

Bupa Heartbeat health care select 3 policy summary

keyfacts[®]

This policy summary contains key information about Bupa Heartbeat health care select 3. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover which you will find in the policy membership guide (HCS3/3731/JAN05). Please also refer to your membership certificate. Copies of these documents are available on request.

The provider

Bupa Heartbeat health care select 3 is provided by Bupa Insurance Limited, a subsidiary of the British United Provident Association Limited. Other services are provided by or via other subsidiary companies.

The insurance and the cover that it provides

Bupa Heartbeat health care select allows you to choose from a number of options to cover you and any dependants. You and your dependants could be covered under the same policy option or different ones.

This policy summary sets out the cover for Bupa Heartbeat health care select 3 and offers you private medical insurance which aims to fund medical treatment. It will cover the costs of your eligible treatment in the UK up to the limits of your chosen cover by Bupa recognised consultants and therapists. There is no overall maximum amount paid out in any year, although there are set limits for certain particular benefits.

Bupa Heartbeat health care select 3 provides cover for eligible hospital treatment at two levels of hospital access - local or national. Please note the list of hospitals on each option may change from time to time. By taking out Bupa Heartbeat health care select 3 you become a member of Bupa Heartbeat, and as a member you and any dependants covered under your plan will have access to the Bupa HealthLine service - a free and completely confidential source of professional support and information on health and care 24 hours a day, 365 days a year.

Additional option

To help tailor your personal health plan to your own and your family's individual circumstances you have the choice to include a health check[§] as an additional cover option for those covered under Bupa Heartbeat health care select 3. The health check includes a wide range of medical investigations and a consultation and physical examination. You will receive advice and information on health management.

[§] The additional cover option is available for members over 18 years of age and at an additional cost.

Summary of cover

The summary of cover below sets out the eligible:

- out-patient consultations, diagnostic tests and hospital in-patient and day-patient treatment; and
- therapies immediately related to and following your private in-patient or day-patient treatment which are covered.

Summary of cover

Bupa Heartbeat health care select 3	Benefits	Notes
In-patient and day-patient treatment		
Hospital charges	✓	In the selected Bupa Heartbeat hospital (national or local access)
Consultants'/specialists' fees	✓	In the selected Bupa Heartbeat hospital (national or local access). Bupa benefit limits apply if the consultant is not a Bupa partnership consultant
Diagnostic tests	✓	In a Bupa Heartbeat hospital (national or local access)
Radiotherapy/chemotherapy	✓	In a Bupa Heartbeat hospital (national or local access) or, for certain conditions, a Bupa specialist treatment centre. Benefit limits apply if the consultant oncologist is not a Bupa partnership consultant
Psychiatric treatment	✗	
Out-patient treatment		
Consultations with a consultant/specialist	Up to £500 per year ^Δ	With a Bupa recognised consultant when following and directly related to private day-patient/in-patient treatment covered by Bupa health care select 3, within six months of the date of discharge from hospital
Diagnostic tests	✓	MRI, CT and PET scans in a Bupa recognised out-patient diagnostic imaging centre
Radiotherapy/chemotherapy	✓	In a Bupa Heartbeat hospital (national or local access) or, for certain conditions, a Bupa specialist treatment centre. Benefit limits apply if the consultant oncologist is not a Bupa partnership consultant
Physiotherapy (and other therapies)	Up to £500 per year ^Δ	With a Bupa recognised therapist when following and directly related to private day-patient/in-patient treatment covered by Bupa health care select 3, within six months of the date of discharge from hospital
Psychiatric treatment	✗	
Additional benefits		
Nursing at home	✗	
Private ambulance	Up to £60 per trip	
Parent accommodation when staying with a child	✓	Child under 12 receiving eligible private in-patient treatment, one parent only
NHS cash benefit	✗	
Complementary medicine	✗	

Wide range of cover

Please note Bupa Heartbeat health care select 3 covers eligible treatment of acute medical conditions including:

- surgery
- hospital accommodation and nursing
- diagnostics
- out-patient consultations and therapies
- treatment for cancer
- private hospital treatment following an accident or emergency admission
- organ transplants

^Δ Please note that this is the total amount we will pay for both consultations and physiotherapy (and other therapies) combined. Please note that when the out-patient treatment is for eligible out-patient treatment of cancer the out-patient benefit limits and the requirement for the consultation to follow and be directly related to a day-patient or in-patient stay and be within six months of the date of treatment do not apply.

What your policy does not cover

Exclusions (See section 3 of the policy membership guide for full details)

There are a number of conditions and treatments which Bupa Heartbeat health care select 3 does not cover.

Amongst these are:

- conditions you had before your policy started (commonly known as 'pre-existing conditions')
- services you receive from your GP
- long-term illnesses which cannot be cured (usually referred to as 'chronic conditions')
- accident and emergency admission (although Bupa Heartbeat health care select 3 does cover any eligible hospital treatment that you receive afterwards)
- treatment for conditions or symptoms arising from physiological or natural causes (such as ageing, menopause or puberty) or desensitisation of allergies
- convalescence
- routine health checks or dental/oral treatment (such as fillings and treatment for gum disease)
- treatment relating to learning, behavioural and developmental problems
- consultations and therapies that take place in isolation or before your private in-patient or day-patient treatment except when the consultation or therapy is for eligible out-patient treatment of cancer.
- complementary medicine
- speech disorders
- psychiatric treatment
- sleep-related breathing disorders
- overseas treatment or repatriation
- critical and intensive care, except when routinely needed as part of eligible private treatment and is carried out in a Bupa Heartbeat hospital with a recognised critical care unit.

Policy excesses (See section 2 of the policy membership guide)

You can choose to pay a policy excess, where you pay up to the first £100, £150, £200, £250, £500, £1,000 or £2,000 of your eligible treatment costs in any year and your Bupa Heartbeat health care select 3 policy will then pay the rest. The higher your policy excess, the lower will be your subscription costs. The excess is payable per person on the cover. Details of the excess option that you have chosen is shown in your registration certificate.

How long your cover will last

Bupa Health care select is an annual contract that is automatically renewed each year and will continue until:

- you stop paying subscriptions to it
- you cease to live in the UK
- you die.

(See section 1.2 of the policy membership guide)

Bupa has the right to make changes to the terms and conditions of your cover on any annual anniversary date after your policy has started or to end the scheme.

(See section 1.4 of the policy membership guide)

Where cover extends to dependants their cover may end at a different date to the main dependants. The dependant's cover will always end when the main member's cover ends.

Getting in touch

The Bupa helpline is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on **0845 60 90 111**^{*†} between 8am and 8pm, Monday to Friday and 8am to 6pm on Saturdays. Alternatively you can write to us at: Bupa, Staines, TW18 4XF or fax us on 01784 465 232.

Changing your mind

You can change your mind within 21 days:

- of the day when your policy starts or, if later,
- the day when you receive your policy membership guide and your membership certificate

As long as you have not made any claims, we will refund all your subscriptions.

After this time, if you decide for any reason, that you do not want your Bupa health care select 3 policy after all, we will refund any subscriptions you have paid which relates to a period after your cover ends. (See section 1.2 of the policy membership guide)

How to make a claim

You should always call Bupa on 0845 606 8000*† before you see a consultant or therapist and before your treatment begins. You will also need to have your Bupa membership number handy when you call. Lines are open 8am to 8pm Monday to Friday and 8am to 6pm Saturday. See section 4 of the policy membership guide)

Making a complaint

If we have not been able to resolve the problem and you wish to take your complaint further, you can contact our Head of Customer Relations. Please write to:
The Customer Relations Department, Bupa, Staines
TW18 4XF. Fax on 01784 893175 or phone
0845 606 6726*† between 8:30am and 5:30pm
Mondays to Fridays.

It is rare that we are unable to 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.

For members with special needs

For hearing and speech impaired members who have a textphone, please call on:

0845 6066 863*

between 9am to 5pm Monday to Friday. We can also offer a choice of braille, large print or audio for correspondence.

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. The first £2,000 of any claim paid by the FSCS would be met in full and above this amount, 90% of the remainder will be met.

Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or on its website <http://www.fscs.org.uk/>

*BT landline calls to 0845 numbers will cost no more than 3 pence per minute. Charges from other providers may vary and calls made from mobiles usually cost more.

†Calls to this number may be recorded and may be monitored.

