

Bupa Health Cash Back
Membership Guide



Member Offers

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

For details, visit www.bupa.co.uk/members/

These are non contractual benefits which are subject to change or may be withdrawn at any time without notice.

Contacting us

For all general membership enquiries including membership changes and payment enquiries

0845 606 6003

For claims enquiries and to request claim forms

0845 602 1092

Lines are open 8.30am - 5.30pm, Monday to Friday
Calls may be recorded and may be monitored.

Visit www.bupa.co.uk/cashplan for further information and claim forms.

This membership guide applies to anyone joining the scheme on or after 30 May 2010, until amended in accordance with these rules. These rules and benefit notes apply from the date they join.

General rules

1. Introduction

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

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

Individual **membership levels** are individual levels 1 to 3 and cover is for **you**, benefit maximums are to cover **you**. **You** should refer to specific **benefits** for amounts claimable.

Single parent **membership levels** are single parent levels 1 to 3 and cover is for **you** and for up to a maximum of three of **your** child **dependants you** may have included on your membership. Unless **we** state otherwise for a particular benefit, benefit maximums per member covered. **You** should refer to specific **benefits** for amounts claimable.

Couple **membership levels** are couple cover levels 1 to 3 and cover is for **you** and for your **partner you** may have included on your membership. Benefit maximums are generally per **member** covered. **You** should refer to specific **benefits** for amounts claimable.

Family **membership levels** are family levels 1 to 3 and cover is for **you**, your **partner** and up to a maximum of three of **your** or **your partner's dependants you** may have included on **your** membership. Unless **we** state otherwise for a particular **benefit**, benefit maximums are generally per **member** covered. **You** should refer to specific **benefits** for amounts claimable.

Once child **dependants** have been added to your scheme they remain on the scheme until they reach their 18th birthday.

You should refer to specific **benefits** for amounts claimable.

2. Membership

You can apply for membership if **you** are aged between 16 and 69 and are **UK** resident. **We** do not have to accept **you** as a member. If **we** do this **we** will provide written confirmation of this.

If **your membership letter** says that **you** have family membership cover, **you** can apply to include your **partner** as a member of the scheme and **you** can apply to include up to a maximum of three of **your** children or **your partner's** children as members of the scheme if they are under 18 and unmarried and not in a **civil partnership**. Any children and **partner**

covered must live with **you** at **your** address.

We refer to **your partner** and any children who become members under **your** membership as **dependants**.

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

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

3. Starting and continuing your membership

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

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

Your membership will be for a month at a time irrespective of how regularly **you** pay **your** subscriptions. **You** renew **your** membership by continuing to pay **your** subscriptions when they are due. So long as **you** continue to pay **your** subscriptions, **you** don't have to do anything else and your membership will renew automatically subject to **our** consent.

If **you** do not continue to pay **your** subscriptions when they are due, **we** may end **your** membership. If **your** subscription increases at any time during **your** membership we may end **your** membership if **you** do not pay the increased subscription.

4. Cancelling or ending membership

You may cancel your membership for any reason by writing to us within 21 days from the date **you** receive **your membership letter** confirming **you** are a **member**. As long as **you** have not made any claims, **we** will refund all **your** subscriptions.

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

To end any membership, **you** must write to **us** at:

Member Services Manager

Bupa Cash Plan

Dale Buildings

Cook Street

Coventry CV1 1JH

Your membership will automatically end unless **you** continue to pay your subscriptions on

or before the date **your** subscriptions are due. **We** may end **your** membership on or after the date any increased subscription applies to **your** membership if **you** fail to pay, or have not paid any subscription which becomes due.

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

Your dependants' membership will end:

- if **your** membership ends
- if they stop living with **you** at **your** address
- in the case of child **dependants**, immediately following their 18th birthday
- in the case of child **dependants**, upon their marriage or civil partnership.
- if they die

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

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

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

5. Subscriptions

You have to pay **your** subscription on or before the date it is due. The subscription **you** pay is determined by the **membership level you** have chosen. All subscriptions are payable in advance starting on **your registration date** unless **we** agree otherwise.

If **you** are paying **your** subscription through another person, they are to be treated as paying the subscription to **us** on **your** behalf. The subscription is not paid until **we** receive it.

If **your** membership ends, **we** will refund to **you** that part of any subscription **you** have paid which relates to a period greater than one month after **your** membership ends.

6. Paying benefits

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

All **benefits** are subject to maximum payment amounts set out in the notes on benefits and tables, Section 13. These amounts are the maximum amount **we** will pay in any **benefit year**. If the first **benefit year** for **your** membership falls within 12 months of **you** or any of **your dependants** ceasing to be a member of any other Bupa Cash Plan or Bupa Health Cash type product **we** will treat any **benefits you** or they received under that scheme as falling within the first **benefit year** of **your** current membership (unless **we** agree otherwise).

Your benefit entitlement and that of **your dependants** will be determined by the **membership level you** have chosen.

7. Qualifying periods

Initial qualifying period

A **member's** initial qualifying period is:

- the first 13 weeks following the start of their current continuous period of membership of the scheme for all **benefits** except for **benefit 10**. If there is a break in a **member's** membership, their initial qualifying period will start again from the date their membership restarts.

There is no initial qualifying period for **benefit 10**.

Your initial qualifying period starts from **your** registration date. **Your dependants'** initial qualifying period starts from the date **we** accept them as a **member** having received their full details from **you**.

Additional qualifying period

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

The additional qualifying period is:

- the first 26 weeks following the date of the change in **your membership level** for all **benefits**.

There is no additional qualifying period for **benefit** 10.

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

8. Making a claim

In order to make a claim **you** must use the claim form **we** provide. If **you** do not have a claim form please visit www.bupa.co.uk/cashplan or call 0845 602 1092. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be monitored and may be recorded.

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

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

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

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

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

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

9. Making changes

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

These changes could affect, for example:

- how much **your** subscriptions will be
- how often **you** have to pay subscriptions
- the **benefits we** will pay

Your subscriptions may increase when **we** change the terms and conditions of **your** membership and further subscriptions may become due for a period of cover. **You** will need to pay any such increases to continue **your** membership.

We will write to tell **you** at least 60 days before **we** change **your** terms and conditions. **You** may end **your** membership if **you** do not accept the changes and **you** write and tell **us** this before the end of the 60 day notification period. If **you** do end **your** membership within the 60 days because **you** do not accept the changes, **we** will treat the changes as not having been made and will terminate **your** membership at the end of the 60 day period and provide a pro-rata refund of subscriptions from the termination date.

We can alter **your** subscriptions at any time if there is a change in the rate of Insurance Premium Tax (IPT) or any other tax, government or statutory charge relating to **your** cover under Bupa Cash Plan, or if any new charges or taxes of this nature are introduced. If we do alter **your** subscriptions in these circumstances, **we** will only do so by the amount necessary to recover the cost to us of the change in the taxes or charges. **We** will write to tell **you** as soon as **we** can and this will in any event be at least 28 days before the change to **your** subscription takes place.

10. General information

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

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

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

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

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf.

or decide not to enforce any of **our** rights. Equally no change to **your** membership will be valid unless it is confirmed in writing.

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

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

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

11. Data protection

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

Medical information: Medical information will be kept confidential.

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

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

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

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

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

Keeping you informed: the Bupa Group would, on occasion, like to keep **you** informed of The Bupa 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 Head of Information Governance at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at dataprotection@bupa.com

12. Complaints procedure

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

Getting in touch

Bupa Cash Plan member services is always the first number to call if you need help or support or if **you** or **your dependants** have any comments or complaints. Please call **us** on 0845 606 6003. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be monitored and may be recorded. Alternatively, you can write to **us** at Bupa Cash Plan, Dale Buildings, Cook Street, Coventry CV1 1JH or fax **us** on 02476 811800.

Making a complaint

If **we** have not been able to resolve the problem and **you** or **your dependants** wish to take your complaint further, **you** or they can contact **our** Head of Bupa Cash Plan at the same address. It's very rare that **we** can't settle a complaint, but if this does happen, **you** may refer **your** complaint to the Financial Ombudsman Service. You can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR, or call them on 0845 080 1800.

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

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

13. Notes on benefits

These notes (including the tables) explain more fully the **benefits** provided under **your** membership. Please note that when **we** refer to **dependants we** mean **your** or **your partner's dependants** who are covered under the scheme as part of **your** membership. **You** should disregard references to **dependants** if **you** have individual membership cover. Benefits are payable for each person covered under **your** membership. The **membership level** you have chosen, as stated on **your membership letter**, determines your **benefit** entitlement. We only pay for treatment, goods and services received in the **United Kingdom**. Goods (e.g. spectacles or contact lenses, including those purchased over the Internet), must be provided by a **UK** based and **UK** registered company, and you must be invoiced in pounds sterling. For all claims **you** will need to send **us your** fully completed claim form and original receipted accounts, where applicable.

Benefit 1 - Dental

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

Levels		
1 £50	2 £100	3 £150

Dental note

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

Dental services

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

Dental services do not include:

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

Benefit 2 - Optical

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

Levels		
1 £50	2 £100	3 £150

Optical note

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

Optical services

- Glasses with prescribed lenses, contact lenses and routine sight tests when provided by a qualified ophthalmic practitioner
- Corrective laser eye treatment carried out by an ophthalmic surgeon who is a **consultant**.

Please contact **us** if you want to know if your consultant is recognised by **us**

Optical Services do not include:

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

Benefit 3 - Prescription charges

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

Levels		
1 £16	2 £24	3 £40

Prescription charges note

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

Benefit 4 - Chiropody

Chiropody **benefit:** We pay 75 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person) for the chiropody services set out below which **you** or they receive during **your benefit year**.

Levels		
1 £50	2 £100	3 £150

Chiropody note

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

Chiropody services

Chiropody treatment provided by a **chiropodist**.

Treatment must be provided by a **chiropodist** recognised by **us**. If **you** want to know if a practitioner is recognised by **us** please call **us** on 0845 602 1092. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be monitored and may be recorded.

Exclusions

This benefit covers treatment only. Associated prescription fees and medication administered are **not** covered.

Benefit 5 - Physiotherapy, osteopathy, chiropractic and acupuncture

Physiotherapy, osteopathy, chiropractic and acupuncture **benefit:** We pay 75 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person.) for the physiotherapy, osteopathy, chiropractic and acupuncture services set out below which **you** or they receive during **your benefit year**.

Levels		
1 £75	2 £150	3 £225

Physiotherapy, osteopathy, chiropractic and acupuncture note

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

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

Therapy services

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

Exclusions

This benefit covers treatment only. Associated prescription fees and medication administered are **not** covered.

Benefit 6 – Consultation

Consultation **benefit**: **We** pay 75 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** per person) for the consultation services set out below which **you** or they receive during **your benefit year**.

Levels		
1 £75	2 £150	3 £225

Consultation note

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

Consultation services

- Consultations **you** and/or **your dependants** have with a **consultant** (by a consultation **we** mean a meeting with a **consultant** to assess your condition)
- consultations **you** or **your dependants** have with a dietician or **occupational therapist** recognised by **us**. If **you** want to know whether a **dietician** or **occupational therapist** is recognised by **us** please call **us** on 0845 602 1092 Calls may be recorded and may be monitored.
- private diagnostic tests directly related to treatment for infertility

Consultation services do not include

- the costs of any diagnostic tests.
- any radiologist's fees.
- any services provided by an orthodontist.

Benefit 7 – Diagnostic scans

Diagnostic scans **benefit**: **We** pay 75 percent of the amount **you** or **your dependants** pay (up to the maximum set out for your membership level per person) for the diagnostic scans set out below, which you or they receive during your **benefit year**.

Levels		
1 £50	2 £100	3 £150

Diagnostic scans note

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

Diagnostic scans

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

A letter from your **consultant** will be required, along with your claim to state that the scan is to determine or assess your condition as part of an out-patient investigation

Eligible diagnostic scans are;

- MRI scans (magnetic resonance imaging)
- CT scans (computerized tomography)
- PET scans (positron emission tomography)
- Ultrasound
- X-Ray

Diagnostic scans do not include:

- Any test performed as part of a health screen, routine test, health test or wellness review.
- Any tests done as part of an in-patient or day-case procedure.

Benefit 8 - Medical appliances

Medical appliances **benefit**: We will pay 75 percent (up to the maximum set out for **your membership level** per person) of the amount **you** or **your dependants**, pay for a medical appliance, when it is recommended for **you** or them by a **GP** or hospital during **your benefit year**.

Levels		
1 £50	2 £75	3 £100

Medical appliances

The medical appliances **benefit** above sets out the total amount **we** pay per person for all medical appliances **benefits** received by each person covered under **your** membership during **your benefit year** and **not** the total that you can claim up to for each medical appliance.

We only pay for medical appliances which are:

- recommended for you or your dependants by a **GP** or **hospital**
 - a medical necessity as listed below
- | | |
|------------------|-------------------|
| • back brace | • crutches |
| • shoulder brace | • aluminium stick |
| • elbow brace | • zimmer frame |
| • wrist brace | • wheelchair |
| • knee brace | • neck collar |
| • ankle brace | • achilles wrap |

Any claim for this **benefit** must be accompanied by a note from **your GP** or **hospital** confirming their recommendation that it is a medical necessity.

Benefit 9 - Bupa Health Assessment

Bupa Health Assessment **benefit**: We pay 100 percent of the amount you pay (up to the maximum set out for **your membership level** per person) for the Bupa Wellness Health Assessments listed below.

The benefit we pay will be deducted from the amount you pay at the time of your health screen. **You** will therefore not be able to claim separately for the **benefit year**.

Levels		
1 £50 per year	2 £75 per year	3 £100 per year

The right assessment for you

- Bupa Advanced Health - 18-70
- Bupa Complete Health - 18-70
- Bupa Mature Health - 65+

For full details of these Bupa Health Assessments please refer to www.bupa.co.uk/wellness

To claim the **benefit** you will need to call Bupa Cash Plan on 0845 606 6003 (lines are open 8.30am - 5.30pm, Monday to Friday Calls may be recorded and may be monitored) prior to booking your Bupa Health Assessment in order to obtain a booking reference for the **benefit** to be automatically deducted by Bupa Wellness when the health assessment is taken.

This benefit can only be used towards the Bupa Health Assessments listed above, held at a Bupa Wellness Centre. To locate your nearest Bupa Wellness Centre please go to www.bupa.co.uk/wellness and click on facilities finder. Or for further information call 0845 600 3458. Lines open 8.00am - 6.00pm, Monday to Friday. Calls may be recorded and may be monitored. From time to time Bupa Wellness may contact you regarding booking these health assessments.

Exclusion

- health assessment services which are not provided within a Bupa Wellness assessment centre.

Benefit 10 - Bupa HealthLine

As a Bupa member if you have any queries or questions about your health call our confidential 24 hour Bupa HealthLine where our qualified nursing team have the time to listen and the skills to help with whatever your health question or concern.

Call the Bupa HealthLine on 0845 601 3216. Calls may be recorded and may be monitored.

Glossary

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

Word/phrases	meaning
Acupuncturist:	Means an acupuncturist registered as a member or fellow of the British Acupuncture Council (MBAcC or FBAcC), British Medical Acupuncture Society (BMAS), or Acupuncture Association Of Chartered Physiotherapists (AACP), at the time you receive your treatment;
Benefit:	means the individual benefits set out in the Benefits Notes section number 1 to 10;
Benefit year:	means a twelve month period commencing on your registration date or an anniversary of your registration date ;
Chiropodist:	means a person registered as a chiropodist with the Health Professions Council (HPC), at the time you receive your treatment;
Chiropractor:	means a chiropractor registered as a member of the General Chiropractic Council (GCC), at the time you receive your treatment;
Civil partnership:	means a partnership as registered under the Civil Partnership Act 2004;
Consultant:	Means a consultant registered with the General Medical Council (GMC). You can contact the GMC on www.gmc-uk.org to see if the practitioner is registered.
Dependants:	means your partner and a maximum of three of your children or your partner's children as members of the scheme who are named on your membership letter ; if they are under 18 and unmarried and not in a civil partnership . Any children and partner covered must live with you at your address.

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

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

Member: means the main member of the scheme and/or a **dependant** of the main member covered under the scheme;

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

Membership level: means the level of chosen by **you**, and which determines **your benefit** entitlement.

Osteopath: means an osteopath registered as a member of the General Osteopath Council (GOC) at the time you receive **your** Treatment;

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

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

Physiotherapist: means a person registered as a physiotherapist with the Health Professions Council (HPC) at the time you receive **your** treatment;

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

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

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

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



The world of Bupa

Bupa offers you

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

Call 0800 600 500
for information on all other Bupa services

Lines open 8am - 8pm Monday to Friday and 9am - 5pm on Saturday.
Calls may be recorded and may be monitored.

www.bupa.com



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