

BUPA BY YOU

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# YOUR MEMBERSHIP GUIDE



# ABOUT THIS GUIDE

Welcome to your Bupa membership guide.

At Bupa, we know that insurance can be hard to follow. That's why we've made this guide as simple as possible. You'll find individual chapters that deal with each aspect of your *Bupa By You* cover, including a step by step guide to making a claim.

Please make sure that you keep this guide somewhere safe. You'll need it when you come to claim.

If any of the terms or language used leaves you confused – don't worry. There is a glossary on page 40 you can refer to, where you'll find clear definitions of words that are in *bold italics* in the text. Of course you can always call the Bupa Helpline on **0845 60 90 777**<sup>†</sup> if you need help to understand your cover.

## HOW DO I KNOW WHAT I'M COVERED FOR?

This guide includes details of all of the options available with *Bupa By You*, not all of which will be relevant to you. The precise details of the individual cover options you have chosen are listed in your membership certificate. Please read this membership guide together with your membership certificate, as together they set out full details of how your health insurance works.

## HOW DOES THE MEMBERSHIP GUIDE WORK WITH MY MEMBERSHIP CERTIFICATE?

Your certificate explains the benefits available to you and also provides a series of notes that correspond to the relevant section of the membership guide (where you will find a more detailed explanation of the benefit in your individual policy).

## CONTACT US

We're always on hand to help.

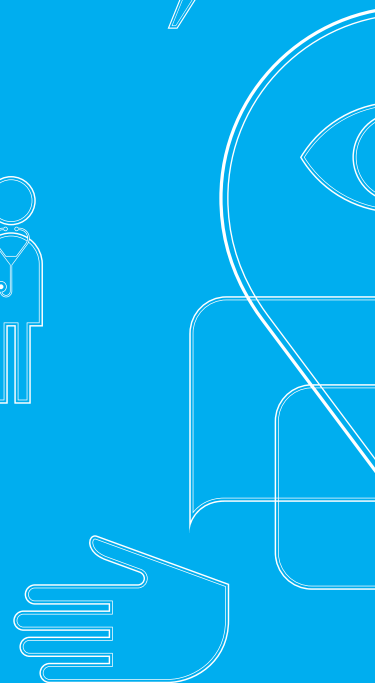
For queries about your cover call our dedicated Helpline on **0845 60 90 777**<sup>†</sup>.

For those with hearing or speech difficulties who use a textphone, call us on **0845 60 13 216**<sup>†</sup>. Or write to us at Bupa, Staines, TW18 3DZ.

## BUPA HEALTHLINE

If you have any questions or worries about your health call our confidential Bupa HealthLine on **0845 60 40 537**<sup>†</sup>. 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.

<sup>†</sup>Calls may be recorded and monitored.



**TIP:**  
*CROSS-CHECK THE BENEFITS LISTED IN YOUR MEMBERSHIP CERTIFICATE WITH THE RELEVANT PARAGRAPHS IN THE GUIDE TO MAKE SURE THAT YOU HAVE THE COVER THAT YOU WANT.*

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Bupa By You Effective from July 2011

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## Bupa By You: Your rules and benefits

This membership guide sets out the general terms and conditions of your *Bupa By You* cover effective from July 2011.

- o For anyone joining *Bupa By You* after the 'effective from' date the membership guide applies from their ***start date***.
- o For anyone whose membership of *Bupa By You* is renewed on or after the 'effective from' date it applies from their ***renewal date***.

Words and phrases in ***bold italics*** in this membership guide are defined terms which have a specific meaning. You should check their meaning in the glossary. Please note that *Bupa By You* is shown throughout in *italics*. This is not a defined term but is in *italics* to show that it is the official name of the cover you have bought.

**Important note – please read this section before you read the rest of this membership guide as it explains how this membership guide and your membership certificate work together.**

This *Bupa By You* membership guide and your ***membership certificate*** together set out full details of your ***benefits***. They should not be read as separate documents.

If you have Travel and Emergency Medical Cover as part of your *Bupa By You* ***scheme*** the details of that cover are not included in this membership guide. You will have a separate *Bupa By You* Travel and Emergency Medical Cover membership guide, which explains those ***benefits***.

This membership guide is a generic guide. It contains the general membership terms that apply to all *Bupa By You* members. You may not have all the cover set out in this membership guide. It is your ***membership certificate*** that shows the cover that is specific to your ***benefits***. Any elements of cover in this membership guide that are either:

- o shown in your ***membership certificate*** as 'not covered' or
- o do not appear in your ***membership certificate***

you are not covered for and you should therefore ignore them when reading this membership guide. If you are covered, the benefits and the amounts ***we*** pay are shown on your ***membership certificate***. Your ***membership certificate*** could also show some changes to the terms of cover set out in this membership guide particularly in the 'further details' section of your ***membership certificate***.

When reading this membership guide and your ***membership certificate***, it is your ***membership certificate*** which is personal to you. This means that if your ***membership certificate*** contradicts this membership guide it is your ***membership certificate*** that will take priority.

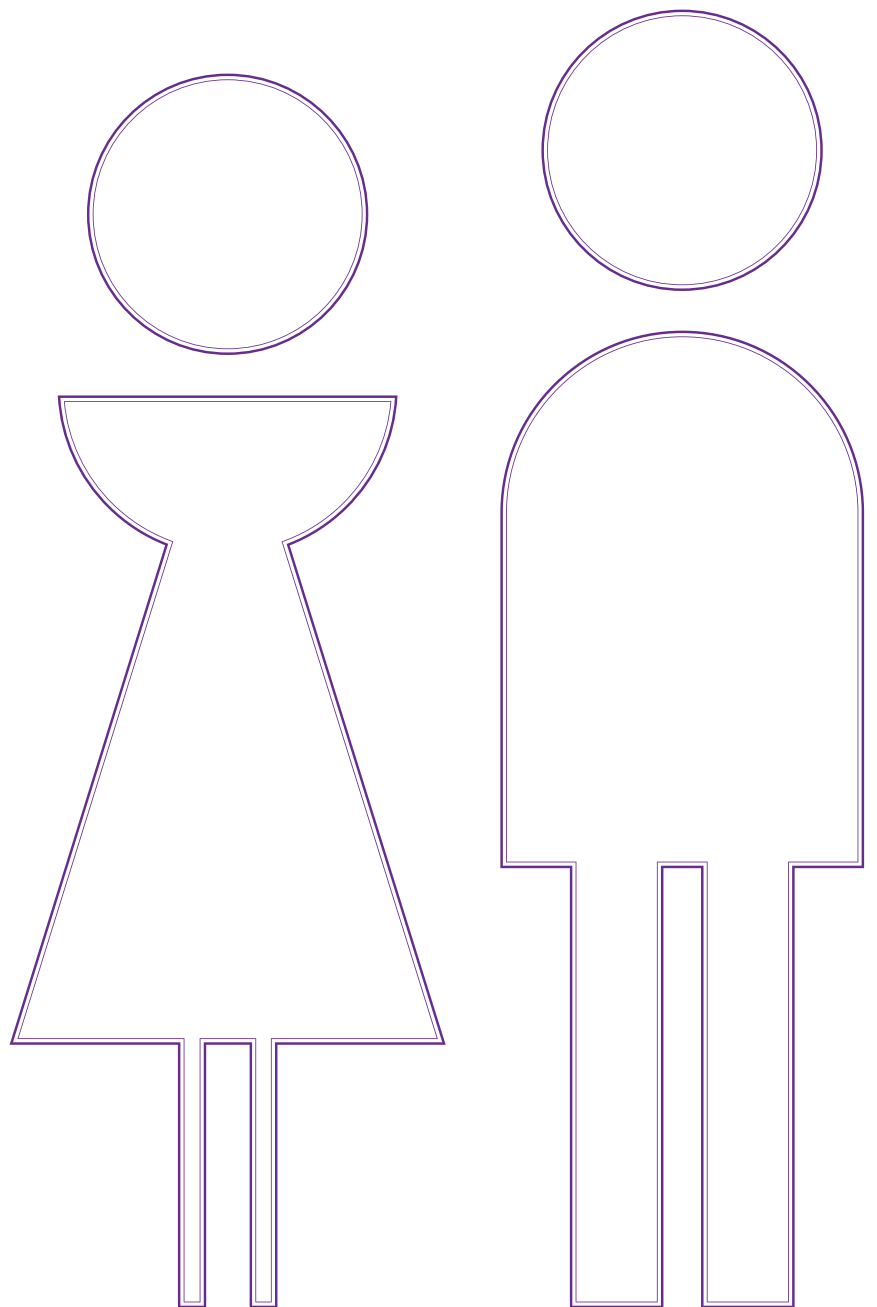
Always call the helpline if you are unsure of your cover.

**TIP:**  
IF YOU DO FIND ANY  
TERMS OR PHRASES  
THAT YOU'RE UNSURE  
OF, WHY NOT CHECK  
THE GLOSSARY ON  
PAGE 40.

# 1. HOW YOUR MEMBERSHIP WORKS

The details of your *Bupa By You* cover are in this membership guide. In this first section you'll find explanations of how your benefits will be paid, along with information on how your policy works, how to make changes as well as how to cancel or renew your membership.

As always, if there's anything that you don't understand or we can help you with, please don't hesitate to get in touch.



## 1.1 THE AGREEMENT AND YOUR MEMBERSHIP DOCUMENTS

### The agreement between you and us

In return for **you** paying **us** subscriptions, **we** agree to provide **you** and **your dependants** (if any) with cover under the terms of our **agreement**.

Only **you** and **Bupa** have legal rights under our **agreement**, although **we** will still allow anyone who is covered under **your** membership complete access to our complaints process (see 'making a complaint' in section 1.6).

### The documents that make up our agreement

The following documents together make up the **agreement**. These documents must be read together as a whole, they should not be read as separate documents.

- 1. The Bupa By You Membership Guide:** this sets out the general terms and conditions of membership (and any exclusions) and all the elements of cover that can be provided under your **Bupa By You scheme**.
- 2. Your membership certificate:** this shows the cover that you have chosen, including the limits that apply, any variations to the benefits, terms or conditions explained in this membership guide and whether an **excess** applies to your cover and if it does the amount and how it applies.
- 3. Your application for cover:** this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you** made during the application process, including the answers **you** provided on **your** medical history and that of **your dependants** (if any).
- 4. Where **you** or **your dependants** (if any) have Travel and Emergency Medical Cover included in their **benefits**, the **Bupa By You Travel and Emergency Medical Cover Membership Guide**.**

## 1.2 PAYMENT OF BENEFITS

**We** only pay for **treatment** that you receive, or the **benefits** that you are entitled to, while you are covered under the **agreement** and **we** only pay in accordance with the **agreement**. **We** also only pay the **benefits** that applied to you on the date you received your **treatment** or the date that you became entitled to those **benefits** and only in relation to **treatment** you receive in the **UK**.

When you receive private medical treatment you have a contract with the providers of your **treatment**. You are responsible for the costs you incur in having private **treatment**. However, if your **treatment** is **eligible treatment** **we** pay the costs that are covered under your **benefits**. Any costs, including **eligible treatment** costs, that are not covered under your **benefits** are your sole responsibility.

In many cases **we** have arrangements with providers about how much they charge **our** members for **treatment** and how **we** pay them. For **treatment** costs covered under your **benefits** **we** will, in most cases, pay the provider of your **treatment** direct – such as the **recognised facility** or **consultant**. We will write to tell the main member how we have dealt with any claim.

*Please also see the section 'Claiming'.*

## 1.3 WHEN YOUR MEMBERSHIP STARTS, RENEWS AND ENDS

### Starting membership

**Your** cover starts on **your start date**.

**Your dependants'** cover starts on their **start date**. **Your start date** and **your dependants' start date(s)** may not be the same.

### Your right to cancel

**You** may cancel **your** membership for any reason by writing to **us** within 21 days of receiving the first membership certificate **we** send **you** each **year** confirming **your** cover. As long as **you** have not made any claims **we** will refund all of **your** subscriptions for that **year** and any sums **you** have paid for future years.

**You** may cancel any of **your dependants'** membership for any reason by writing to **us** within 21 days of receiving the first membership certificate **we** send **you** each **year** confirming their cover. As long as no claims have been made in respect of their cover **we** will refund all **your** subscriptions paid in respect of that **dependant's** cover for that **year** and any sums paid in respect of that **dependant** for future years .

## Renewing your membership

**Our agreement** is an annual one and your membership must be renewed each **year** on your **renewal date**, subject to the 'Making changes' section.

Your membership will renew automatically as long as **you** continue to pay **your** subscriptions and any other charges unless:

- o **you** decide to end your membership
- o **we** decide to end the *Bupa By You* scheme; or
- o if your cover is arranged by a **group sponsor**, **we** do not agree to **your** membership or the membership of any of **your dependants** renewing

If **we** decide to end the **scheme** or if **your** cover is arranged by a **group sponsor** and **we** do not agree to **your** membership or the membership of **your dependants** renewing, **we** will write to let **you** know at least 28 days before **your renewal date**.

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## How membership can end

**You** can end **your** membership or the membership of any of **your dependants** at any time. If **you** want to end **your** membership or that of **your dependants** **you** must write to **us**.

If **your** membership ends the membership of all **your dependants** will also end.

**Your** membership and that of **your dependants** will automatically end if:

- o **you** do not renew your membership
- o **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
- o **you** stop living in the **UK** (**you** must inform **us** if **you** stop living in the **UK**)
- o **you** die; or
- o **we** decide to end the **scheme**

**Your dependants'** membership will automatically end if:

- o **your** membership ends
- o **you** do not renew their membership
- o that **dependant** stops living in the **UK** (**you** must tell **us** if any **dependant** stops living in the **UK**)
- o that **dependant** dies; or
- o **we** decide to end the **scheme**

In addition, if your **dependants** have the Health Expenses Cover Add on that cover will end automatically:

- o if **your** membership ends
- o when that **dependant** reaches 18 years of age (or 21 years of age if they are in full time education)
- o if that **dependant** is 18 years of age or over and ceases to be in full time education (**you** must tell **us** if this happens)
- o if that **dependant** stops living at **your** address (**you** must tell **us** if this happens)

If **your** membership of the **scheme** is based on you being either:

- o employed by the **group sponsor**; or
- o a member of the **group sponsor**

and the **group sponsor** has agreed with **us** that **your** membership and that of **your dependants** will end if:

- o **you** cease to be employed by the **group sponsor**; or
- o **you** cease to be a member of the **group sponsor**

as applicable, **we** will end **your** membership of the **scheme** at the end of the month in which

**we** are advised or determine that **you** are no longer employed by, or a member of, that **group sponsor**.

**You** should call **your** helpline to confirm if your **scheme** is arranged by a **group sponsor**.

**We** can end a person's membership if there is reasonable evidence that **you** or they misled **us** or attempted to do so. By this **we** mean, giving false information or keeping necessary information from **us**, either intentionally or carelessly, which may influence **us** when deciding:

- o whether or not **we** will provide cover for them
- o whether **we** have to pay any claim

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### Joining another Bupa scheme

If **we** decide to close the scheme, or if your cover is arranged by a **group sponsor** and **we** do not agree to **your** membership being renewed, **we** may offer **you** the opportunity to join another **Bupa** health insurance scheme on the basis of the terms and conditions of the new scheme that **we** offer **you**. If **you** are an **underwritten member** and transfer within one month **we** will not add any **special conditions** to **your** membership or that of any of **your dependants**, if they are **underwritten members**, under the new scheme other than those that apply under this scheme.

If your membership ends for any other reason, or **we** don't offer you an opportunity to join another **Bupa** health insurance scheme on the basis explained above, you may apply to join another **Bupa** health insurance scheme. You may only do this as long as your membership didn't end because you misled or attempted to mislead **us**. **We** will consider your application at **our** sole discretion.

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### Paying subscriptions and other charges

**You** must pay subscriptions to **us** in advance for **you** and **your dependants** throughout **your** membership. The amount **you** must pay and **your** method of payment are shown on **your membership certificate**.

If **your** cover is arranged by a **group sponsor** and **you** have agreed with your **group sponsor** that **your** subscriptions are collected by them and paid to **us** on **your** behalf (eg by payroll deduction) the **group sponsor** will pay **us** on **your** behalf.

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### Refund of subscriptions if your membership ends

If **your** membership ends for any reason **we** will refund any subscriptions **you** have paid which relate to a period after **your** cover ends.

If **your dependants'** membership ends for any reason **we** will refund any subscriptions **you** have paid in respect of that **dependant** which relate to a period after their cover ends.

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### Low claims bonus

In calculating the subscriptions payable next **year** **we** will apply a low claims bonus to **your** core health insurance subscriptions based upon the value of the claims paid for **you** and **your dependants** by **us** during the 12-month period preceding **our** calculation. If **we** do not pay any claims within the calculation period **you** will receive a bonus to reduce any subscription adjustment that is otherwise applied to **your** subscriptions. If **we** pay a claim for **you** and **your dependants**, **you** will receive an increase in addition to any subscription adjustment that is otherwise applied.

As **we** calculate **your** subscriptions prior to **your renewal date**, **we** will assess all eligible claims paid by **us** for **you** and **your dependants**:

- o in the first 10 months of **your** first **year**, and
- o for subsequent **years**, in months 11 and 12 of the previous **year** plus months 1 to 10 of the current **year**

Please note that claims **you** and **your dependants** may make in relation to any of the following **benefits** do **not** count as claims in the assessment of the low claims bonus to be applied to **your** subscriptions:

- o Add ons (benefits A1 to A4)
- o Fitness check (benefit PD3.1)
- o NHS cash benefit (benefits C5.5 and C10); and
- o Travel and Emergency Medical Cover

## 1.4 MAKING CHANGES

### Changes we can make

**We** can change the terms and conditions of the membership at **your renewal date**.

These changes could affect:

- o how **we** calculate subscriptions, the amount **you** have to pay, how often **you** pay them and the method of payment (the cost of subscriptions has typically risen higher than the retail price index (RPI) over the same period, but this does not mean that they will increase by the same rate in the future), and
- o the amount and type of cover provided under the **scheme**

If **your** cover is arranged by a **group sponsor**, at **your renewal date** **we** may also change or withdraw the amount of any discount or preferential rates.

**We** can, at any time, change the amount **you** have to pay **us** in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.

**We** will not add any **special conditions** to someone's cover for medical conditions that started after their **start date** provided they gave **us** all the information **we** asked for before their **start date**.

If **we** do make any changes to the terms and conditions of **your** membership **we** will write to tell **you** at least 28 days before the change takes effect.

If **your** cover is arranged by a **group sponsor**, **we** may make changes to the terms and conditions of **your** membership on **your renewal date** and if **you** do not accept any of the changes **you** can end **your** membership either:

- o within 28 days of the date on which the change takes effect; or
- o within 28 days of us telling **you** about the change

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

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### Changes you can make

At **your renewal date** **you** can apply to:

- o add, remove or change an **excess**
- o change any of the *Bupa By You* options **you** have chosen

**We** will consider **your** application at **our** sole discretion. If **you** apply to increase cover under the **scheme** **we** may ask **you** to agree to **special conditions** before **we** accept **your** application. These changes may also affect the subscriptions **you** have to pay.

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### Other parties

No other person is allowed to make or confirm any changes to your membership or your **benefits** on **our** behalf or decide not to enforce any of **our** rights. Equally, no change to your membership or your **benefits** will be valid unless it is specifically agreed between the **main member** and **us** and confirmed in writing.

## 1.5 GENERAL INFORMATION

### Change of address

**You** should call or write to tell **us** if **you** change **your** address. If **you** do not contact **us** to tell us **you** have changed **your** address and **you** pay **your** subscriptions by direct debit, **your** membership of the **scheme** will automatically end on **your** next **renewal date** if **we** cannot contact **you**.

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### Correspondence and documents

All correspondence and membership documents are sent to the **main member**.

When **you** send documents to **us**, **we** cannot return original documents to you. However, **we** will send **you** copies if you ask **us** to do so at the time you give **us** the documents. 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.

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### Applicable law

The **agreement** is governed by English law.

**TIP:**  
IF YOU'RE UNSURE  
IF ANY CHANGES  
AFFECT YOUR  
COVER, JUST GIVE US  
A CALL AND WE'LL  
BE HAPPY TO ADVISE.

## 1.6 MAKING A COMPLAINT

If something has gone wrong, **we** want to do everything **we** can to put it right. Here's a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible. If you have any complaints the helpline is always the first number to call. **You** can find the helpline number and other contact details on your **membership certificate**. For members with special needs **we** offer a choice of Braille, large print or audio for correspondence. Please let **us** know which you would prefer.

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If **we** have not been able to resolve the problem and you wish to take your complaint further, you can contact **our** Customer Relations Department. Please call: **0845 606 6739** between 8am and 5pm Monday to Friday, calls may be recorded and may be monitored. Or write to: Bupa, Salford Quays, Manchester, M50 3XL.  
Or contact us via our website at: **[www.bupa.co.uk/members/member-feedback](http://www.bupa.co.uk/members/member-feedback)**

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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.

None of these procedures affect your legal rights.

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### **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.

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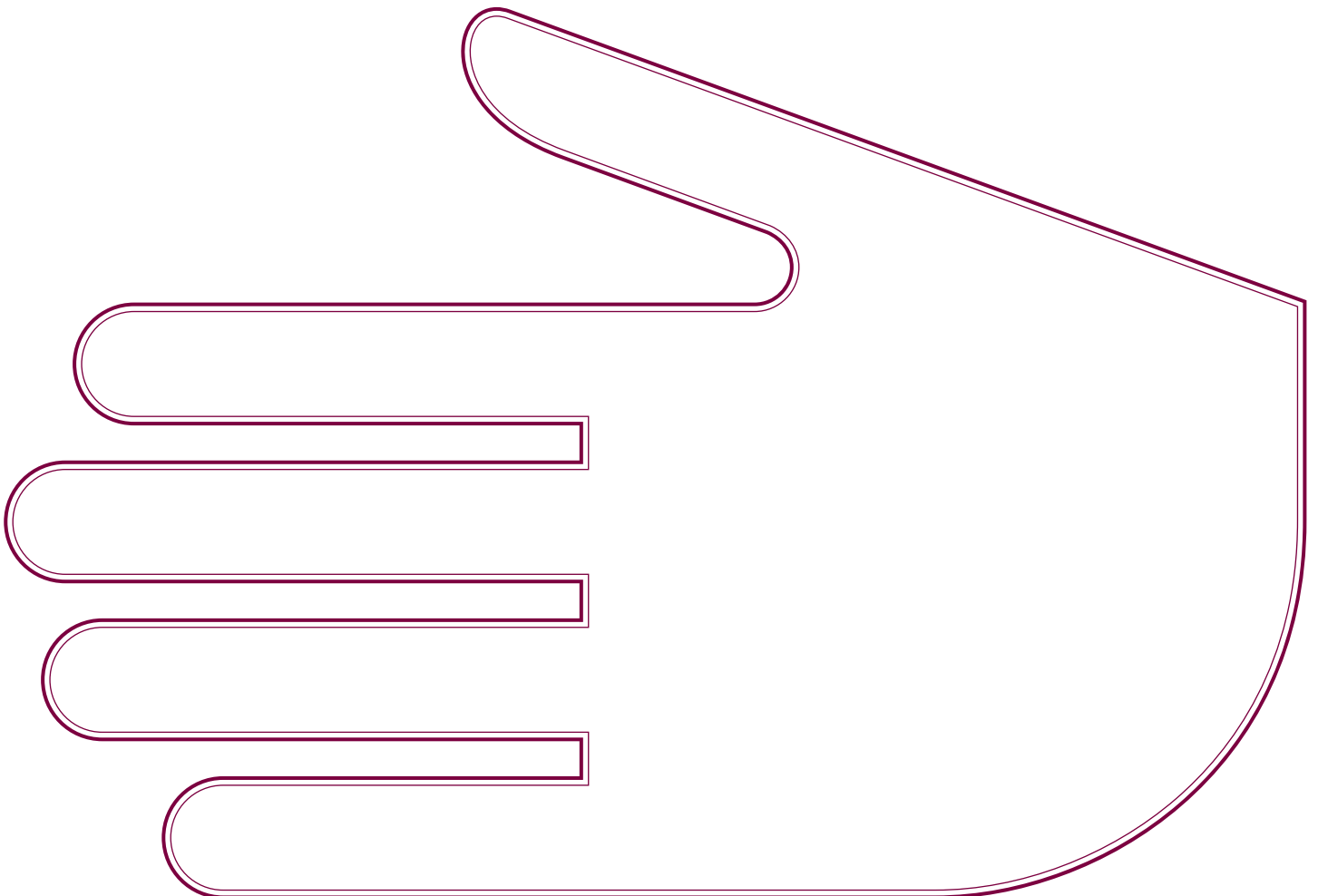
Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website **[www.fscs.org.uk](http://www.fscs.org.uk)**

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## 2. CLAIMING

At a time of ill health this section will provide key information you will need to claim.

We've included a simple step-by-step guide to the claims process, which you can refer to for information on getting a referral from your GP and how to check your treatment costs will be covered.



## A STEP BY STEP GUIDE TO MAKING A CLAIM

### 1. Visit your GP

- o The process starts with a visit to your GP.  
Your GP will advise you if you need to see a consultant or healthcare professional.

### 2. Ask for a referral letter

- o If you need to see a consultant, your GP will provide you with a referral letter which will detail the type of specialist your GP would like you to see.
- o We recommend that you ask for an 'open referral letter' which will detail the care your GP would like you to have, but will not be addressed to a specific consultant, hospital or healthcare professional. An open referral letter needs to include your GP's assessment of your symptoms, the body area affected and medical speciality required.
- o By obtaining an open referral we can offer you greater flexibility and a choice of consultants, as well as help you to make sure you avoid any extra costs (some consultants charge fees which are outside our benefit limits and if they do, you may need to pay some of the fees). You'll find a simple open referral form for your GP to complete in your membership pack and additional copies can be downloaded from [www.bupa.co.uk/open-referral](http://www.bupa.co.uk/open-referral)
- o You can of course ask your GP to suggest a suitable person for you to see and make a note of it separately to ask us about. If your GP does want to provide you with a referral to a specific consultant make sure you confirm with us that they charge within our limits to avoid being liable for any unforeseen costs.

### 3. Call us

- o As soon as you have seen your GP, please call us so that we can discuss your options and explain which consultants and healthcare professionals are covered under your Bupa membership. We will let you know what you need to do next and send you any necessary pre-treatment forms you may need to complete.

### 4. Get a pre-authorisation number

- o When we have confirmed that your treatment is covered, we will discuss your claim with you and issue you a 'pre-authorisation' number. You can then contact your consultant or healthcare provider to arrange an appointment.
- o We recommend you give your pre-authorisation number to the consultant or healthcare professional you see so that the invoice for any treatment costs can be sent to us directly.

If for any reason you are sent the invoice, simply send it on to:

Claims Department, Bupa, Salford Quays, M50 3XL

Once we have made our payment, we will send you a summary of your claim and treatment details. Please note that payment may take a number of weeks depending on how quickly invoices are submitted to us.

## CLAIMS CHECKLIST - WHAT YOU'LL NEED TO MAKE A CLAIM

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

- o Your Bupa membership number
- o The condition you are suffering from
- o Details of when your symptoms first began
- o Details of when you first consulted your GP about your condition
- o Details of the treatment that has been recommended
- o Date(s) on which you are to receive treatment
- o The name of the consultant or other healthcare professional involved
- o Details of where your proposed treatment will take place
- o Your expected length of stay in hospital (if applicable)

## 2.1 MAKING A CLAIM

### 2.1.1 Claims other than cash benefit

**We** recommend that you always contact **us** before arranging or receiving any **treatment**. This is the only way that **we** can confirm the **benefits** that are available to you before you incur any costs for your **treatment**. Any costs you incur that are not covered under your **benefits** are your responsibility.

#### For underwritten members

With full medical underwriting, your medical history is provided when you join the **scheme**. **We** then review your information and decide what cover **we** can offer you. Any **pre-existing condition** (and conditions related to it) will be excluded and listed as a **special condition** on your **membership certificate**. **We** can, in some cases, review your **special conditions** in future if you ask us to.

When you call **us we** will:

- o confirm whether your proposed **treatment**, medical provider or treatment facility will be eligible under your **benefits**
- o the level of **benefits** available to you; and
- o if you wish to make a claim, tell you whether you will need to complete a claim form

**If you do not need to complete a claim form, we** will treat your call to **us** as your claim once **we** are notified that you have received your **treatment**. In most cases **we** will be notified that you have received your **treatment** by your **consultant** or the provider of your **treatment**.

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

#### For moratorium members

With moratorium underwriting, you are asked to provide details about your medical history if you make a claim and not when you join the **scheme**.

Cover is automatically excluded for 2 years from the start of your **scheme** for any conditions which you:

- o had symptoms of
- o received medication for
- o had **treatment** for; or
- o received advice about

in the 5 years before your **start date**.

Cover is also excluded for any **moratorium condition** unless you do not:

- o have symptoms of
- o receive medication for; or
- o receive advice about

the condition for a continuous period of 2 years.

When you joined the **scheme** you agreed you would not be covered for any **moratorium conditions**. Each time you make a claim you must provide us with information so **we** can confirm whether your proposed **treatment** is covered under **your benefits**.

When you call us **we** will send you a pre-treatment form to complete giving details of the history of the medical condition you are claiming for, including information that you will need to ask your **GP** or **consultant** for. Your **GP** or **consultant** may charge you a fee for providing a report which **we** do not pay. Each claim you make during **your** membership will be assessed on this information and any further information **we** ask you to provide to us at the time you claim. Once **we** receive all the information **we** ask you for **we** will:

- o confirm whether your proposed **treatment**, medical provider or treatment facility will be eligible under your **benefits**
- o the level of **benefits** available to you; and
- o if you wish to make a claim, tell you whether you will need to complete a claim form

**If you do not need to complete a claim form we** will treat your submission of your pre-treatment form to **us** as your claim once **we** are notified that you have received your **treatment**. In most cases **we** will be notified that you have received **treatment** by your **consultant** or **recognised facility**.

#### TIP:

BEFORE YOU MAKE A CLAIM PLEASE REFER TO THE CLAIMS CHECKLIST OPPOSITE TO ENSURE YOU HAVE ALL THE INFORMATION YOU'LL NEED.

IF POSSIBLE, ALWAYS HAVE YOUR MEMBERSHIP CERTIFICATE TO HAND WHEN YOU CALL.

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.

**Remember:** The value of the claims you make can affect the level of your subscriptions for the following year. See also the “*Low claims bonus*” section in “*How your membership works*” or call us for more information.

### 2.1.2 Claims for 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:

- o 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
- o if you do not need a claim form, a covering letter giving your name, address and membership number

together with your original documents – for example discharge notes, invoices and receipts.

### 2.1.3 Treatment needed because of someone else’s fault

When you claim for **treatment** you need because of an injury or medical condition that was caused by or was the fault of someone else (a ‘third party’), for example, an injury suffered in a road accident in which you are a victim, all of the following conditions apply when you make such a claim:

- o you agree you are responsible for the payment of any costs which may ultimately be recovered from the third party
- o you must notify **us** as soon as possible that your **treatment** was needed as a result of a third party. You can notify **us** either by writing to **us** or completing the appropriate section on your claim form. You must provide **us** with any further details that **we** reasonably ask you for
- o you must take any reasonable steps **we** ask of you to recover from the third party the cost of the **treatment** paid for by **us** and claim interest if you are entitled to do so
- o you (or your solicitor) must keep **us** fully informed in writing of the progress and outcome of your claim
- o if you recover the cost of any **treatment** paid for by **us**, you must repay the amount and any interest to **us**

### 2.1.4 Other insurance cover

If you have other insurance cover for the cost of the **treatment** or services that you are claiming from **us** you must provide **us** with full details of that other insurance policy as soon as possible. You must do this either by writing to **us** or by completing the appropriate section on your claim form. In which case **we** will only pay **our** share of the cost of the **eligible treatment** for which you are claiming.

## 2.2 HOW WE WILL DEAL WITH YOUR CLAIM

### 2.2.1 General information

**We** only pay for **eligible treatment** that you receive, or the **benefits** that you are entitled to, while you are covered under the **agreement** and **we** only pay in accordance with the **agreement**. **We** also only pay the **benefits** that applied to you on the date you received your **treatment** or the date that you became entitled to those **benefits**.

Except for NHS cash benefit and the Cancer Assist Add on (if applicable), **we** only pay eligible costs and expenses actually incurred by you for **treatment** you receive. **We** do not have to pay a claim if you break any terms and conditions of your membership. Unless **we** tell you otherwise, your claim form and proof to support your claim must be sent to **us**.

### 2.2.2 Providing us with information

You will need to provide **us** with information to help **us** assess your claim if **we** make a reasonable request for you to do so. For example, **we** may ask you for one or more of the following:

- o medical reports and other information about the **treatment** for which you are claiming
- o the results of any independent medical examination which **we** may ask you to undergo at **our** expense
- o 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 had alterations made to them

If you do not provide **us** with any information **we** reasonably ask you for **we** will be unable to assess your claim.

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### 2.2.3 How we pay your claim

**Claims other than cash benefits:** for **treatment** costs covered under your **benefits we** will, in most cases, pay the provider of your **treatment** direct – such as the **recognised facility** or **consultant** or whichever other person or facility is entitled to receive the payment.

Otherwise **we** will pay the **main member**.

**We** will write to tell the **main member** how **we** have dealt with any claim.

**Claims for cash benefits:** **we** pay **eligible** claims by cheque to, or by direct payment to the bank account of, the **main member**.

## 2.3 IF YOU WANT TO WITHDRAW A CLAIM

If, for any reason, you wish to withdraw your claim for the costs of **treatment** you have received, you should call the helpline to tell **us** as soon as possible. You will be unable to withdraw your claim if **we** have already paid your claim.

If you do withdraw your claim you will be responsible for paying the costs of that **treatment**.

## 2.4 EX-GRATIA PAYMENTS

If **we** agree to pay for the costs of **treatment** to which you are not entitled under your **benefits**, ie an 'ex-gratia payment', this payment will still count towards any maximum amount **we** will pay under your **benefits**. Making these payments does not oblige **us** to make them in the future.

## 2.5 IF YOU HAVE AN EXCESS

**You** may have agreed with **us** that an **excess** shall apply to your **benefits**.

The **membership certificate** shows if one does apply and if so:

- o the amount
- o who it applies to
- o what type of **treatment** it is applied to; and
- o the period for which the **excess** will apply

Some further details of how an **excess** works are set out below and should be read together with your **membership certificate**. If you are unsure whether an **excess** does apply to you please refer to your **membership certificate** or contact the helpline.

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### 2.5.1 How an excess works

Having an **excess** means that you have to pay part of any **eligible treatment** costs that would otherwise be paid by **us** up to the amount of your **excess**. By **eligible treatment** costs **we** mean costs that would have been payable under your **benefits** if you had not had an **excess**.

If your **excess** applies each **year** it starts at the beginning of each **year** even if **your treatment** is ongoing. So, your **excess** could apply twice to a single course of **treatment** if your **treatment** begins in one **year** and continues into the next **year**.

**We** will write to the **main member** to tell them who you should pay the **excess** to, for example, your **consultant, therapist or recognised facility**. The **excess** must be paid direct to them – not to **Bupa**. **We** will also write to tell the **main member** the amount of the **excess** that remains (if any).

You should always make a claim for **eligible 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 again.

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### 2.5.2 How the excess applies to your benefits

Unless **we** say otherwise in your **membership certificate**:

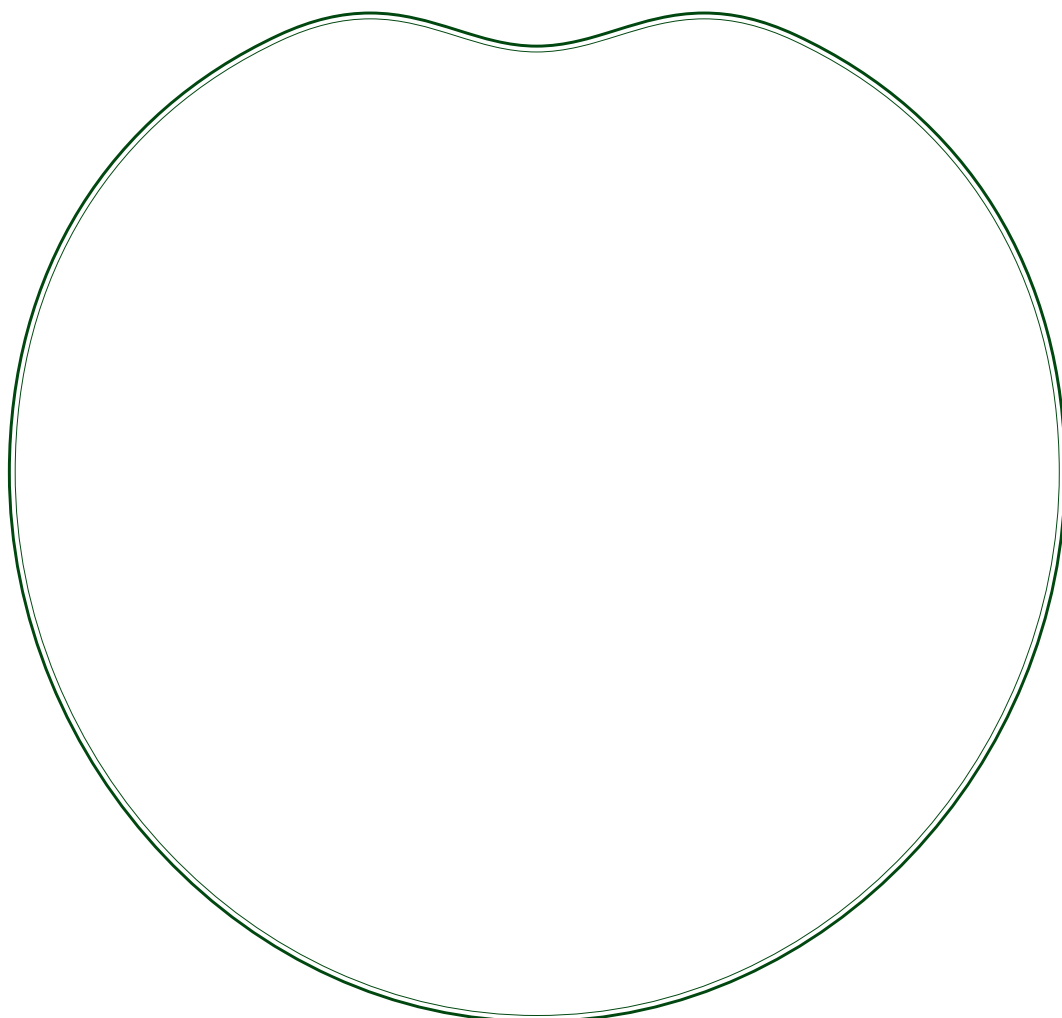
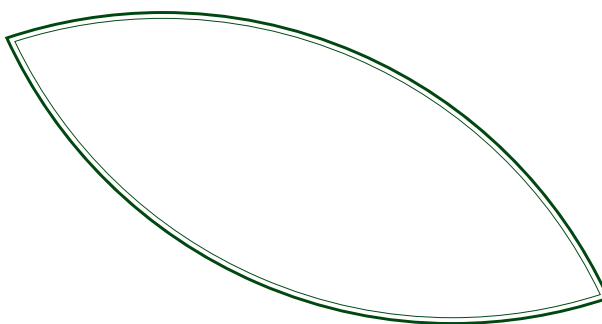
- o **we** apply the **excess** to **your** claims in the order in which **we** process those claims
- o when you claim for **eligible treatment** costs under a **benefit** that has a benefit limit your **excess** amount will count towards your total benefit limit for that **benefit**
- o the **excess** does not apply to NHS cash benefit or to the *Health Expenses Cover, Dental Cover, Complementary Therapies Cover and Cancer Assist Add ons or to the Fitness check within Fit and Active Cover*

### 3. BENEFITS: WHAT YOU ARE COVERED FOR

Please take a look at your membership certificate for a list of the specific benefits of your chosen *Bupa By You* policy. Any elements of cover that you see described in this guide that are not listed on your certificate or are shown as 'not covered', are not included in your insurance.

You'll see that cover is divided into three core options: Prompt Diagnosis, Treatment and Care, and Comprehensive. There are also sections dedicated to the wide variety of add ons that are available with *Bupa By You*.

If you have purchased any add ons on top of your core health insurance, you will find important information about these within this section.



This section explains charges *we* pay for *eligible treatment* and the impact of both the type of *treatment* you need and your chosen medical practitioners and/or treatment facility to be eligible under your *benefits*.

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## NOTES ON BENEFITS

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The following notes apply equally to all the benefits and should be read together with those benefits.

### Restrictions and/or limitations to benefits

Your cover may be limited or restricted through one or more of the following:

- o benefit limits – these may be limits on:
  - the amounts **we** will pay and/or restrictions on the cover you have under your **benefits**. Your **membership certificate** shows the benefit limits and/or restrictions that apply to your **benefits**; or
  - the maximum amounts **we** will pay towards the costs of your **treatment**, which apply particularly when you use a **recognised facility** that is not within your **facility access** or a **consultant** who is not a **fee assured partner**
- o an **excess** – this is explained in section 2.5 in the section ‘Claiming’. Your **membership certificate** shows if an **excess** applies to your **benefits**. If one does apply, your benefit limits shown in your **membership certificate** will be subject to your **excess**
- o **waiting periods** – if you are an **underwritten member**, **waiting periods** apply to certain benefits and certain exceptions as set out in this membership guide. Your **membership certificate** shows if **waiting periods** apply to your **benefits** and if so how long your **waiting periods** are
- o exclusions apply to your cover: the general exclusions are set out in the section ‘What is not covered’. Some exclusions also apply in this section and there may also be exclusions in your **membership certificate**

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### Being referred for treatment and Bupa recognised medical practitioners and recognised facilities

Your **treatment** must follow an initial referral by a **GP** after you have seen the **GP** in person. However, for **day-patient treatment** or **in-patient treatment** provided by a **consultant** such referral is not required in the case of a medical emergency.

You are only covered for **eligible treatment**. Please see the glossary section for what **we** mean by **eligible treatment**. Your cover for **eligible treatment** costs depends on you using certain **Bupa** recognised medical and other health practitioners and **recognised facilities**. Please note:

- o the medical practitioners, other healthcare professionals and **recognised facilities** you use can affect the level of **benefits we** pay you
- o the level of benefits **we** pay you depends upon whether the **recognised facility** you use is within your **facility access**
- o certain medical practitioners, other healthcare professionals and **recognised facilities** that **we** recognise may only be recognised by **us** for certain types of **treatment** or treating certain medical conditions or certain levels of **benefits**
- o the medical practitioners, other healthcare professionals and **recognised facilities** that **we** recognise and the type of medical condition and/or type of **treatment** and/or level of **benefit** that **we** recognise them for can change from time to time

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### Your treatment costs are only covered when:

- o the person who has overall responsibility for your **treatment** is a **consultant**. If the person who has overall responsibility for your **treatment** is not a **consultant** then none of your **treatment** costs are covered – the only exception to this is where a **GP** refers you for **out-patient treatment** by a **mental health and wellbeing therapist** (if applicable), **therapist** or **complementary therapy practitioner** (if applicable)
- o the medical practitioner or other healthcare professional and the **recognised facility** are recognised by **us** for treating the medical condition you have and for providing the type of **treatment** you need. In addition, the level of benefits **we** pay depends upon whether the **recognised facility** you use is within your **facility access**

**Important:** Always call *us* before arranging any *treatment* to check your *benefits* and whether your chosen medical practitioner or other health care professional or *recognised facility* is recognised by *us* for both treating the medical condition you have and for providing the type of *treatment* you need and the *recognised facility* is within your *facility access*. Any *treatment* costs *you* incur that are not covered under your *benefits* are your responsibility.

### Using a non-recognised facility

When you contact *us* *we* will check your cover and help you to find a suitable alternative *Bupa* recognised treatment facility. However, if, for medical reasons, your proposed *day-patient treatment* or *in-patient treatment* cannot take place in a *recognised facility* *we* may agree to your *treatment* being carried out in a treatment facility that is not a *recognised facility*. *We* need full clinical details from your *consultant* before *we* can give *our* decision. If *we* do agree, *we* pay benefits for the *treatment* as if the treatment facility had been a *recognised facility*.

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### Reasonable and customary charges

*We* only pay *eligible treatment* charges that are reasonable and customary. This means that the amount you are charged by medical practitioners, other healthcare professionals and/or treatment facilities and what you are charged for have to be in line with what the majority of our other members are charged for similar *treatment* or services.

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## PROMPT DIAGNOSIS

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### Getting diagnosed

You are only covered for this benefit if your *membership certificate* shows it is covered.

#### Benefit PD1 Consultations and diagnosis

We do not pay any *consultants' fees*, *therapists' fees*, *mental health and wellbeing therapists' fees* or *facility charges* for or in relation to the diagnosis of any *mental health condition*.

We do not pay any *therapists' fees* or *mental health and wellbeing therapists' fees* for or in relation to the diagnosis of any disease, illness or injury.

We do not pay any *facility charges* or *consultants' fees* for any *treatment* for a disease, illness or injury which has been *diagnosed*.

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#### Benefit PD1.1 Out-patient consultations

We pay *consultants' fees* for *out-patient* consultations to enable the diagnosis of your disease, illness or injury as *out-patient treatment* and you are referred for the consultation by your *GP* or *consultant*.

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#### Benefit PD1.2 Diagnostic tests/eligible surgical operations

When requested by your *GP* or *consultant* for the diagnosis of your disease, illness or injury we pay *facility charges* (including the charge for interpretation of the results) for *diagnostic tests* and/or *eligible surgical operations* for the diagnosis of your disease, illness or injury received as *out-patient treatment*, *day-patient treatment* or *in-patient treatment*. We pay *consultants' fees* for *eligible surgical operations* undertaken for the diagnosis of your disease, illness or injury.

Please also see Exclusion 13, 'Diagnostic tests that include treatment provided at the same time' in the section 'What is not covered'.

The following sections explain the type of *facility charges* we pay in relation to *diagnostic tests* and *eligible surgical operations* undertaken for the diagnosis of your disease, illness or injury.

##### Benefit PD1.2.1 Accommodation

We pay for your accommodation costs including your own meals and refreshments while you are receiving *diagnostic tests* or an *eligible surgical operation* for the diagnosis of your disease, illness or injury as *day-patient treatment* or *in-patient treatment*.

We do not pay for personal items such as telephone calls, newspapers, guest meals and refreshments or personal laundry.

We do not pay *facility charges* for accommodation if:

- o the charge is for an overnight stay for *diagnostic tests* or an eligible surgical operation for the diagnosis of your disease, illness or injury that would normally be carried out as *out-patient treatment* or *day-patient treatment*
- o the charge is for use of a bed for *diagnostic tests* or an eligible surgical operation for the diagnosis of your disease, illness or injury that would normally be carried out as *out-patient treatment*
- o the accommodation is primarily used for any purpose other than receiving *diagnostic tests* or *eligible surgical operations* for the diagnosis of your disease, illness or injury

##### Benefit PD1.2.2 Parent accommodation

We pay for each night a parent needs to stay in the facility with their child. We only pay for one parent each night. This benefit applies to the child's cover and any charges are payable from the child's *benefits*. The child must be:

- o a member under the *agreement*
- o under 12 years of age; and
- o having *diagnostic tests* or an *eligible surgical operation* for the diagnosis of their disease, illness or injury as *in-patient treatment*

### Benefit PD1.2.3 Theatre charges, nursing care, drugs and surgical dressings

We pay for use of the operating theatre and for nursing care, drugs and surgical dressings when needed as an essential part of **diagnostic tests** or **eligible surgical operations** undertaken for the diagnosis of your disease, illness or injury, which you receive as **out-patient treatment, day-patient treatment** or **in-patient treatment**.

We do not pay for extra nursing services in addition to those that the **facility** would usually provide as part of normal patient care without making any extra charge.

We do not pay for drugs and surgical dressings used for **diagnostic tests** received as **out-patient treatment** or for you to use after your stay in the facility.

Please also see Exclusion 15, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in the section 'What is not covered'.

(MRI, CT and PET scans are not paid under this benefit – see benefit PD1.3.)

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### Benefit PD1.3 Out-patient MRI, CT and PET scans

When requested by your **consultant** to enable the **diagnosis** of your condition we pay **facility charges** (including the charge for interpretation of the results), for:

- o MRI scans (magnetic resonance imaging)
- o CT scans (computed tomography)
- o PET scans (positron emission tomography)

received as **out-patient treatment**.

## Getting treated

### Benefit PD2 Cancer Cover

You are only covered for **Cancer Cover** if your **membership certificate** shows it is covered.

If you are covered for **Cancer Cover**, we pay for **eligible treatment** of **cancer** on the same basis as set out in benefit C5 and also in benefits C2.5, C3, C4 and C7 to C9 for **acute conditions**.

### Benefit PD3 Active Cover/Fit and Active Cover

You are only covered for either **Active Cover** or **Fit and Active Cover** if your **membership certificate** shows it is covered. You should call us to find out if your condition is a **muscle, joint or bone condition**.

If you are covered for either **Active Cover** or **Fit and Active Cover**, 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 do not pay for any **treatment** that is not related to a **muscle, joint or bone condition**.

If you are covered for either **Active Cover** or **Fit and Active Cover**, we pay for **treatment** for **muscle, joint or bone conditions** on the same basis as set out in benefits C2, C3, C4 and C7 to C10 for **acute conditions**

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### Benefit PD3.1 Fitness check

You are only covered for a **fitness check** if your **membership certificate** shows it is covered.

If you are covered for a **fitness check** we will pay for one **fitness check** to be undertaken at a **Bupa Health Assessment Centre** for you and your dependants (if any) each year.

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**.

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## TREATMENT AND CARE

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### Getting diagnosed

#### Benefit TC1 Scan and test cover

You are only covered for *Scan and Test Cover* if your **membership certificate** shows it is covered.

**We** do not pay any **consultants' fees**, **therapists' fees** or **mental health and wellbeing therapists' fees** for any **out-patient** consultations.

**We** do not pay any **consultants' fees**, **therapists' fees**, **mental health and wellbeing therapists' fees** or **facility charges** for or in relation to the diagnosis of any **mental health condition**.

---

#### Benefit TC1.1 Diagnostic tests/eligible surgical operations

When requested by your **GP** or **consultant** for the diagnosis of your disease, illness or injury **we** pay **facility charges** (including the charge for interpretation of the results) for **diagnostic tests** and/or **eligible surgical operations** undertaken for the diagnosis of your disease, illness or injury, which are received as **out-patient treatment**, **day-patient treatment** or **in-patient treatment**. **We** pay **consultants' fees** for **eligible surgical operations** undertaken for the diagnosis of your disease, illness or injury.

The following sections explain the type of **facility charges we** pay in relation to **diagnostic tests** and **eligible surgical operations** undertaken for the diagnosis of your disease, illness or injury.

##### Benefit TC1.1.1 Accommodation

**We** pay for your accommodation costs including your own meals and refreshments while **you** are receiving **diagnostic tests** or an **eligible surgical operation** for the diagnosis of your disease, illness or injury as **day-patient treatment** or **in-patient treatment**.

**We** do not pay for personal items such as telephone calls, newspapers, guest meals and refreshments or personal laundry.

**We** do not pay **facility charges** for accommodation if:

- o the charge is for an overnight stay for **diagnostic tests** or an **eligible surgical operation** for the diagnosis of your disease, illness or injury that would normally be carried out as **out-patient treatment** or **day-patient treatment**
- o the charge is for use of a bed for **diagnostic tests** or an **eligible surgical operation** for the diagnosis of your disease, illness or injury that would normally be carried out as **out-patient treatment**
- o the accommodation is primarily used for any purpose other than receiving **diagnostic tests** or an **eligible surgical operation** for the diagnosis of your disease, illness or injury

##### Benefit TC1.1.2 Theatre charges, nursing care, drugs and surgical dressings

**We** pay for use of the operating theatre and for nursing care, drugs and surgical dressings when needed as an essential part of **diagnostic tests** or **eligible surgical operations** undertaken for the **diagnosis** of your condition, which you receive as **out-patient treatment**, **day-patient treatment** or **in-patient treatment**.

**We** do not pay for extra nursing services in addition to those that the facility would usually provide as part of normal patient care without making any extra charge.

**We** do not pay for drugs and surgical dressings used for **diagnostic tests** received as **out-patient treatment** or for you to use after your stay in the facility.

Please also see *Exclusion 15, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products'* in the section *'What is not covered'*.

(Out-patient MRI, CT and PET scans are not paid under this benefit – see benefit TC1.2.)

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#### Benefit TC1.2 Out-patient MRI, CT and PET scans

When requested by your **consultant** to enable the **diagnosis** of your condition **we** pay **facility charges** (including the charge for interpretation of the results), for:

- o MRI scans (magnetic resonance imaging)
- o CT scans (computed tomography)
- o PET scans (positron emission tomography)

received as **out-patient treatment**.

## **Benefit TC2            Treatment of your acute condition**

You are only covered for this benefit if your *membership certificate* shows it is covered.

**We** do not pay any *benefits* before your *acute condition* has been *diagnosed* under this benefit. **We** only pay *benefits* in relation to *treatment* you require after your *acute condition* has been *diagnosed* that is for or related to that *acute condition*.

**We** pay *benefits* on the basis set out in *benefits* C2, C3, C4 and C6 to C10 for *treatment* that is required after your *acute condition* has been *diagnosed* and is for or related to that *acute condition*.

---

## **Benefit TC2.1            Treatment for cancer**

You are only covered for this benefit if your *membership certificate* shows it is covered.

If you are covered for this benefit, **we** pay for *eligible treatment* of *cancer* on the basis set out in benefit C5 and also in benefits C2.5, C3, C4 and C7 to C9.

**Benefit C1                    Consultations and diagnosis**

You are only covered for this benefit if your *membership certificate* shows it is covered.

**Benefit C1.1                    Out-patient consultations**

We pay *consultants'* fees for *out-patient* consultations that are to enable the diagnosis of your disease, illness or injury as *out-patient treatment* and you are referred for the consultation by your *GP* or *consultant*.

---

**Benefit C1.2                    Diagnostic tests/eligible surgical operations**

When requested by your *GP* or *consultant* for the diagnosis of your disease, illness or injury we pay *facility charges* (including the charge for interpretation of the results) for *diagnostic tests* and/or *eligible surgical operations* for the diagnosis of your disease, illness or injury received as *out-patient treatment*, *day-patient treatment* or *in-patient treatment*. We pay *consultants'* fees for *eligible surgical operations* undertaken for the diagnosis of your disease, illness or injury.

The following sections explain the type of *facility charges* we pay in relation to *diagnostic tests* and *eligible surgical operations* undertaken for the diagnosis of your disease, illness or injury.

**Benefit C1.2.1                    Accommodation**

We pay for your accommodation costs including your own meals and refreshments while you are receiving *diagnostic tests* or *eligible surgical operations* for the diagnosis of your disease, illness or injury as *day-patient treatment* or *in-patient treatment*.

We do not pay for personal items such as telephone calls, newspapers, guest meals and refreshments or personal laundry.

We do not pay *facility charges* for accommodation if:

- o the charge is for an overnight stay for *diagnostic tests* or an *eligible surgical operation* for the diagnosis of your disease, illness or injury that would normally be carried out as *out-patient treatment* or *day-patient treatment*
- o the charge is for use of a bed for *diagnostic tests* or an *eligible surgical operation* for the diagnosis of your disease, illness or injury that would normally be carried out as *out-patient treatment*
- o the accommodation is primarily used for any purpose other than receiving *diagnostic tests* or *eligible surgical operations* for the diagnosis of your disease, illness or injury

**Benefit C1.2.2                    Parent accommodation**

We pay for each night a parent needs to stay in the *facility* with their child. We only pay for one parent each night. This benefit applies to the child's cover and any *charges* are payable from the child's *benefits*. The child must be:

- o a member under the *agreement*
- o under 12 years of age; and
- o having *diagnostic tests* or an *eligible surgical operation* for the diagnosis of their disease, illness or injury as *in-patient treatment*

**Benefit C1.2.3                    Theatre charges, nursing care, drugs and surgical dressings**

We pay for use of the operating theatre and for nursing care, drugs and surgical dressings when needed as an essential part of *diagnostic tests* or *eligible surgical operations* undertaken for the diagnosis of your disease, illness or injury, which you receive as *out-patient treatment*, *day-patient treatment* or *in-patient treatment*.

We do not pay for extra nursing services in addition to those that the facility would usually provide as part of normal patient care without making any extra charge.

We do not pay for drugs and surgical dressings used for *diagnostic tests* as part of *out-patient treatment* or for you to use after your stay in the facility.

Please also see *Exclusion 15, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in the section 'What is not covered'.*

(Out-patient MRI, CT and PET scans are not paid under this benefit – see benefit C1.3.)

---

### **Benefit C1.3            Out-patient MRI, CT and PET scans**

When requested by your **consultant** to enable the diagnosis of your disease, illness or injury **we pay facility charges** (including the charge for interpretation of the results), for:

- o MRI scans (magnetic resonance imaging)
- o CT scans (computed tomography)
- o PET scans (positron emission tomography)

received as **out-patient treatment**.

## **Getting treated**

### **Out-patient treatment**

#### **Benefit C2            Out-patient consultations and treatment**

You are only covered for this benefit if your **membership certificate** shows it is covered.

#### **Benefit C2.1            Out-patient consultations**

**We pay consultants' fees for out-patient consultations** that are to assess your **acute condition** when carried out as **out-patient treatment** and you are referred for the consultation by your **GP** or **consultant**.

---

#### **Benefit C2.2            Out-patient therapies and charges related to out-patient treatment**

##### **Out-patient therapies**

**We pay therapists' fees for out-patient treatment** of your **acute condition** when you are referred for the **treatment** by your **GP** or **consultant**.

If your **consultant** refers you to a medical or health practitioner who is not a **therapist we** may pay the charges as if the practitioner were a **therapist** if all of the following apply:

- o your **consultant** refers you to the practitioner before the **out-patient treatment** takes place and remains in overall charge of your care; and
- o the practitioner has applied for **Bupa** recognition and **we** have not written to say he/she is not recognised by **Bupa**

##### **Charges related to out-patient treatment**

**We pay facility charges for out-patient treatment** which is related to and is an integral part of your **out-patient treatment**. **We** treat these charges as falling under this benefit C2.2.

---

#### **Benefit C2.3            Diagnostic tests**

When requested by your **GP** or **consultant** to help determine or assess your **acute condition** as part of **out-patient treatment we pay facility charges** (including the charge for interpretation of the results) for **diagnostic tests**.

(Out-patient MRI, CT and PET scans are not paid under this benefit – see benefit C2.5.)

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#### **Benefit C2.4            Out-patient MRI, CT and PET scans**

When requested by your **consultant** to help determine or assess your **acute condition** as part of **out-patient treatment we pay facility charges** (including the charge for interpretation of the results), for:

- o MRI scans (magnetic resonance imaging)
- o CT scans (computed tomography)
- o PET scans (positron emission tomography)

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### **Being treated in hospital**

#### **Benefit C3            Consultants' fees for surgical and medical hospital treatment**

You are only covered for this benefit if your **membership certificate** shows it is covered.

### **Benefit C3.1 Surgeons and anaesthetists**

We pay **consultant** surgeons' fees and **consultant** anaesthetists' fees for **eligible surgical operations** on your **acute condition**.

---

### **Benefit C3.2 Physicians**

We pay **consultant** physicians' fees for **day-patient treatment** or **in-patient treatment** if your **treatment** does not include a **surgical operation** or **eligible treatment of cancer**.

If **your treatment** does include an **eligible surgical operation** we only pay **consultant** physicians' fees if the attendance of a physician is medically necessary because of your **eligible surgical operation**.

If your **benefits** include cover for **eligible treatment of cancer** and your **treatment** does include **eligible treatment of cancer** we only pay **consultant** physicians' fees if the attendance of a **consultant** physician is medically necessary because of your **eligible treatment of cancer**, for example, if you develop an infection that requires **in-patient treatment**.

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### **Benefit C4 Facility charges**

You are only covered for this benefit if your **membership certificate** shows it is covered.

#### **Benefit C4.1 Out-patient surgical operations**

We pay **facility charges** for **eligible surgical operations** carried out as **out-patient treatment**. We pay for theatre use, including equipment, and drugs and surgical dressings used during the **surgical operation**.

---

#### **Benefit C4.2 Day-patient and in-patient treatment**

We pay **facility charges** for **day-patient treatment** and **in-patient treatment** and the charges we pay for are set out in C4.2.1 to C4.2.7.

##### **Benefit C4.2.1 Accommodation**

We pay for your accommodation including your own meals and refreshments while you are receiving your **treatment**.

We do not pay for personal items such as telephone calls, newspapers, guest meals and refreshments or personal laundry.

We do not pay **facility charges** for accommodation if:

- o the charge is for an overnight stay for **treatment** that would normally be carried out as **out-patient treatment** or **day-patient treatment**
- o the charge is for use of a bed for **treatment** that would normally be carried out as **out-patient treatment**
- o the accommodation is primarily used for any of the following purposes:
  - convalescence, rehabilitation, supervision or any purpose other than receiving **eligible treatment**
  - receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment
  - receiving services from a **therapist** or **complementary therapy practitioner** (if covered)

##### **Benefit C4.2.2 Parent accommodation**

We pay for each night a parent needs to stay with their child. We only pay for one parent each night. This benefit applies to the child's cover and any charges are payable from the child's **benefits**. The child must be:

- o a member under the **agreement**
- o under 12 years of age; and
- o receiving **in-patient treatment**

##### **Benefit C4.2.3 Theatre charges, nursing care, drugs and surgical dressings**

We pay for use of the operating theatre and for nursing care, drugs and surgical dressings when needed as an essential part of your **day-patient treatment** or **in-patient treatment**.

**We** do not pay for extra nursing services in addition to those that the facility would usually provide as part of normal patient care without making any extra charge.

**We** do not pay for drugs and surgical dressings used for **out-patient treatment** or for you to use after your stay in the facility except for **out-patient** cancer drugs as set out in benefit C5. Please also see *Exclusion 15, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in the section 'What is not covered'*.

#### **Benefit C4.2.4 Intensive care**

**We** pay for **intensive care** when needed as an essential part of your **day-patient treatment** or **in-patient treatment** but **we** only pay if all the following conditions are met:

- o the **intensive care** is required routinely by patients undergoing the same type of **treatment** as yours
- o you are receiving private **eligible treatment** in a facility equipped with a **critical care unit**
- o the **intensive care** is carried out in the **critical care unit**; and
- o it follows your planned admission to the facility for private **treatment**

**We** also pay for **intensive care** for **day-patient treatment** or **in-patient treatment** if unforeseen circumstances arise from a medical or surgical procedure which does not routinely require **intensive care** as part of the **treatment** but only if:

- o you are receiving private **eligible treatment** in a facility equipped with a **critical care unit**; and
- o the **intensive care** is carried out in the **critical care unit**

in which case your **consultant** or facility should contact **us** at the earliest opportunity.

**We** do not pay for any **intensive care** in any of the following circumstances:

- o it follows an unplanned or an emergency admission to an **NHS** hospital or facility
- o it follows a transfer (whether on an emergency basis or not) to an **NHS** hospital or facility from a private facility
- o it is carried out in a unit or facility which is not a **critical care unit**

Please also see *Exclusion 20, 'Intensive care' in section 5.*

#### **Benefit C4.2.5 Diagnostic tests and MRI, CT and PET scans**

When recommended by your **consultant** to help determine or assess your **acute condition** as part of **day-patient treatment** or **in-patient treatment** **we** pay **facility charges** for:

- o **diagnostic tests**
- o MRI scans (magnetic resonance imaging)
- o CT scans (computed tomography); and
- o PET scans (positron emission tomography)

#### **Benefit C4.2.6 Therapies**

**We** pay **facility charges** for **eligible treatment** provided by **therapists** when needed as part of your **day-patient treatment** or **in-patient treatment**.

#### **Benefit C4.2.7 Prostheses and appliances**

**We** pay **facility charges** for a **prosthesis** or **appliance** needed as part of your **day-patient treatment** or **in-patient treatment**.

**We** do not pay for any **treatment** which is for or associated with or related to a prosthesis or appliance that you are not covered for under your **benefits**.

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## **BENEFITS FOR SPECIFIC MEDICAL CONDITIONS**

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### **Benefit C5 Cancer treatment**

You are only covered for this benefit if your **membership certificate** shows it is covered.

This benefit C5 explains what **we** pay for:

- o **out-patient treatment** for **cancer**

- o out-patient drugs for **eligible treatment** for **cancer**

For all other **eligible treatment** for **cancer**, including out-patient MRI, CT and PET scans, you are covered on the same basis and up to the same limits as your **benefits** for other **eligible treatment** as set out in benefits C2.5, C3, C4 and C7 to C9.

---

### **Benefit C5.1 Out-patient consultations for cancer**

We pay **consultants'** fees for consultations that are to assess your **acute condition** of **cancer** when carried out as **out-patient treatment** and you are referred for the **out-patient** consultation by your **GP** or **consultant**.

We may agree to pay a **consultant** or **facility charges** for the use of a consulting room used during your out-patient consultation, where we do agree we pay the charge under this benefit C5.1.

---

### **Benefit C5.2 Out-patient therapies and charges related to out-patient treatment for cancer**

#### **Out-patient therapies**

We pay **therapists'** fees for **eligible out-patient treatment** for **cancer** when you are referred for the **treatment** by your **GP** or **consultant**.

If your **consultant** refers you to a medical or health practitioner who is not a **therapist** we may pay the charges as if the practitioner were a **therapist** if all of the following apply:

- o your **consultant** refers you to the practitioner before the **out-patient treatment** takes place and remains in overall charge of your care; and
- o the practitioner has applied for **Bupa** recognition and we have not written to say he/she is not recognised by **Bupa**

#### **Charges related to out-patient treatment**

We pay provider charges for **out-patient treatment** when the **treatment** is related to and is an integral part of your **out-patient treatment** or out-patient consultation for **cancer**.

---

### **Benefit C5.3 Out-patient diagnostic tests for cancer**

When requested by your **GP** or **consultant** to help determine or assess your **acute condition** as part of **out-patient treatment** for **cancer** we pay **facility charges** (including the charge for interpretation of the results) for **diagnostic tests**.

(Out-patient MRI, CT and PET scans are not paid under this benefit – see benefit C2.5.)

---

### **Benefit C5.4 Out-patient cancer drugs**

We pay **facility charges** for drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out **out-patient treatment** for **cancer**.

We do not pay for any complementary, homoeopathic or alternative products, preparations or remedies for **treatment** of **cancer**.

Please see *Exclusion 15, 'Drugs and dressings for out-patient and take home use and complementary and alternative products'* in the section 'What is not covered'.

---

### **Benefit C5.5 NHS cash benefit for NHS treatment for cancer**

You are only covered for this benefit if your **membership certificate** shows it is covered. If you are covered, your **membership certificate** shows the benefit limits that apply.

#### **Benefit C5.5.1 NHS in-patient treatment for cancer**

We pay NHS cash benefit for each night you receive **in-patient treatment** for **cancer** that is provided to you free under your **NHS**. We only pay NHS cash benefit if your **treatment** would otherwise have been covered for private **in-patient treatment** under **your benefits**.

Any costs you incur for choosing to occupy an amenity bed while receiving your **in-patient treatment** are not covered under your **benefits**. By an amenity bed we mean a bed which the hospital makes a charge for but where your **treatment** is still provided free under your **NHS**.

#### **Benefit C5.5.2 NHS out-patient and day-patient treatment for cancer**

We pay NHS cash benefit for each day you receive:

- o radiotherapy
- o chemotherapy; or

- o a *surgical operation*

as either *out-patient treatment* or *day-patient treatment* for *cancer* that is provided to you free under *your NHS*. *We* only pay NHS cash benefit if your *treatment* would otherwise have been covered for private *out-patient* or *day-patient treatment* under your *benefits*. *We* only pay NHS cash benefit once if you have both *out-patient treatment* and *day-patient treatment* on the same day.

---

## Benefit C6 Mental health treatment

You are only covered for this benefit if your *membership certificate* shows it is covered.

*Waiting period*: for *underwritten members*, if a *waiting period* applies to your *benefits* for *mental health treatment* *we* will not consider paying for any *mental health treatment* during your *waiting period*. If you had cover for *mental health treatment* under a *previous scheme* *we* will take this into account when assessing your *waiting period* provided there has been no break in your cover for *mental health treatment* under this *scheme* and the *previous scheme*.

*We* may, at *our* discretion, pay for *mental health treatment* that you receive from a *consultant* or *mental health and wellbeing therapist* but only as set out in this benefit C6. Before receiving any *mental health treatment* you must ask your *consultant* to get *our* written agreement. Otherwise *we* will not be obliged to pay the *consultants'* or *mental health and wellbeing therapists'* fees, or the *facility charges* or any other charges. *We* need full clinical details from your *consultant* before *we* can give *our* decision.

### Mental health treatment that is not covered

*We* do not pay for *treatment* of a *mental health condition* in the following circumstances:

- o if you have received two episodes of *treatment* for any *mental health condition* during your membership of any *Bupa* scheme with cover for *mental health treatment* (including under the *agreement*) whether *your* membership is continuous or not. By an episode of *treatment* *we* mean:
  - seven nights or more *treatment* received as an *in-patient* whether consecutive or not, or
  - 20 or more separate attendances for *treatment* received as a *day-patient* or *out-patient* in any 12-month period
- o if either before or during your membership of the *scheme* you suffer from any *mental health condition* and/or symptoms of any *mental health condition* over a period of two years or more. The *mental health condition* and/or symptoms need not be ongoing or continuous

### What we pay for mental health treatment

If *we* agree to pay for *mental health treatment* *we* pay *consultants'* and *mental health and wellbeing therapists'* fees and *facility charges* as follows:

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#### Benefit C6.1 Out-patient mental health treatment

If *we* agree to pay for *out-patient mental health treatment* *we* pay fees and charges as set out in benefits C6.1.1 to C6.1.3.

##### Benefit C6.1.1 Consultants' fees

*We* pay *consultants'* fees for *out-patient* consultations to assess your *mental health condition* and for *out-patient mental health treatment*

##### Benefit C6.1.2 Mental health and wellbeing therapists' fees

*We* pay *mental health and wellbeing therapists'* fees for *out-patient mental health treatment* when the *treatment* is recommended by your *GP* or *consultant*.

If your *GP* or *consultant* refers you to a medical or health practitioner who is not a *mental health and wellbeing therapist* *we* may pay the charges as if the practitioner were a *mental health and wellbeing therapist* if all of the following apply:

- o *your GP* or *consultant* refers you to the practitioner before the *out-patient treatment* takes place and remains in overall charge of your care, and
- o the practitioner has applied for *Bupa* recognition and *we* have not written to say he/she is not recognised by *Bupa*

### Benefit C6.1.3 Diagnostic tests

When requested by your *GP* or *consultant* to help determine or assess your *acute condition* as part of *out-patient mental health treatment* we pay *facility charges* (including the charge for interpretation of the results) for *diagnostic tests*.

(Out-patient MRI, CT and PET scans are not paid under this benefit – see benefit C2.5.)

---

### Benefit C6.2 Day-patient and in-patient mental health treatment

Your *membership certificate* shows the maximum number of days that *we* may pay up to for *day-patient mental health treatment* and *in-patient mental health treatment* under your *benefits*.

If *we* agree to pay for *day-patient mental health treatment* or *in-patient mental health treatment* we pay *consultants' fees* and *facility charges* as set out below.

#### Consultants' fees

If *we* agree *we* pay *consultants' fees* for *mental health treatment*.

#### Facility charges

If *we* agree *we* pay the type of *facility charges* *we* say *we* pay for in benefit C4.

Please also see Exclusion 6 'Chronic conditions' and Exclusion 31 'Telephone consultations' in the section 'What is not covered'.

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## ADDITIONAL BENEFITS

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### Benefit C7 Treatment at home

You are only covered for this benefit if your *membership certificate* shows it is covered.

*We* may, at *our* discretion, pay for you to receive *eligible treatment* at home. You must have *our* written agreement before the *treatment* starts and *we* need full clinical details from your *consultant* before *we* can make *our* decision. *We* will only consider *treatment at home* if all the following apply:

- o your *consultant* has recommended that you receive the *treatment* at *home* and remains in overall charge of your *treatment*
- o if you did not have the *treatment* at *home* then, for medical reasons, you would need to receive the *treatment* in a *recognised facility*, and
- o the *treatment* is provided to you by a *medical treatment provider*

*We* do not pay for any fees or charges for *treatment* at *home* that has not been provided to you by the *medical treatment provider*.

---

### Benefit C8 Home nursing after private eligible in-patient treatment

You are only covered for this benefit if your *membership certificate* shows it is covered.

*We* pay for home nursing immediately following private *in-patient treatment* if the home nursing:

- o is for *eligible treatment*
- o is needed for medical reasons – ie not domestic or social reasons
- o is necessary – ie without it you would have to remain in the facility
- o starts immediately after you leave the facility
- o is provided by a *nurse* in your own *home*, and
- o is carried out under the supervision of your *consultant*

You must have *our* written *agreement* before the *treatment* starts and *we* need full clinical details from your *consultant* before *we* can make *our* decision.

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

---

### Benefit C9 Private ambulance charges

You are only covered for this benefit if your *membership certificate* shows it is covered.

*We* pay for travel by private road ambulance if you need private *day-patient treatment* or *in-patient treatment*, and it is medically necessary for you to travel by ambulance:

- o from your home or place of work to a *recognised facility*
  - o between *recognised facilities* when you are discharged from one *recognised facility* and admitted to another *recognised facility* for *in-patient treatment*
  - o from a *recognised facility* to home, or
  - o between an airport or seaport and a *recognised facility*
- 

### **Benefit C10                    NHS cash benefit for NHS hospital in-patient treatment**

You are only covered for this benefit if your *membership certificate* shows it is covered.

If you are covered, your *membership certificate* shows the benefit limits that apply.

This benefit does not apply to *treatment* for *cancer* – that is explained in benefit C5.5.

**We** pay NHS cash benefit for each night you receive *in-patient treatment* provided to you free under your *NHS*. **We** only pay NHS cash benefit if your *treatment* would otherwise have been covered for private *in-patient treatment* under your *benefits*.

Any costs you incur for choosing to occupy an amenity bed while receiving your *in-patient treatment* are not covered under your *benefits*. By an amenity bed **we** mean a bed which the hospital makes a charge for but where your *treatment* is still provided free under your *NHS*.

**Benefit A1 Complementary Therapies Cover**

You are only covered for this benefit if your *membership certificate* shows it is covered.

**We** pay *complementary therapy practitioners'* fees up to the maximum annual benefit limit shown in your *membership certificate* for *out-patient treatment* when you are referred for the *treatment* by your *GP* or *consultant*.

The annual benefit limit applies to *you* and *your dependants* individually. It is the total maximum amount of *benefits* we pay up to each *year*. It is not the amount we pay for each type of service or *treatment* individually.

**We** do not pay for any complementary or alternative products, preparations or remedies. Please see *Exclusion 15, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products'* in the section *'What is not covered'*.

---

**Benefit A2 Cancer Assist**

You are only covered for this benefit if your *membership certificate* shows it is covered.

**We** will pay the cash amount shown in your *membership certificate* if *you* or one of *your dependants* (if any) is diagnosed with *cancer* whilst this benefit applies to you. The benefit applies to *you* and *your dependants* individually.

The benefit will only be paid:

- o upon a new diagnosis of *cancer* made after the *start date* or the date upon which this benefit was added to your cover, whichever is later
- o once in any *year*
- o subject to you complying with the requirements set out in the "Making a claim" and "How we deal with your claim" sections of this membership guide; and
- o if your claim is not excluded by any of the circumstances listed in the "What you are not covered for" section of this membership guide

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**Benefit A3 Health Expenses Cover**

Your *membership certificate* shows which Health Expenses Cover (if any) applies to your *benefits* (Health Expenses Cover 20 or Health Expenses Cover 10), and the maximum annual benefit limit that applies to you. If any Health Expenses benefit does not appear on your *membership certificate*, or appears but is stated as "not covered" then you are not covered for that benefit.

---

**Benefit A3.1 Dental cash benefit**

**We** pay the proportion shown in your *membership certificate* of the amount you pay (up to the maximum annual benefit limit also shown in your *membership certificate*) for *dental treatment* and consultations provided by a dental hygienist, *dentist* or orthodontist, which you receive during a *year*, not for each type of service or item charged individually.

**We** do not pay for any of the following dental or oral surgical or medical services:

- o 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.)
- o tooth cleaning and tooth whitening materials purchased for home use
- o any medications, whether or not they are prescribed for you

---

**Benefit A3.2 Optical cash benefit**

**We** pay the proportion shown in your *membership certificate* of the amount you pay (up to the maximum annual benefit limit also shown in your *membership certificate*) for the optical goods and services shown below, which you receive during a *year*, not for each type of service or item charged individually.

**We pay benefits for the following goods and services:**

- o glasses with prescribed lenses, contact lenses and routine sight tests when provided by an optician

- o **treatment** and consultations related to corrective laser eye treatment carried out by an ophthalmic surgeon who is a **consultant**

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

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

---

**Benefit A3.3 Prescriptions cash benefit**

**We** pay the proportion shown in your **membership certificate** of the amount you pay (up to the maximum annual benefit limit also shown in your **membership certificate**) for prescription charges you incur during a **year** in relation to prescriptions provided by your **GP** or **dentist**, not for each item charged individually.

---

**Benefit A4 Dental Cover**

Your **membership certificate** shows which Dental Cover (if any) applies to your **benefits** (Dental Cover 20 or Dental Cover 10) and the maximum annual benefit limits that apply. If any Dental Cover benefit does not appear on your **membership certificate**, or appears but is stated as “not covered” then you are not covered for that benefit.

**We** do not pay **benefits** under Dental Cover in relation to any **pre-existing condition**.

**Annual benefit limits**

The annual benefit limits apply to **you** and **your dependants** individually. They are the maximum amount of **benefits** we pay up to each **year**. The amounts shown are the total amounts of **benefits** we pay up to each **year**. They are not the amounts we pay for each type of service or treatment individually.

---

**Benefit A4.1 Dental Cover 20**

**Benefit A4.1.1 Routine dental treatment**

**We** pay the proportion shown in your **membership certificate** of the amount you pay (up to the maximum annual benefit limit also shown in your **membership certificate**) for **routine dental treatment** that you receive during a **year**.

**Benefit A4.1.2 Dental treatment**

**We** pay the proportion shown in your **membership certificate** of the amount you pay (up to the maximum annual benefit limit also shown in your **membership certificate**) for **dental treatment** (which is not **routine dental treatment**, **emergency dental treatment** or **dental injury treatment**) that you receive during a **year**.

**Benefit A4.1.3 Emergency dental treatment**

**We** pay the proportion shown in your **membership certificate** of the amount you pay (up to the maximum annual benefit limit also shown in your **membership certificate**) for **emergency dental treatment** that you receive during a **year**.

**Benefit A4.1.4 Dental injury treatment**

**We** pay the proportion shown in your **membership certificate** of the amount **you** pay (up to the maximum annual benefit limit also shown in your **membership certificate**) for **dental injury treatment** that you receive during a **year**.

**Benefit A4.1.5 Oral cancer treatment**

**We** pay facility charges in full for **in-patient** or **day-patient oral cancer treatment** subject to your maximum annual benefit limit shown in your **membership certificate** for **oral cancer treatment**.

**We** pay **consultant** surgeons’ and **consultant** anaesthetists’ fees in full for **in-patient** or **day-patient oral cancer treatment** subject to your maximum annual benefit limit shown in your **membership certificate** for **oral cancer treatment**.

**We** pay for consultations and services, pathology, and X-rays received as **out-patient treatment**. **We** pay up to a total amount of £400 each **year** for all such services collectively and not for each type of service or charge individually subject to your maximum annual benefit limit for **oral cancer treatment**

**We pay consultants' fees for radiotherapy and chemotherapy *treatment*. We pay up to the limits below subject to your maximum annual benefit limit for *oral cancer treatment*.**

Radiotherapy *treatment* up to £380 for each course of radiotherapy *treatment*. One course is 15 attendances for radiotherapy.

### **Chemotherapy treatment**

**We** will only pay up to the following amounts from the date chemotherapy begins or **we** consider it begins, which **we** shall call the start date, until the date the treatment ends:

1 week - up to £137 (1 week is start date to 7th day of treatment)

2 weeks - up to £257 (2 weeks is start date to 14th day of treatment)

3 weeks - up to £386 (3 weeks is start date to 21st day of treatment)

4 weeks - up to £515 (4 weeks is start date to 28th day of treatment)

**We** do not pay each week of a course of *oral cancer treatment* separately when such *oral cancer treatment* begins on the start date and lasts more than one week. Twenty-eight days after the start date, **we** will consider any further costs you incur for *oral cancer treatment* to be new *oral cancer treatment* for the purpose of the *scheme* and a new start date will apply.

---

## **Benefit A4.2      Dental cover 10**

### **Benefit A4.2.1      NHS dental treatment**

**We** pay the proportion shown in your *membership certificate* of the amount you pay for *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 the *dental treatment* you have received at the time *you* receive that *dental treatment*.

If you wish to claim charges you have paid for *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 *dental treatment* you have received had you received the same *dental treatment* under the *NHS*.

### **Benefit A4.2.2      Oral cancer treatment**

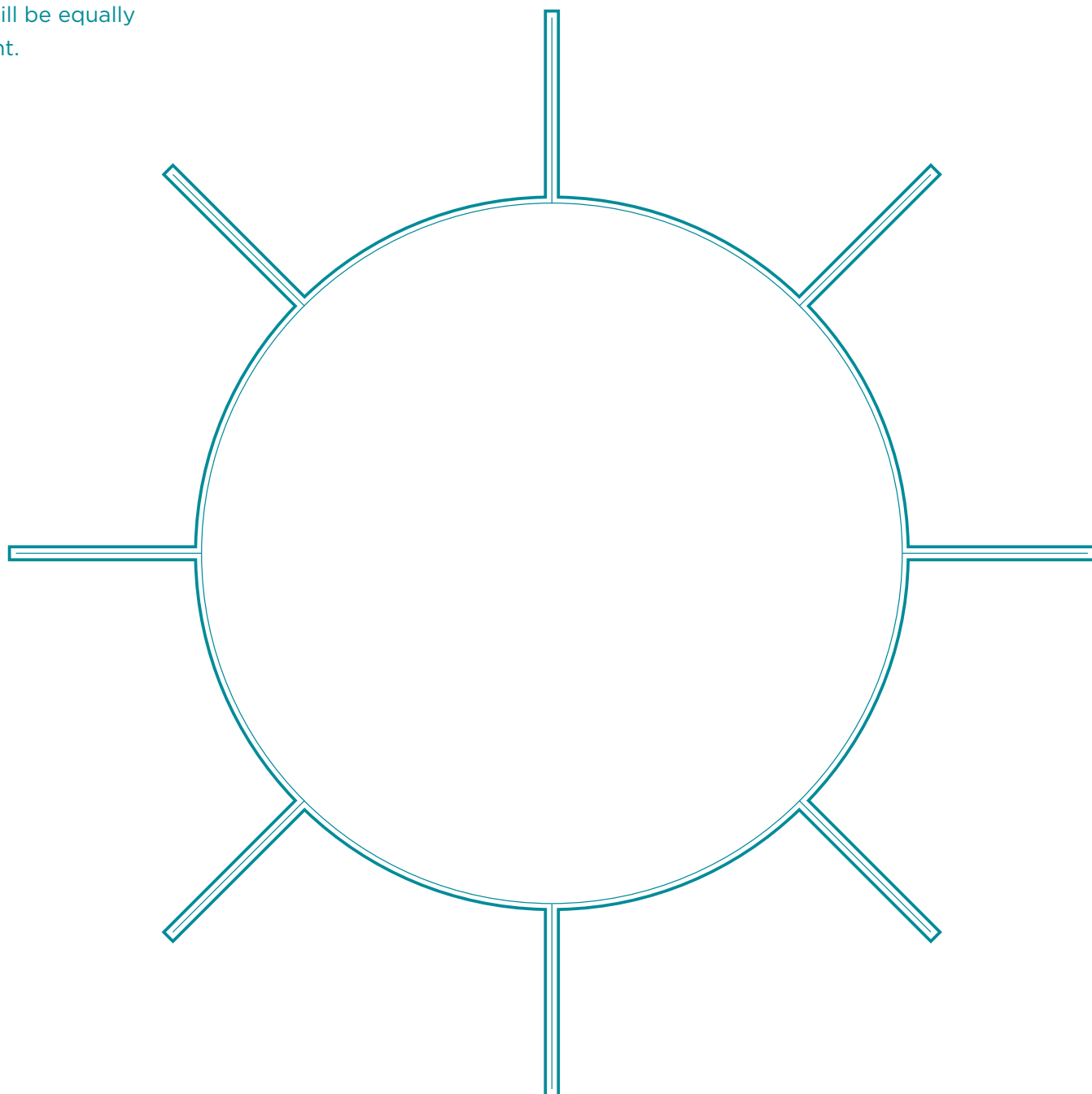
**Benefits** are paid on the same basis as those for *oral cancer treatment* under benefit A4.1.5.

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## 4. WHAT YOU ARE NOT COVERED FOR

This section sets out exclusions from cover under *Bupa By You*.

Whatever policy you have, the information here will be equally relevant.



This section explains the **treatment**, services and charges that are not covered under *Bupa By You*. The exclusions are grouped under headings. The headings are just signposts, they are not part of the exclusion. If there is an exception to an exclusion this is shown. In the exceptions where, as an example, **we** refer to specific treatments or medical conditions these are examples only and not evidence that it is covered under your **benefits**.

This section does not contain all the limits and exclusions to cover. For example the benefits, set out in the section 'Benefits', also describe some limitations and restrictions for particular types of **treatment**, services and charges.

This section does not apply to Health Expenses Cover (Benefit A3).

### **Exclusion 1 Ageing, menopause and puberty**

**We** do not pay for **treatment** to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury.

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### **Exclusion 2 AIDS/HIV**

**We** do not pay for **treatment** for, related to or arising from, AIDS or HIV, including any **condition** which is related to, or results from, AIDS or HIV.

**Exception:** **We** pay for **eligible treatment** for or arising from AIDS or HIV if the person with AIDS or HIV

- o became infected five years or more after their current continuous membership began, or
- o has been covered for this type of **treatment** under a **Bupa** private medical insurance scheme (including under the **agreement**) since at least July 1987 without a break in their cover

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### **Exclusion 3 Allergies or allergic disorders**

**We** do not pay for **treatment** to de-sensitise or neutralise any allergic condition or disorder.

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### **Exclusion 4 Benefits that are not covered and/or are above your benefit limits**

**We** do not pay for any **treatment**, services or charges that are not covered under your **benefits**. **We** also do not pay for any **treatment** costs in excess of the amounts for which you are covered under your **benefits**.

---

### **Exclusion 5 Birth control, conception, sexual problems and sex changes**

**We** do not pay for **treatment** for any type of:

- o contraception, sterilisation, termination of pregnancy
- o sexual problems (including impotence, whatever the cause)
- o assisted reproduction (eg IVF **treatment**), surrogacy, the harvesting of donor eggs or donor insemination
- o sex changes or gender reassignments

or **treatment** for or arising from any of these.

#### **Exception for main member and partner only**

**Waiting period:** for **underwritten members** if a **waiting period** applies to your cover for **treatment** for infertility investigations **we** will not pay benefits under this exception during your **waiting period**. If you had cover for **treatment** for infertility investigations under a **previous scheme** **we** will take this into account when assessing your **waiting period** provided there has been no break in your cover for **treatment** for infertility investigations under this **scheme** and the **previous scheme**.

For a **main member** and/or **partner** **we** pay for **eligible treatment** for reasonable investigations into the medical cause of infertility if your **consultant** considers that there are symptoms and/or medical evidence to suggest that you are infertile, Once the cause is confirmed, no further payment is made for additional investigations or **treatment** in the future.

*Please also see 'Pregnancy and childbirth' in this section.*

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## Exclusion 6 Chronic conditions

**We** do not pay for **treatment** of **chronic conditions**. By this, **we** mean a disease, illness or injury which has at least one of the following characteristics:

- o it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- o it needs ongoing or long-term control or relief of symptoms
- o it requires your rehabilitation or for you to be specially trained to cope with it
- o it continues indefinitely
- o it has no known cure
- o it comes back or is likely to come back

**Exception:** **We** pay for **eligible treatment** arising out of a **chronic condition**, or for **treatment** of acute symptoms of a **chronic condition** that flare up. However, **we** only pay if the **treatment** is likely to lead quickly to a complete recovery or to you being restored fully to your previous state of health, without you having to receive prolonged **treatment**. For example, **we** pay for **treatment** following a heart attack arising out of chronic heart disease. This exception does not apply to **treatment** of a **mental health condition**.

**Please note:** In some cases it might not be clear, at the time of **treatment**, that the disease, illness or injury being treated is a **chronic condition**. **We** are not obliged to pay the ongoing costs of continuing, or similar, **treatment**. This is the case even where **we** have previously paid for this type of or similar **treatment**.

*Please also see 'Temporary relief of symptoms' in this section.*

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## Exclusion 7 Complications from excluded conditions/treatment and experimental treatment

**We** do not pay any **treatment** costs, including any increased **treatment** costs, **you** incur because of complications caused by a disease, illness, injury or **treatment** for which cover has been excluded or restricted from your membership. For example, if cover for diabetes is excluded by a **special condition**, and you have to spend any extra days in hospital or a treatment facility after an operation because you have diabetes, **we** would not pay for these extra days.

**We** do not pay any **treatment** costs you incur because of any complications arising or resulting from experimental **treatment** that you receive or for any subsequent **treatment** you may need as a result of you undergoing any experimental **treatment**.

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## Exclusion 8 Contamination, wars, riots and terrorist acts

**We** do not pay for **treatment** for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, terrorist act or any similar event.

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## Exclusion 9 Convalescence, rehabilitation and general nursing care

**We** do not pay **facility charges** for accommodation if it is primarily used for any of the following purposes:

- o convalescence, rehabilitation, supervision or any purpose other than receiving **eligible treatment**
- o receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a **recognised facility**
- o receiving services from a **therapist, complementary therapy practitioner or mental health and wellbeing therapist**

**Exception:** **We** may, at **our** discretion, pay for **eligible treatment** for rehabilitation. By rehabilitation **we** mean **treatment** which is aimed at restoring health or mobility or to allow **you** to live an independent life, such as after a stroke. **We** will only consider cases where the rehabilitation:

- o is an integral part of **in-patient treatment**
- o starts within 42 days from and including the date you first receive that **in-patient treatment**, and
- o takes place in a **recognised facility**

**You** must have **our** written agreement before the rehabilitation starts and **we** need full clinical details from your **consultant** before **we** can give **our** decision. If **we** agree **we** pay for up to a maximum of 21 consecutive days rehabilitation.

## Exclusion 10      Cosmetic, reconstructive or weight loss treatment

**We** do not pay for **treatment** to change your appearance, such as a remodelled nose or facelift whether or not it is needed for medical or psychological reasons.

**We** do not pay for breast enlargement or reduction or any other **treatment** or procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons, for example, for backache or gynaecomastia (which is the enlargement of breasts in males).

**We** do not pay for any **treatment**, including surgery,

- o which is for or involves the removal of healthy tissue (ie tissue which is not diseased), or the removal of surplus or fat tissue, or
- o where the intention of the **treatment**, whether directly or indirectly, is the reduction or removal of surplus or fat tissue including weight loss (for example, surgery related to obesity including morbid obesity)

whether or not the **treatment** it is needed for medical or psychological reasons.

**We** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision.

**Exception:** **We** pay for an **eligible surgical operation** to restore your appearance after:

- o an accident, or
- o if your **benefits** include cover for **eligible treatment** for **cancer**, as a direct result of surgery for **cancer**

**We** only pay if the accident or the **cancer** surgery takes place during your current continuous period of cover under this **scheme** and any other **Bupa** scheme provided there has been no break in your cover between this **scheme** and the other **Bupa** scheme. **We** will only pay if this is part of the original **eligible treatment** resulting from the accident or **cancer** surgery and **you** have obtained **our** written **agreement** before receiving the **treatment**.

*Please also see 'Screening, monitoring and preventive treatment' in this section.*

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## Exclusion 11      Deafness

**We** do not pay for **treatment** for or arising from deafness caused by a congenital abnormality, maturing or ageing.

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## Exclusion 12      Dental/oral treatment

This exclusion does not apply to *Dental Cover* (Benefit A4).

**We** do not pay for any dental or oral **treatment** including:

- o the provision of dental implants or dentures, the repair or replacement of damaged teeth (including crowns, bridges, dentures, or any dental prosthesis made by a laboratory technician)
- o the management of, or any **treatment** related to, jaw shrinkage or loss as a result of dental extractions or gum disease
- o the **treatment** of bone disease when related to gum disease or tooth disease or damage

**Exception 1:** **We** pay for an **eligible surgical operation** carried out by a **consultant** to:

- o put a natural tooth back into a jaw bone after it is knocked out or dislodged in an unexpected accidental injury
- o 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

**Exception 2:** **We** pay for an **eligible surgical operation** carried out by a **consultant** to surgically remove a complicated, buried or impacted tooth root, such as an impacted wisdom tooth, but not if the purpose is to facilitate dentures or the **acute condition** relates to a **pre-existing condition** or a **moratorium condition**.

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## Exclusion 13      Diagnostic tests or surgical operations that include treatment provided at the same time

In relation to the Prompt Diagnosis Core health insurance benefit (Benefit PD1) **we** do not pay for any **diagnostic tests** or **eligible surgical operations** undertaken for the **diagnosis** of your condition that include or are performed at the same time as **treatment** that is provided as part of the **diagnostic** test or **eligible surgical operation** during the same theatre time, which is intended to relieve or cure a disease, illness or injury.

**Exception:** *We* pay for **treatment** that is provided as part of a **diagnostic test** during the same theatre time only if it is commenced solely for the purposes of the diagnosis of your disease, illness or injury and relates to certain:

- o arthroscopy procedures (internal joint investigations) of the knee; or
- o coronary angioplasty procedures (a coronary angioplasty is a procedure to unblock blood vessels that supply the heart muscle with blood)

that are either an **arthroscopy procedure** or a **coronary angioplasty procedure**.

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#### **Exclusion 14      Dialysis**

*We* do not pay for **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.

*We* do not pay for **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 1:** *We* pay for **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.

**Exception 2:** *We* pay for **eligible treatment** for short-term kidney dialysis or peritoneal dialysis if you need this immediately before or after a kidney transplant.

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#### **Exclusion 15      Drugs and dressings for out-patient or take-home use and complementary and alternative products**

*We* do not pay for 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.

*We* do not pay for any complementary or alternative therapy products or preparations, including but not limited to homoeopathic remedies or substances, regardless of who they are prescribed or provided by or the type of **treatment** or medical condition they are used or prescribed for.

**Exception:** If your **benefits** include cover for **eligible treatment** for **cancer**, *we* pay for **out-patient** drugs (such as cytotoxic drugs) for **eligible treatment** of **cancer** but only as set out in benefit C5 in section 3 in the section 'Benefits'.

*Please also see 'Experimental drugs and treatment' in this section.*

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#### **Exclusion 16      Excluded treatment or medical conditions**

*We* do not pay for:

- o **treatment** of any medical condition; or
- o any type of **treatment**

that is specifically excluded from your **benefits**.

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#### **Exclusion 17      Experimental drugs and treatment**

*We* do not pay for **treatment** or procedures which, in **our** reasonable opinion, are 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 Clinical Excellence).

**Exception:** *We* may pay for this type of **treatment** of an **acute condition**. However, you will need **our** written **agreement** before the **treatment** is received and *we* need full clinical details from your **consultant** before *we* can give **our** decision.

*Please also see 'Complications from excluded conditions/treatment and experimental treatment' and 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in this section.*

---

#### **Exclusion 18      Eyesight**

*We* do not pay for **treatment** to correct your eyesight, for example for long or short sight or failing eyesight due to ageing, including spectacles or contact lenses.

**Exception:** *We* pay for **eligible treatment** for your eyesight if it is needed as a result of an injury or an **acute condition**, such as a detached retina.

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#### **Exclusion 19      HRT and bone densitometry**

*We* do not pay for **treatment** for hormone replacement therapy (HRT) or bone densitometry.

**Exception:** *We* may pay for bone densitometry recommended by your **consultant** to help

determine or assess your condition as part of **eligible treatment**. However, **we** need full clinical details from your **consultant** before **we** can give **our** decision. If **we** agree to pay for bone densitometry **we** only pay for an initial bone densitometry scan and for one follow-up scan if this is carried out:

- o within three years of you starting **treatment**, and
- o during your current continuous period of membership under the **scheme**

Please also see 'Ageing, menopause and puberty' in this section.

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### **Exclusion 20 Intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)**

**We** do not pay for any **intensive care** if:

- o it follows an unplanned or an **emergency** admission to an **NHS** hospital or facility
- o it follows a transfer (whether on an emergency basis or not) to an **NHS** hospital or facility from a private **recognised facility**
- o it is carried out in a unit or facility which is not a **critical care unit**

**We** do not pay for any **intensive care**, or any other **treatment** in a **critical care unit**, if it is not routinely required as a medically essential part of the **eligible treatment** being carried out.

**Exception:** **We** pay for **eligible treatment** for **intensive care** but only for those covered under and as set out in benefit 4.2.4 in the section 'Benefits'.

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### **Exclusion 21 Learning difficulties, behavioural and developmental problems**

**We** do not pay for **treatment** related to learning difficulties, such as dyslexia, or behavioural problems, such as attention deficit hyperactivity disorder (ADHD), or developmental problems, such as shortness of stature.

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### **Exclusion 22 Moratorium conditions**

For **moratorium** members **we** do not pay for **treatment** of a **moratorium condition**, or a disease, illness or injury that results from or is related to a **moratorium condition**.

**Exception 1:** For **moratorium members**, **we** pay for **treatment** of a **moratorium condition** if at any time after your **start date** you do not:

- o receive any medication for
- o ask for or receive any medical advice or **treatment** for; or
- o experience symptoms

of that **moratorium condition** for a continuous period of two years' cover under the **scheme**.

**We** may take your cover under a **previous scheme** into account when assessing your claim for a **moratorium condition** but only if **we** specifically agreed that **we** would do this when you joined the **scheme**.

**Exception 2:** If you apply to add **your** newborn baby as a **dependant** under your membership and the baby's membership would be as a **moratorium** member **we** will not apply this exclusion to the baby's cover if **you** have been a member under your **scheme** for at least 12 continuous months before the baby's birth and **you** include the baby as a **dependant** within three months of their birth.

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### **Exclusion 23 Overseas treatment**

**We** do not pay for **treatment** that you receive outside the **United Kingdom**.

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### **Exclusion 24 Physical aids and devices**

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

**Exception:** **We** pay for **prostheses** and **appliances** for those covered under and as set out in benefit C4.2.7 in section 3, in the section 'Benefits'.

---

### **Exclusion 25 Pre-existing conditions**

For **underwritten members** **we** do not pay for **treatment** of a **pre-existing condition**, or a disease, illness or injury that results from or is related to a **pre-existing condition**.

**Exception:** For **underwritten members** **we** pay for **eligible treatment** of a **pre-existing condition**, or a disease, illness or injury which results from or is related to a **pre-existing condition**, if all the following requirements have been met:

- o **you** have been sent **your membership certificate** which lists the person with the **pre-existing condition** (whether this is **you** or one of **your dependants**)
- o **you** gave **us** all the information **we** asked **you** for, before **we** sent **you your** first membership certificate listing the person with the **pre-existing condition** for their current continuous period of cover under the **scheme**
- o neither **you** nor the person with the **pre-existing condition** knew about it before **we** sent **you your** first membership certificate which lists the person with the **pre-existing condition** for their current continuous period of cover under the **scheme**, and
- o **we** did not exclude cover (for example under a **special condition**) for the costs of the **treatment**, when **we** sent **you your membership certificate**

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## Exclusion 26 Pregnancy and childbirth

**We** do not pay for **treatment** for:

- o pregnancy or childbirth, including **treatment** of an embryo or foetus
- o termination of pregnancy, or any condition arising from termination of pregnancy

**Exception 1: We** pay for **eligible treatment** of the following conditions:

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

**Exception 2: Waiting period:** if a **waiting period** applies to your **benefits** for **treatment** for caesarean sections **we** will not consider paying benefits under this exception 2 during your **waiting period**. If you had cover for **treatment** for caesarean sections under a **previous scheme we** will take this into account when assessing your **waiting period** provided there has been no break in your cover for **treatment** for caesarean sections under the **previous scheme** and this **scheme**.

**We** may pay for **eligible treatment** for delivering a baby by caesarean section. However, **we** need full clinical details from your **consultant** before **we** can give **our** decision.

**Exception 3: We** pay for **eligible treatment** of an **acute condition** that relates to pregnancy or childbirth but only if all the following apply:

- o the **treatment** is required due to a flare-up of the medical condition, and
- o 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**

Please also see 'Birth control, conception, sexual problems and sex changes', 'Screening, monitoring and preventive treatment' and 'Chronic conditions' in this section.

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## Exclusion 27 Screening, monitoring and preventive treatment

**We** do not pay for:

- o health checks or health screening, by health screening **we** mean where **you** may not be aware you are at risk of, or are affected by a disease or its complications but are asked questions or have tests to find out if you are and which may lead to you needing further tests or **treatment**
- o 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
- o 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
- o preventive **treatment**, procedures or medical services, for example, removing breast tissue when there is no disease or tumour present

**Exception: We** pay for **fitness checks** where those are covered under your **benefits**.

Please also see, 'Chronic conditions' and 'Pregnancy and childbirth' in this section.

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## Exclusion 28 Sleep problems and disorders

We do not pay for **treatment** for or arising from sleep problems or disorders such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep).

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## Exclusion 29 Special conditions

For **underwritten members** we do not pay for **treatment** directly or indirectly relating to **special conditions**.

For **underwritten members** we are willing, at your **renewal date**, to review certain **special conditions**. We will do this if, in **our** opinion, no **treatment** is likely to be needed in the future, directly or indirectly, relating to the disease, illness or injury referred to in the **special condition** or for a related disease, illness or injury. However, there are some **special conditions** which we do not review. If you would like **us** to consider a review of **your special conditions** please call the helpline prior to your **renewal date**. We will only determine whether a **special condition** can be removed or not, once we have received full current clinical details from your **GP** or **consultant**. If you incur costs for providing the clinical details to **us** you are responsible for those costs, they are not covered under your **benefits**.

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## Exclusion 30 Speech disorders

We do not pay for **treatment** for or relating to any speech disorder, for example stammering.

**Exception:** We may, at **our** discretion, pay for short-term speech therapy when it is part of **eligible treatment**. The speech therapy must be provided by a **therapist** who is a member of the Royal College of Speech and Language Therapists.

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## Exclusion 31 Telephone consultations

We do not pay for any consultation with a **consultant, therapist, mental health and wellbeing therapist** or any other healthcare professional when the consultation is not carried out on a face-to-face basis, for example, if it is carried out by telephone or any other remote medium.

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## Exclusion 32 Temporary relief of symptoms

We do not pay for **treatment**, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the ongoing management of a condition.

**Exception:** We may pay for this type of **treatment** if you need it to relieve the symptoms of a terminal disease or illness.

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## Exclusion 33 Unrecognised medical practitioners, providers and facilities

We do not pay for any of your **treatment** if the consultant who is in overall charge of **your treatment** is not recognised by **Bupa**.

We also do not pay for **treatment** if any of the following apply:

- o the consultant, medical practitioner, therapist, complementary therapy practitioner, mental health and wellbeing therapist or other healthcare professional is:
  - not recognised by **Bupa** for treating the medical condition you have and/or for providing the type of **treatment** you need, and/or
  - is not in the list of **recognised practitioners** that applies to your **benefits**
- o the hospital or treatment facility is:
  - not recognised by **Bupa** for treating the medical condition you have and/or for providing the type of **treatment** you need, and/or
  - is not in the **facility access** list that applies to your **benefits**
- o the hospital or treatment facility or any other provider of services is not recognised by **us** and/or we have sent a written notice saying that we no longer recognise them for the purpose of **our** private medical insurance schemes

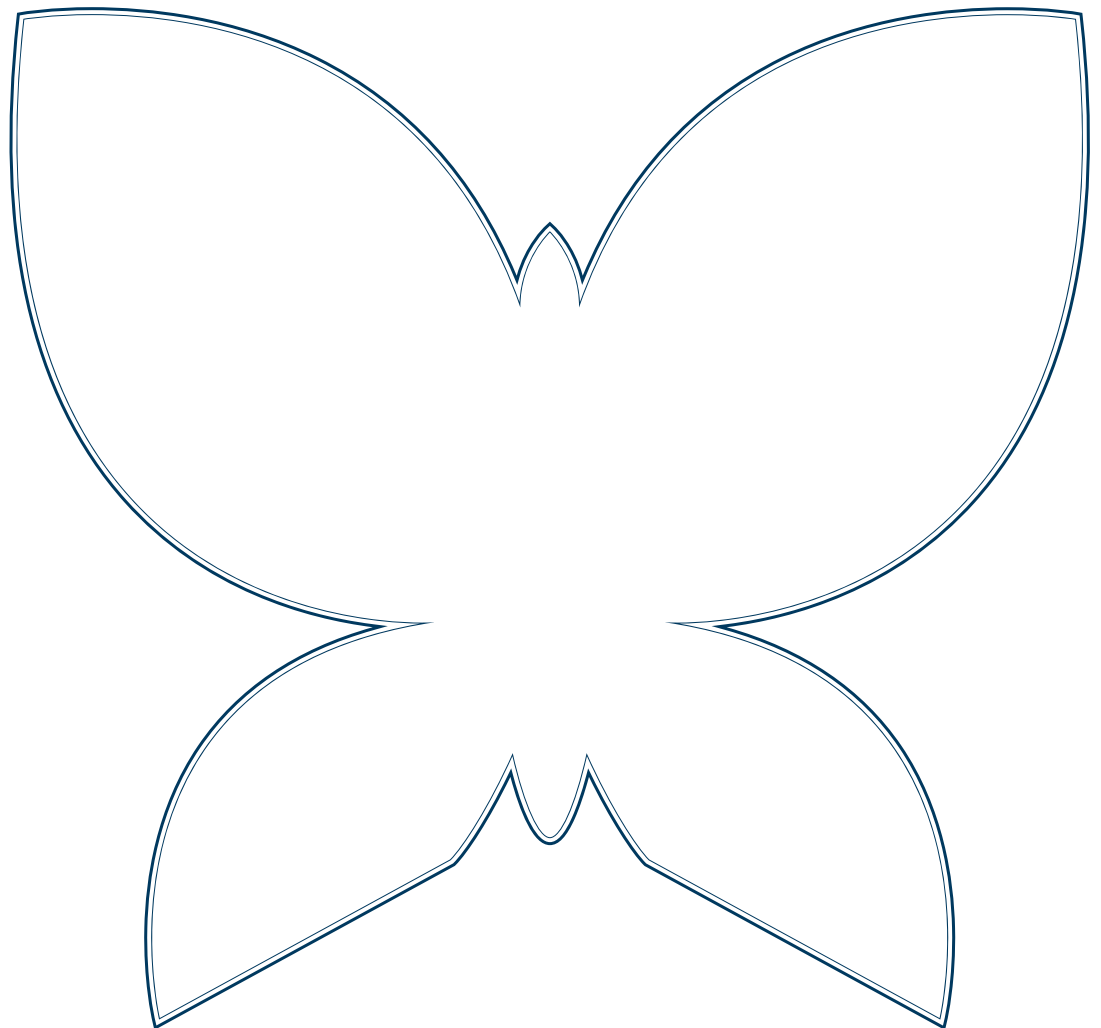
**Bupa** does not recognise consultants, therapists, complementary therapy practitioners, mental health and wellbeing therapists or other healthcare professionals in the following circumstances:

- o where we do not recognise them as having specialised knowledge of, or expertise in, the **treatment** of the disease, illness or injury being treated
- o where we do not recognise them as having specialised expertise and ongoing experience in carrying out the type of **treatment** or procedure needed
- o where we have sent a written notice to them saying that we no longer recognise them for the purposes of **our** schemes

# 5. GLOSSARY

Understanding your health insurance can be complicated, so in this glossary you'll find a clear definition of the terms used in ***bold italics*** throughout the guide.

This will help you to clearly understand what we mean when we use these terms.



Word / Phrase	Meaning
<b>Acute condition</b>	a disease, illness or injury that is likely to respond quickly to <b>treatment</b> 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.
<b>Agreement</b>	the agreement between the <b>main member</b> and <b>us</b> to provide cover for <b>you</b> and <b>your dependants</b> (if any) under the terms and conditions set out in the documents referred to under the heading 'The agreement between you and <b>us</b> ' in the section 'How your membership works'.
<b>Appliance</b>	any appliance which is in <b>our</b> list of appliances for your <b>benefits</b> at the time you receive your <b>treatment</b> . The list of appliances may change from time to time. Details of the appliances are available on request.
<b>Arthroscopy procedure</b>	an arthroscopy procedure which at the time your current period of cover began was included on the list of such procedures used by Bupa for the purpose of providing benefits. You should call us before you have treatment to confirm if your procedure is covered. Details of the list are available on request.
<b>Benefits</b>	the benefits specified in your <b>membership certificate</b> for which you are entitled as an individual under the <b>scheme</b> subject to the terms and conditions that apply to your membership in this <i>Bupa By You</i> Membership Guide, and (if applicable) the <i>Bupa By You</i> Travel and Emergency Medical Cover Membership Guide, and all exclusions.
<b>Bupa</b>	Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover.
<b>Bupa Health Assessment Centre</b>	a Bupa health and wellbeing centre equipped to provide <b>fitness checks</b> . The list of such centres may change from time to time. A list of the centres is available on request.
<b>Cancer</b>	a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
<b>Central London</b>	the area within the North Circular and South Circular roads.
<b>Chronic condition</b>	a disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none"> <li>◦ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests</li> <li>◦ it needs ongoing or long-term control or relief of symptoms</li> <li>◦ it requires rehabilitation or for you to be specially trained to cope with it</li> <li>◦ it continues indefinitely</li> <li>◦ it has no known cure</li> <li>◦ it comes back or is likely to come back</li> </ul>
<b>Complementary therapy practitioner</b>	an acupuncturist, chiropractor or osteopath who is a <b>recognised practitioner</b> . You can contact <b>us</b> to find out if a practitioner is a <b>recognised practitioner</b> and the type of <b>treatment we</b> recognise them for.
<b>Consultant</b>	a registered medical or dental practitioner who, at the time you receive your <b>treatment</b> : <ul style="list-style-type: none"> <li>◦ is recognised by <b>us</b> as a consultant and has received written confirmation from <b>us</b> of this, unless <b>we</b> recognised him or her as being a consultant before 30 June 1996</li> <li>◦ is recognised by <b>us</b> both for treating the medical condition you have and for providing the type of <b>treatment</b> you need, and</li> <li>◦ is in <b>our</b> list of <b>consultants</b> that applies to your <b>benefits</b></li> </ul> <p><b>You</b> can contact <b>us</b> to find out if a medical or dental practitioner is recognised by <b>us</b> as a consultant and the type of <b>treatment we</b> recognise them for.</p>

**TIP:**

IF THERE IS ANYTHING YOU'D LIKE US TO CLARIFY - DON'T HESITATE TO CALL THE HELPLINE ON 0845 60 90 777†

<b>Consultant fees schedule</b>	<p>the schedule used by <b>Bupa</b> for the purpose of providing <b>benefits</b> which sets out the benefit limits for <b>consultants'</b> fees based on:</p> <ul style="list-style-type: none"> <li>◦ the type of <b>treatment</b> carried out</li> <li>◦ for <b>surgical operations</b>, the type and complexity of the <b>surgical operation</b> according to the <b>schedule of procedures</b> – the benefits available for <b>consultant</b> surgeons and <b>consultant</b> anaesthetists may differ for the same <b>surgical operation</b></li> <li>◦ the <b>Bupa</b> recognition status of the <b>consultant</b>, and</li> <li>◦ where the <b>treatment</b> is carried out both in terms of the treatment facility and the location</li> </ul> <p>The schedule may change from time to time. Details of the schedule are available on request.</p>
<b>Coronary angioplasty procedure</b>	a coronary angioplasty procedure which at the time your current period of cover began was included on the list of such procedures used by <b>Bupa</b> for the purpose of providing benefits. You should call us before you have treatment to confirm if your procedure is covered. Details of the list are available on request.
<b>Critical care unit</b>	any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in <b>our</b> list of critical care units and recognised by us for the type of <b>intensive care</b> that you require at the time you receive your <b>treatment</b> . The units on the list and the type of <b>intensive care</b> that <b>we</b> recognise each unit for may change from time to time. Details of these critical care units are available on request.
<b>Day-patient</b>	a patient who is admitted to a hospital, treatment facility or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
<b>Day-patient treatment</b>	<b>eligible treatment</b> , that, for medical reasons, is received as a <b>day-patient</b> .
<b>Dental injury treatment</b>	<b>dental treatment</b> that is carried out in the <b>UK</b> which is required as a direct result of injury caused by an external impact.
<b>Dental treatment</b>	dental or oral surgical or medical services (including <b>diagnostic tests</b> ) which are needed to diagnose, relieve or cure a dental condition or dental injury.
<b>Dentist</b>	any general dental practitioner who is registered with the General Dental Council at the time you receive your <b>dental treatment</b> or <b>routine dental treatment</b> .
<b>Dependant</b>	<b>your partner</b> and any child of <b>yours</b> who is a member of the <b>scheme</b> and named on <b>your membership certificate</b> .
<b>Diagnosed</b>	the confirmation of a disease, illness or injury by a consultant following diagnosis.
<b>Diagnostic tests</b>	investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
<b>Eligible surgical operation</b>	<b>eligible treatment</b> carried out as a <b>surgical operation</b> .
<b>Eligible treatment</b>	<p><b>treatment</b> of an <b>acute condition</b> together with the products and equipment used as part of the <b>treatment</b> that:</p> <ul style="list-style-type: none"> <li>◦ are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the <b>UK</b></li> <li>◦ are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided</li> <li>◦ are demonstrated through scientific evidence to be effective in improving health outcomes, and</li> <li>◦ are not provided or used primarily for the expediency of you or your <b>consultant</b> or other healthcare professional</li> </ul> <p>and the <b>treatment</b>, services or charges are covered under your scheme and not excluded under your <b>benefits</b>.</p>
<b>Emergency dental treatment</b>	<b>dental treatment</b> carried out in the <b>UK</b> which is urgently required in order to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health.

<p><b>Essential access facility</b></p>	<ul style="list-style-type: none"> <li>◦ a hospital or a treatment facility, centre or unit that, at the time you receive your <b>eligible treatment</b>, is in <b>our</b> essential access facility list that applies to your <b>benefits</b>, and is recognised by <b>us</b> for both: <ul style="list-style-type: none"> <li>- treating the medical condition you have; and</li> <li>- carrying out the type of <b>treatment</b> you need</li> </ul> </li> <li>◦ any other establishment which <b>we</b> may decide to treat as an essential access facility for the purpose of the <b>scheme</b></li> </ul> <p>The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of <b>treatment we</b> recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of <b>treatment we</b> recognise them for are available on request.</p>
<p><b>Excess</b></p>	<p>the amount that you have to pay towards the cost of <b>treatment</b> that you receive that would otherwise have been payable under your <b>benefits</b>.</p>
<p><b>Extended choice facility</b></p>	<ul style="list-style-type: none"> <li>◦ a hospital or a treatment facility, centre or unit that, at the time you receive your <b>eligible treatment</b>, is in <b>our</b> extended choice facility list excluding <b>Central London</b> hospitals or treatment facilities, centres or units that applies to your <b>benefits</b>, and is recognised by <b>us</b> for both: <ul style="list-style-type: none"> <li>- treating the medical condition you have; and</li> <li>- carrying out the type of <b>treatment</b> you need</li> </ul> </li> <li>◦ any other establishment which <b>we</b> may decide to treat as an extended choice facility for the purpose of the <b>scheme</b></li> </ul> <p>The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of <b>treatment we</b> recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of <b>treatment we</b> recognise them for are available on request.</p>
<p><b>Extended choice with Central London facility</b></p>	<ul style="list-style-type: none"> <li>◦ a hospital or a treatment facility, centre or unit that, at the time you receive your <b>eligible treatment</b>, is in <b>our</b> extended choice facility list including <b>Central London</b> hospitals or treatment facilities, centres or units that applies to your <b>benefits</b>, and is recognised by <b>us</b> for both: <ul style="list-style-type: none"> <li>- treating the medical condition you have; and</li> <li>- carrying out the type of <b>treatment</b> you need</li> </ul> </li> <li>◦ any other establishment which <b>we</b> may decide to treat as an extended choice with Central London facility for the purpose of the <b>scheme</b></li> </ul> <p>The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of <b>treatment we</b> recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of <b>treatment we</b> recognise them for are available on request.</p>
<p><b>Facility access</b></p>	<p>the network of <b>recognised facilities</b> for which <b>you</b> are covered under your <b>benefits</b> as shown on your <b>membership certificate</b> and being an:</p> <ul style="list-style-type: none"> <li>◦ <b>essential access facility</b></li> <li>◦ <b>extended choice facility</b>; or</li> <li>◦ <b>extended choice with Central London facility</b></li> </ul>
<p><b>Facility charges</b></p>	<p>the charges <b>we</b> pay to <b>recognised facilities</b> for your <b>eligible treatment</b>. The amount <b>we</b> pay for facility charges depends on whether the <b>recognised facility</b> you use is within your <b>facility access</b>. The basis on which <b>we</b> pay facility charges is shown on your <b>membership certificate</b>.</p>
<p><b>Fee assured partner</b></p>	<p>a <b>consultant</b> who, at the time you receive your <b>treatment</b>, is recognised by <b>us</b> as a fee assured partner. You can contact <b>us</b> to find out if a <b>consultant</b> is a fee assured partner.</p>

<b>Fitness check</b>	<p>an assessment of cardiovascular fitness, which includes:</p> <ul style="list-style-type: none"> <li>◦ weight, height and waist measurement including waist/height ratio</li> <li>◦ calculation of body mass index and body fat percentage</li> <li>◦ measurement of blood pressure and pulse rate</li> <li>◦ assessment of lung function</li> <li>◦ ECG</li> <li>◦ cardio-respiratory fitness analysis (VO2 Max score calculation) and determination of anaerobic threshold</li> <li>◦ assessment of cardiac, metabolic and respiratory efficiency during exercise</li> <li>◦ strength assessment and flexibility test</li> <li>◦ a fitness consultation with an exercise physiologist</li> <li>◦ a cardio-respiratory report; and</li> <li>◦ a health and fitness report with action plan</li> </ul>
<b>GP</b>	<p>a doctor who, at the time he/she refers you for your consultation or <b>treatment</b>, is:</p> <ul style="list-style-type: none"> <li>◦ on the <b>UK</b> General Medical Council's General Practitioner Register; or</li> <li>◦ is registered with the General Medical Council and is recognised by us as a general practitioner for the purposes of the <b>scheme</b></li> </ul>
<b>Group sponsor</b>	<p>the company, association, organisation or group (of which the <b>main member</b> is an employee or member) for whose employees or members <b>we</b> have agreed to operate the <b>scheme</b> for the time being. Please contact your helpline to check if your cover has been arranged by a <b>group sponsor</b>.</p>
<b>Home</b>	<ul style="list-style-type: none"> <li>◦ the place where you normally live; or</li> <li>◦ any other establishment, including a non-healthcare setting, which <b>we</b> may decide to treat as a home for the purpose of your <b>benefits</b></li> </ul>
<b>In-patient</b>	<p>a patient who is admitted to a hospital or treatment facility and who occupies a bed overnight or longer for medical reasons.</p>
<b>In-patient treatment</b>	<p><b>eligible treatment</b> that, for medical reasons, is received as an <b>in-patient</b>.</p>
<b>Intensive care</b>	<p><b>eligible treatment</b> for intensive care, intensive therapy, high dependency care, coronary care or progressive care.</p>
<b>Main member</b>	<p>the person who is covered under the <b>agreement</b> by virtue of being eligible in his or her own right rather than as a <b>dependant</b>.</p>
<b>Medical treatment provider</b>	<p>a person or company who is recognised by <b>us</b> as a medical treatment provider for the type of <b>treatment</b> at <b>home</b> that you need at the time you receive your <b>treatment</b>. These medical treatment providers and the type of <b>treatment</b> <b>we</b> recognise them for may change from time to time. Details of these medical treatment providers and the type of <b>treatment</b> <b>we</b> recognise them for are available on request.</p>
<b>Membership certificate</b>	<p>the most recent membership certificate that <b>we</b> issue to <b>you</b> for <b>your</b> current continuous period of membership under the <b>agreement</b>.</p>
<b>Mental health and wellbeing therapist</b>	<ul style="list-style-type: none"> <li>◦ a Chartered Psychologist accredited with the Health Professions Council</li> <li>◦ a psychotherapist accredited with UK Council for Psychotherapists, the British Association of Counsellors and Psychotherapists or the British Psychoanalytical Council</li> <li>◦ a counsellor accredited with British Association of Counsellors and Psychotherapists; or</li> <li>◦ a cognitive behavioural therapist accredited with the British Association of Behavioural Cognitive Psychotherapists</li> </ul> <p>who is a <b>recognised practitioner</b>. You can contact <b>us</b> to find out if a practitioner is a <b>recognised practitioner</b> and the type of <b>treatment</b> <b>we</b> recognise them for.</p>
<b>Mental health condition</b>	<p>a mental or addictive condition, including alcoholism, drug addiction and eating disorders.</p>

<b>Mental health day-patient treatment</b>	<b>mental health treatment</b> which for medical reasons means you have to be admitted to a facility because you need a period of clinically-supervised <b>mental health treatment</b> as a day case but do not have to occupy a bed overnight and the <b>mental health treatment</b> is provided on either an individual or group basis.
<b>Mental health in-patient treatment</b>	<b>mental health treatment</b> that, for medical reasons, is received as an <b>in-patient</b> .
<b>Mental health treatment</b>	<b>eligible treatment</b> of a <b>mental health condition</b> .
<b>Moratorium condition</b>	any disease, illness or injury or related condition, whether diagnosed or not, which you: <ul style="list-style-type: none"> <li>◦ received medication for</li> <li>◦ asked for or received, medical advice or <b>treatment</b> for</li> <li>◦ experienced symptoms of, or</li> <li>◦ were to the best of your knowledge aware existed</li> </ul> in the five years before your <b>start date</b> . By a related condition <b>we</b> mean any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury. <b>We</b> may take the start date of your cover under a <b>previous scheme</b> into account when assessing whether a medical condition is a moratorium condition but only if <b>we</b> specifically agreed we would do this when you joined the <b>scheme</b> .
<b>Moratorium member</b>	a member whose <b>membership certificate</b> shows the underwriting method applied to them is moratorium.
<b>Muscle, joint or bone condition</b>	a musculoskeletal condition which at the time your current period of cover began is included on the list of such conditions used by <b>Bupa</b> for the purpose of providing <b>benefits</b> . You should call <b>us</b> before you have <b>treatment</b> to confirm if your condition is covered. Details of the list are available on request.
<b>NHS</b>	<ul style="list-style-type: none"> <li>◦ the national health service operated in Great Britain and Northern Ireland, or</li> <li>◦ the healthcare scheme that is operated by the relevant authorities of the Channel Islands, or</li> <li>◦ the healthcare scheme that is operated by the relevant authorities of the Isle of Man</li> </ul>
<b>NHS Band</b>	any of the bands (1, 2 or 3) specified by the <b>NHS</b> in England in relation to the classification of, and fees payable for dental services provided to NHS patients in England.
<b>Nurse</b>	a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
<b>Optician</b>	an ophthalmic optician or optometrist under age 70 who is registered with the General Optical Council.
<b>Oral cancer treatment</b>	any <b>treatment</b> for <b>cancer</b> of the oral cavity, lips, tongue and/or pharynx provided by a <b>consultant</b> .
<b>Out-patient</b>	a patient who attends a hospital, consulting room, out-patient clinic or treatment facility and is not admitted as a <b>day-patient</b> or an <b>in-patient</b> .
<b>Out-patient surgical operation</b>	an <b>eligible surgical operation</b> received as an <b>out-patient</b> .
<b>Out-patient treatment</b>	<b>eligible treatment</b> that, for medical reasons, is received as an <b>out-patient</b> .
<b>Partner</b>	<b>your</b> husband or wife or civil partner or the person <b>you</b> live with in a relationship similar to that of a husband and wife whether of the opposite sex or not.
<b>Pre-existing condition</b>	any disease, illness or injury for which in the 7 years before your <b>start date</b> : <ul style="list-style-type: none"> <li>◦ you have received medication, advice or <b>treatment</b>; or</li> <li>◦ you have experienced symptoms</li> </ul> whether the condition was diagnosed or not.

<b>Previous scheme</b>	<ul style="list-style-type: none"> <li>◦ another <b>Bupa</b> private medical insurance scheme or <b>Bupa</b> administered medical healthcare trust</li> <li>◦ a private medical insurance scheme or medical healthcare trust provided or administered by another insurer</li> </ul> <p>that you were covered under without a break between that previous scheme and this <b>scheme</b> that <b>we</b> specifically agree will be treated as a previous scheme for the purpose of assessing <b>waiting periods</b> or continuous periods of cover.</p>
<b>Prosthesis</b>	any prosthesis which is in <b>our</b> list of <b>prostheses</b> for both your <b>benefits</b> and your type of <b>treatment</b> at the time you receive your <b>treatment</b> . The prostheses on the list may change from time to time. Details of the prostheses covered under your <b>benefits</b> for your type of <b>treatment</b> are available on request.
<b>Recognised facility</b>	an: <ul style="list-style-type: none"> <li>◦ <b>essential access facility</b></li> <li>◦ <b>extended choice facility</b>; or</li> <li>◦ <b>extended choice with Central London facility</b></li> </ul>
<b>Recognised practitioner</b>	a healthcare practitioner who at the time of your <b>treatment</b> : <ul style="list-style-type: none"> <li>◦ is recognised by <b>us</b> for the purpose of <b>our</b> private medical insurance schemes for treating the medical condition you have and for providing the type of <b>treatment</b> you need; and</li> <li>◦ is in our list of recognised practitioners that applies to <b>your benefits</b></li> </ul>
<b>Renewal date</b>	<ul style="list-style-type: none"> <li>◦ each anniversary of <b>your start date</b>, or</li> <li>◦ if <b>you</b> are a member under a group scheme arrangement with a common <b>renewal</b> date for all members of the group, <b>your renewal</b> date will be the common <b>renewal</b> date for the group</li> </ul>
<b>Routine dental treatment</b>	those elements of <b>dental treatment</b> that relate only to routine or preventative examinations, x-rays and scale and polish services and which may be delivered by a <b>dentist</b> or dental hygienist.
<b>Schedule of procedures</b>	the schedule used by <b>Bupa</b> for the purpose of providing <b>benefits</b> which classifies <b>surgical operations</b> according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under <b>Bupa</b> schemes. Further information on the schedule is available on request.
<b>Scheme</b>	the cover <b>we</b> provide as shown on your <b>membership certificate</b> together with this <b>Bupa By You</b> membership guide and (if applicable) the <b>Bupa By You</b> Travel and Emergency Medical Cover Membership Guide subject to the terms and conditions of the <b>agreement</b> .
<b>Special condition</b>	any exclusions or restrictions to cover that are personal to an individual based on the medical history given to <b>us</b> for that individual. If special conditions apply to an <b>underwritten member's</b> cover these are shown in the 'Special conditions' section for that <b>underwritten member</b> in <b>your membership certificate</b> .
<b>Start date</b>	the date you started your current continuous period of cover under the <b>scheme</b> .
<b>Surgical operation</b>	a surgical procedure or complex investigative/diagnostic procedure including all medically necessary <b>treatment</b> related to the procedure and all consultations carried out from the time you are admitted to a facility until the time you are discharged, or if it is carried out as <b>out-patient treatment</b> , all medically necessary <b>treatment</b> related to the operation and any consultation on the same day which is integral to the operation.
<b>Therapist</b>	<ul style="list-style-type: none"> <li>• a chartered physiotherapist</li> <li>• a British Association of Occupational Therapists registered occupational therapist</li> <li>• a British and Irish Orthoptic Society registered orthoptist</li> <li>• a Royal College of Speech and Language Therapists registered speech and language therapist; or</li> <li>• a chiropodist or podiatrist</li> </ul> <p>who is Health Professions Council Registered and is a <b>recognised practitioner</b>. You can contact <b>us</b> to find out if a practitioner is a <b>recognised practitioner</b> and the type of <b>treatment we</b> recognise them for.</p>

<b>Treatment</b>	surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure a disease, illness or injury.
<b>Underwritten member</b>	a member whose <b>membership certificate</b> shows the underwriting method applied to them is underwritten.
<b>United Kingdom/UK</b>	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
<b>Waiting period</b>	a period of continuous cover during which benefits are not payable. The length of any waiting periods that apply to your <b>benefits</b> are shown under the 'Waiting periods' section in your <b>membership certificate</b> .
<b>We/our/us</b>	<b>Bupa.</b>
<b>Year</b>	<ul style="list-style-type: none"> <li>• when you first become a member under the <b>scheme</b> this is the period beginning on your <b>start date</b> and ending on the day before the <b>renewal date</b></li> <li>• for continuing members this is the period beginning on the <b>renewal date</b> and ending on the day before the next <b>renewal date</b></li> </ul>
<b>You/your</b>	this means the <b>main member</b> only.

# 6. PROTECTING YOUR DATA

## Data Protection Notice

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

**Medical information:** Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

**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 service to members, your call may be recorded and may be monitored.

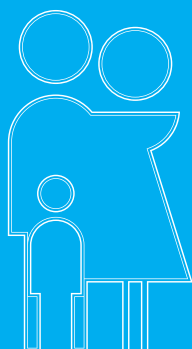
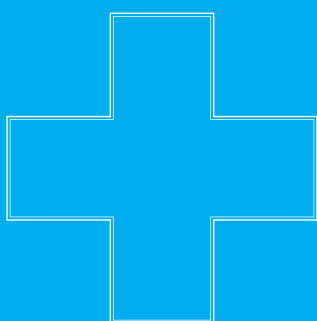
**Research:** Anonymised or aggregated data may be used by Bupa, or disclosed to others, for research or statistical purposes.

**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 or patients 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's Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at [DataProtection@Bupa.com](mailto:DataProtection@Bupa.com)



Call **0800 600 500**<sup>†</sup>  
for information on all  
other Bupa services.

<sup>†</sup>Calls may be recorded  
and may be monitored.

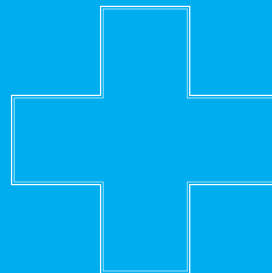
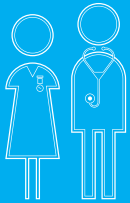
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*The world of Bupa*

Care homes  
Cash plans  
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Health coaching  
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Health insurance  
Home healthcare  
International health insurance  
Travel insurance