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- Income and lifestyle protection
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Calls may be recorded and may be monitored.  
[www.bupa.com](http://www.bupa.com)



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**Bupa Cash Plan**  
**Personal Membership Guide**



# Contacting us

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

0845 606 6003

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

0845 602 1092

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

This membership guide applies to anyone joining the scheme on or after 1 December 2007, until amended in accordance with these rules. These rules and benefit notes apply from the date they join. This membership guide also applies to existing Bupa Cash Plan members from the date we inform you that it becomes applicable.

## General rules

### 1. Introduction

**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.

Individuals' **membership levels** are levels 1 to 3 and cover is for **you** and for any child **dependants you** may have included on **your membership**. Unless **we** state otherwise for a particular **benefit**, benefit maximums are generally to cover **you** and **your** child **dependants** collectively. **You** should refer to specific **benefits** for amounts claimable.

Family **membership levels** are levels 4 to 8 and cover is for **you** and any **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.

### 2. Membership

**You** can apply for membership if **you** are aged between 16 and 59 inclusive 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.

In certain circumstances **we** may vary age limits for becoming a member. If **we** can do this for **you we** will provide written confirmation of this.

**You** can apply to include **your partner**, if they are under age 60, as a **member** of the scheme, and **you** can apply to include **your** children or **your partner's** children as members of the scheme if they are under 21, or 24 if in full time education (**we** may ask for proof of your child's continuing education), and unmarried. 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**.

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

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

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

**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** subscription when it is 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. Ending membership

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

**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** subscription on or before the date **your** subscription is 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 increased 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 21st birthday, or 24th birthday if in full time education, or
- in the case of child **dependants**, upon their marriage.

**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 Cash Plan, 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 **your** employer or 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 the period 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 benefit notes and the tables. These amounts are the maximum amount **we** will pay in any **benefit year**.

If any part of the first **benefit year** for **your** membership falls within 12 months of **you** or any of **your dependants** ceasing to be a member of any other Bupa Cash Plan 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.

**We** are responsible for paying all **benefits** except **benefit 14** in the benefit notes (including the tables) which is payable by the **personal accident insurer**. **We** will however, handle the initial enquiry for claims on this benefit. **Benefits** payable under **benefit 14** are payable under a Master Policy of Insurance arranged by **us** with the **personal accident insurer** for the **benefit** of Bupa Cash Plan members.

## 7. Qualifying periods

### Initial qualifying period.

**We** will not pay **benefits** to a **member** during the initial qualifying period for that **member**.

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 **benefits 4, 9, 14, 15 and 16**. If there is a break in a **member's** membership their initial qualifying period will start again from the date their membership restarts;
- the first 52 weeks following the start of their current continuous period of membership of the scheme for **benefit 9**.

There is no initial qualifying period for **benefits 4, 14, 15 or 16**.

### 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** except for **benefits 4, 9, 14, 15 and 16**;

The first 52 weeks following the date of the change in **your membership level** for **benefits 9**.

There is no additional qualifying period for **benefits 4, 14, 15 and 16**. 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 call us on 0845 602 1092. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be recorded and may be monitored.

When making a claim **you** will need to send **us your** fully completed claim form and original receipted account where applicable as soon as possible. In any event this should be submitted within 90 days of **you** using **your** eligible service or receiving treatment, 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.

#### Exception

**You** must notify **us** within 30 days of **you** becoming entitled to claim benefit 14 personal accident **benefit**, unless this was not reasonably possible to do.

## 9. Making changes

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

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

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

Letters between **us** 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** receipt to **you**. However, if **you** request return of **your** receipt at the time **you** are claiming and enclose a stamped addressed envelope **we** will return it.

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

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

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

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

## 11. Data protection

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

Medical information: Medical information will be kept confidential.

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

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

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

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

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

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

Contact address: If **you** do not wish to receive information about **our** products and services, or have any other Data Protection queries please write to the Bupa Group Information Protection Manager at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at [dataprotection@bupa.com](mailto: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 **your** concerns are dealt with as quickly and effectively as possible.

### Getting in touch

Bupa Cash Plan membership services is always the first number to call if you need help or support or if **you** or **your dependants** have any comments or complaints.

Please call us on 0845 606 6003. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be recorded and may be monitored. Alternatively, you can write to us at Bupa Cash Plan, Dale Buildings, Cook Street, Coventry CV1 1JH or fax us on 024 76 81 1800.

## Making a complaint

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

It is very rare that **we** can not settle a complaint, but if this does happen, you may refer your complaint to the **Financial Ombudsman Service**. You can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR, or call them on 0845 080 1800.

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

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

## 13. Notes on benefits

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

**Benefits** are payable to each person covered under **your** membership unless stated otherwise.

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

## Benefit 1 - Dental

Dental **benefit**: We pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the dental services set out below, which **you** or they receive during **your benefit year**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£50	£100	£150	£35	£70	£105	£140	£280

### Dental note

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

### Dental services

Dental services provided by a dentist except as specified below.

### Dental services do not include:

Any service where the fees that you have to pay relate to a dental treatment plan whether or not you receive any treatment.

## Benefit 2 - Optical

Optical **benefit**: We pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the optical services set out below, which **you** or they receive during **your benefit year**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£50	£100	£150	£35	£70	£105	£140	£280

## Optical note

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

### Optical services

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

### Optical services do not include:

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

## Benefit 3 - Hospital in-patient

Hospital in-patient **benefit**: We pay the amount shown in the table for each night **you** or **your dependants** receive **in-patient treatment**, (up to a total of 40 nights collectively on individual levels and per member on family levels and up to the maximum set out for **your membership level** per **member**) which **you** or they receive during **your benefit year**.

	Individual levels			Family levels				
	1	2	3	4	5	6	7	8
Main member	£15	£30	£45	£10	£20	£30	£40	£80
Partner	-	-	-	£10	£20	£30	£40	£80
Child dependants	£3	£6	£9	£2.50	£5	£7.50	£10	£20
Parental stay	£10	£20	£30	£10	£20	£30	£40	£80

### In-patient note

**In-patient treatment** must be provided by and the overall responsibility must rest with a **consultant** and take place in a **hospital**. We do not pay this **benefit** if the **in-patient treatment** is for, or relates to or results from, a psychiatric or addictive condition.

The total number of nights in hospital in any **benefit year** for which you may claim **benefits** is limited to 40 nights in total (collectively on the individual levels and per **member** on the family levels). This is the overall total number of nights that you may claim collectively for such **benefits** and not for each **benefit** separately.

- **you** or **your dependants** must be admitted to a hospital ward before midnight on the previous day to qualify as receiving in-patient treatment:
- parental stay is payable if **you** or **your dependant partner** stay overnight in hospital with your **child dependant**, under age 12, whilst the child receives **in-patient treatment**

### Chronic conditions

**We** will only pay this **benefit** for a single period of treatment, up to a maximum of 21 consecutive nights once, during any **member's** lifetime and membership of this, or any other Bupa Cash Plan or Bupa Health Cash type product, even if there is a break in their cover and they rejoin the scheme, when the treatment or services they receive is for a **chronic condition**, or which result from or relate to a **chronic condition**.

### General exclusions

**We** do not pay **benefit 3** for treatment or services **you** or **your dependants** receive as **out-patient treatment** or **day-patient treatment** or if they are for, or relate to, or arise out of any of the following:

- a **pre-existing condition** or a condition which results from or is related to a **pre-existing condition**.
- geriatric care
- **in-patient treatment** which is not provided by and where the overall responsibility does not rest with a **consultant**
- hospital admissions arranged for social or domestic reasons;
- **convalescence care** or **rehabilitation**
- cosmetic or reconstructive surgery undergone for cosmetic or psychological reasons (however, we will pay **benefits** if the treatment is for a surgical operation to restore a **member's** appearance after an accident or surgery for cancer)
- the first 10 nights of a **member's** maternity in-patient hospital stay

- a hospital attendance for casualty or emergency treatment which does not require a formal admission to a hospital bed.
- psychiatric or addictive conditions

### Benefit 4 - Worldwide emergency cover

Worldwide emergency cover **benefit**: **We** will pay **benefit 4** in accordance with the amount shown in the tables to **benefit 3** (up to the maximum set out for **your membership level** per person) if **you** or **your dependants** receive **in-patient treatment** overseas, resulting from an emergency whilst on a holiday, the intended duration of which did not exceed 28 days, **during your benefit year**.

### Worldwide emergency cover note

Please refer to **benefit 3** including the benefit table, benefit notes, conditions and general exclusions to confirm what **we** will pay for hospital stays whilst **you** are abroad.

Any **benefits** paid under **benefit 4** will count towards the total number of nights of **in-patient treatment** for which we will pay **benefit 3**.

### Benefit 5 - Hospital day-patient surgery

Hospital day-patient surgery **benefit**: **We** pay the amount shown in the table for **you** or **your dependants** (up to the maximum set out for **your membership level** up to four days collectively on individual schemes and per **member** on the family levels) for each day-patient admission (up to the maximum set out below) for surgery that requires the use of an operating theatre during, **your benefit year**.

	Individual levels			Family levels				
	1	2	3	4	5	6	7	8
Main member	£15	£30	£45	£10	£20	£30	£40	£80
Partner	-	-	-	£10	£20	£30	£40	£80
Child dependants	£3	£6	£9	£2.50	£5	£7.50	£10	£20

### Hospital day-patient surgery note

- **We** will pay for up to a maximum of 4 day-patient surgery admissions during **your benefit year**, (per **member** on the family levels and collectively on the individual levels).

### Exclusions:

We do not pay **benefit 5** for treatment or services **you** or **your dependants** receive as **out-patient treatment** or **day-patient treatment** other than surgery under this **benefit 5**, or if they are for, or relate to, or arise out of any of the following:

- a **pre-existing condition** or a condition which results from or is related to a **pre-existing condition**
- cosmetic or reconstructive surgery undergone for cosmetic or psychological reasons (however, **we** will pay **benefits** if the treatment is for a surgical operation to restore a members appearance after an accident or surgery for cancer)
- a hospital attendance for casualty or emergency treatment, which does not require a formal admission to a hospital bed
- non surgical procedures

### Benefit 6 - Physiotherapy, osteopathy, chiropractic, acupuncture and homoeopathy (therapies)

**Therapy benefit:** We pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level** for the **therapy** services set out below which **you** or they receive during **your benefit year**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£150	£300	£450	£100	£200	£300	£400	£800

#### Therapies note

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

Treatment must be provided by a **physiotherapist, osteopath, chiropractor, acupuncturist, or homoeopath** 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 recorded and may be monitored.

### Therapy services

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

### Exclusions

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

### Benefit 7 - Chiroprody

Chiroprody **benefit:** We pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the chiroprody services set out below which **you** or they receive during **your benefit year**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£50	£100	£150	£30	£60	£90	£120	£240

#### Chiroprody note

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

#### Chiroprody services

Chiroprody treatment provided by a **chiroprodist**.

- Treatment must be provided by a **chiroprodist** 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 recorded and may be monitored.

## Benefit 8 - Consultation

Consultation **benefit**: **We** pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**) for the consultation services set out below which **you** or they receive during **your benefit year**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£100	£200	£300	£70	£140	£210	£280	£560

### Consultation note

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

### Consultation services

**We** will pay **benefit** for:

- consultations **you** 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. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be recorded and may be monitored.;
- private diagnostic tests directly related to treatment for infertility

### Consultation services do not include:

- the cost of any diagnostic tests except related to treatment for infertility
- any radiologists' or pathologists' fees

## Benefit 9 - Maternity and Adoption

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

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£100 each child	£200 each child	£300 each child	£100 each child	£200 each child	£300 each child	£400 each child	£800 each child

### Maternity note

- either **you** or **your dependant partner** can claim this benefit, not both.
- enclose a full birth certificate (as issued by the registry office) with **your** claim form.
- for **you** to claim **your** name must be on the certificate

### Adoption note

- **we** will only pay if neither **you** nor **your dependant partner** is the natural parent of the child.
- we will only pay this **benefit** to either **you** or **your dependant partner**, not to both.
- enclose an adoption certificate with **your** claims form. For **you** to claim **your** name must be on the certificate.
- adoption **benefit** may not be claimed in respect of children aged 16 years or over

## Benefit 10 - Allergy testing

Allergy testing **benefit**: **We** pay 50 percent (up to the maximum set out for **your membership level**) of the amount you pay for private diagnostic tests performed by a **consultant**, directly related to the discovery of allergies, that **you** and **your dependants** receive during **your benefit year**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£50	£100	£150	£30	£60	£90	£120	£240

## Allergy note

The allergy testing **benefit** above sets out the total amount **we** pay (per **member** on family levels and collectively on individual levels) for all allergy testing **benefits** performed by a **consultant** received under **your** membership during **your benefit year** and **not** for each type of service or item charged individually.

## Exclusions

- treatment and medication charges
- home testing kits.

## Benefit 11 - Medical appliances

Medical appliances **benefit: We** will pay 50 percent (up to the maximum set out for **your membership level**) 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**. This is collectively on the individual levels and per **member** on the family levels.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
£50	£100	£150	£30	£60	£90	£120	£240

## Medical appliances

The medical appliances **benefit** above sets out the total amount **we** pay (collectively on the individual levels and per **member** on the family levels) 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 them by a **GP** or **hospital**
- a medical necessity

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.

Medical appliances which are claimable under this benefit include hearing aids, arch supports and trusses. For a list of eligible medical appliances please contact **us**.

## Exclusions

- **we** do not pay for medical appliances implanted into your body.
- **we** will not pay for the repair of hearing aids or for the purchase of batteries for hearing aids.

## Benefit 12 - Bupa health report

Bupa Wellness will send **you** a personal health report upon your completion of a lifestyle health questionnaire.

In order to obtain a copy of the questionnaire please contact **us** on 0845 602 1092. Lines are open 8.30am - 5.30pm, Monday to Friday. Calls may be recorded and may be monitored.

## Health report note

- the supply of health questionnaires and reports is limited to one per adult member every two years. The two year period runs from the date of your last report.
- only **you** and **your partner** are entitled to health screen questionnaires and reports.
- the report will only be sent to the member to whom it relates to.
- data will not be used for mailing purposes.

## Benefit 13 - Health screening

Health screen **benefit: We** will pay 50 percent (up to the maximum set out for **your membership level**) of the amount **you** and/or **your partner** pay for a health screen.

Individual levels			Family levels				
1	2	3	4	5	6	7	8
-	-	£100	-	-	-	£75	£150

## Health screening note

The health screening **benefit** above sets out the total amount **we** pay in respect for all health screens received by **you** and/or **your partner** during each **benefit year** and **not** the total that **you** can claim up to for each health screen.

## Exclusion

- health screening services which are not provided within a hospital or health screening centre.

## Benefit 14 - Personal accident

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

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

### Personal accident note

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

## Exclusions:

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

- flying or other aerial activity except as a passenger
- engaging in active service in any of the Armed Forces of any nation
- war within your country of nationality and country of domicile
- intentional self inflicted injury, suicide or any attempted threat
- from sickness or disease not resulting from bodily injury
- participation in any sport as a professional

Please note:

Upon seven days written notice to **us** the **personal accident insurer** may at its discretion cancel cover for accidental bodily injuries **you** suffer as a direct consequence of war (outside your country of nationality and country of domicile).

**We** shall notify **you** in this eventuality.

A copy of the master policy is available on request.

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

## Benefits 15 - Helplines

The following telephone advice helplines are available to Bupa Cash Plan members.

Legal	Provides advice on personal matters (please note business-legal advices is excluded).
Domestic	Provides members with practical advice and assistance for a wide range of domestic situations and emergencies including access to plumbers, builders, roofers etc.
Medical	Confidential advice on health related matters provided by a team of fully qualified staff.
Debt counselling	Practical help and solutions to personal financial problems.
Redundancy counselling	Help and advice for people who have been made redundant.
Stress counselling	Advice and support offered by registered nurses to those who need to combat stress.
Welfare	Advice is available in all areas of welfare including Social Security benefit entitlement, travel advice and education etc.
Tax	Expert help to those who require advice on PAYE tax affairs (this does not extend to actual completion of forms).

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

## Benefit 16 - Hospital accident admission

Hospital accident admission **benefit**: **We** pay the amount shown in the table for each night **you** or **your dependants** receive **in-patient treatment**, as a result of an accidental injury, (up to the maximum set out for **your membership level** per person) during the initial qualifying period (as described in section 7) of **your benefit year**.

	Individual levels			Family levels				
	1	2	3	4	5	6	7	8
Main member	£15	£30	£45	£10	£20	£30	£40	£80
Partner	-	-	-	£10	£20	£30	£40	£80
Child dependants	£3	£6	£9	£2.50	£5	£7.50	£10	£20
Main member and partners joint admission each	-	-	-	£20	£40	£60	£80	£160

### Hospital accident admission note

**In-patient treatment** must be provided by and the overall responsibility must rest with a **consultant**. **We** only pay this **benefit** if the **in-patient treatment** results from accidental injuries to **you** and/or **your dependants** and if **you** or they are admitted to hospital through the accident and emergency department or casualty unit of the hospital.

By joint admission we mean where **you** and **your partner** are admitted to receive **in-patient treatment** at the same time as a result of an accidental injury.

Any benefits paid under **benefit** 16 will count towards the total number of nights of **in-patient treatment** for which we will pay **benefit** 3.

The conditions and general exclusions from **benefit** 3 also apply to this **benefit**.

## Glossary

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

If you are unsure please call us before starting treatment to clarify your level of cover.

Word/phrases	Meaning
<b>acupuncturist</b> :	means an acupuncturist, under age 70, 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 (AACCP), at the time you receive <b>your</b> treatment;
<b>benefit</b> :	means the individual benefits set out in the Benefits Notes section number 1 to 16;
<b>benefit year</b> :	means a twelve month period commencing on <b>your registration date</b> or an anniversary of <b>your registration date</b> ;
<b>chiroprapist</b> :	means a person, under age 70, registered as a chiroprapist with the Health Professions Council (HPC), at the time you receive <b>your</b> treatment;
<b>chiropractor</b> :	means a chiropractor, under age 70, registered as a member of the General Chiropractic Council (GCC), at the time you receive <b>your</b> treatment);
<b>chronic condition</b> :	means a disease, illness or injury which has at least one of the following characteristics: <ul style="list-style-type: none"> <li>• it continues indefinitely and has no known cure</li> <li>• it comes back or is likely to come back</li> <li>• it is permanent</li> <li>• <b>you</b> need to be rehabilitated or specially trained to cope with it</li> <li>• it needs long-term monitoring, consultations, check-ups, examinations or tests;</li> </ul>

**consultant:** means a registered medical or dental practitioner under age 70. If **you** receive treatment outside the **UK** this means a surgeon, physician or anaesthetist who is under age 70 and is legally qualified to provide the treatment in that country;

**convalescence care:** means staying in a registered nursing home or a registered convalescence home, whether or not the stay follows private or NHS hospital treatment;

**day-patient treatment:** means treatment, which for medical reasons means you have to go into a **hospital** or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight;

**dependants:** means **your partner** and any child of **yours** or **your partners** who is a member of the scheme and named on **your membership**;

**dietitian:** means a person, under age 70, registered as a **dietitian** with the Health Professions Council (HPC), at the time you receive **your** treatment;

**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, chiropractors, dietitians, occupational therapists and physiotherapists;

**homoeopath:** means a homoeopath, under age 70, registered as a member of the Association of Registered Homoeopaths (MARH), a Member or Fellow of the Homoeopathic Medical Association (MHMA or FHMA), a Member or Fellow of the Society of Homoeopaths (RSHOM or FSHOM), a member of the Faculty of Homoeopathy (MFHOM) a member or fellow of the British Institute of Homoeopathy (MBIH or FBIH) at the time you receive **your** treatment);

**hospital:** means any NHS **hospital** or private **hospital** which has facilities for major surgery or which exists principally for the provision of treatment by consultants;

**in-patient treatment:** means treatment which, for medical reasons, means **you** have to stay in hospital overnight or for longer;

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

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

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

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

**occupational therapist:** means a state registered occupational therapist, under age 70, registered as an occupational therapist with the Health Professions Council (HPC), at the time you receive **your** treatment;

**osteopath:** means an osteopath, under age 70, registered as a member of the General Osteopathic Council (GOC) at the time you receive **your** treatment;

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

**out-patient treatment:** means treatment given at a hospital, consulting room or out-patient clinic where you do not go in for **day-patient treatment** or **in-patient treatment**;

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

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

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

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

- physiotherapist:** means a person, under age 70, registered as a physiotherapist with the Health Professions Council (HPC) at the time **you** receive your treatment;
- psychiatric condition:** means a mental or addictive condition including alcoholism, drug addiction and eating disorders;
- registration date:** means **your registration date** will be shown in the **membership letter we send you** welcoming **you** as a **member**;
- rehabilitation:** means 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;
- therapy:** means either physiotherapy, osteopathy, chiropractic, acupuncture and homeopathy services provided by a physiotherapist, acupuncturist, osteopath, chiropractor or homoeopath recognised by **us** for that type of treatment;
- United Kingdom/UK :** means Great Britain, Northern Ireland, the Channel Islands and the Isle of Man;
- you/your:** when printed in bold and italic type - ie **you/your** this means **you**, the main member only who has taken out the membership, and to whom we send the **membership letter**. When printed in plain type i.e. **you/your we** mean **you**, the main member, and **your dependants**.

