a Member or Fellow of the British Acupuncture Council (MBAcC or FBAC), British Medical Acupuncture Society (BMAS), or Acupuncture Association of Chartered Physiotherapists (AACP), at the time you receive your treatment.
<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, numbered 1 to 6, as set out in the notes on benefits section.
<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>chiroprapist:</b>	means a person registered as a chiroprapist with the <b>Health Professions Council</b> (HPC), at the time you receive your treatment.
<b>civil partnership</b>	means a partnership as registered under the Civil Partnership Act 2004.
<b>consultant:</b>	means a registered medical or dental practitioner who is legally qualified to provide treatment in the <b>UK</b> .
<b>dependant:</b>	means <b>your partner</b> and any child of <b>yours</b> or of <b>your partner</b> who is a <b>member</b> of the scheme and named on <b>your membership letter</b> .

**General Practitioner/GP:** means a person who is legally qualified in medical practice following attendance at a recognised medical school and is licensed to practise medicine in the **UK**.

**Health Professions Council:** means Health Professions Council (HPC): the state regulatory body, responsible for regulating the activities of, amongst others, **chiropodists**, dieticians, occupational therapists and physiotherapists.

**main member:** means **you** and not **your dependants**.

**member:** means the **main member** of the scheme and/or a **dependant/dependants** of the **main member** covered under the scheme.

**membership letter:** means the most recent membership letter **we** send **you** confirming **your** cover.

**membership level:** means the level of cover **you** choose, and which determines your **benefit** entitlement.

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

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

**reflexologist:** means a person registered as a reflexologist with the Association of Reflexologists, The International Federation of Reflexologists or the British Association of Reflexology.

**registration date:** means **your** registration date, which is shown in the **membership letter we** send you confirming your cover.

**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 - i.e. **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, i.e. you/your, **we** mean **you**, the **main member**, and **your dependants**.