

Bupa Health Expenses Cover
Bupa Health Expenses Cover Plus



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/member-offers

These are non contractual benefits which are subject to change or may be withdrawn at any time without notice.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, direct debit and payment enquiries

0845 606 6003

For claims enquiries or to request claim forms

0845 602 1092

Lines are open 9am - 5pm, Monday to Friday (except public holidays). Calls may be recorded and may be monitored.

This membership guide applies to all members from 1 April 2011, until amended in accordance with these rules.

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.

Bupa Health Expenses Cover

- **Membership levels** are levels 10 and 20.
- Cover is for **you** and covers benefits 1 to 3.
- **You** should refer to the benefit table (page 13) for amounts claimable.

Bupa Health Expenses Cover Plus

- **Membership levels** are levels 10 and 20.
- Cover is for **you** alone or for **you** and any **dependants you** may have included on **your** membership (up to the maximum of 3 child **dependants**) and covers **benefits** 1-14.
- Unless **we** state otherwise for a particular **benefit, benefit** maximums are per **member** covered.
- **You** should refer to the benefit table (page 15) for amounts claimable.

2. Membership

You can apply for membership on Bupa Health Expenses Cover if **you** are aged 18 and above and are **UK** resident.

You can apply for membership on the Bupa Health Expenses Cover Plus if **you** are aged between 18 and 64 and are **UK** resident.

You can apply for membership on either Bupa Health Expenses Cover or Bupa Health Expenses Cover Plus if **you** are under 18 and have a parent who also has a membership and is resident at the same address. All correspondence regarding **your** scheme will be sent to **your** parent.

You can apply to include **your partner** on Bupa Health Expenses Cover Plus, if they are aged between 18 and 64, as a **member** of the scheme, and **you** can apply to include **your** children or **your partner's** children as members of the scheme if they are under 18, 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 any applicants including **you, your partner, your** children or **your partner's** children as **members**. **We** may refuse membership for any reason and if **we** do so **we** will provide written confirmation of our refusal.

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

You and **your dependants** are not allowed to use this scheme in conjunction with any other cash plan providers' schemes, to make claims on benefits 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 for amounts in excess of the total sum **you** or they paid for treatment, goods or services. If **we** have reason to believe that **you** or they are doing this, **we** may end **your** membership.

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.

We do not have to consent to **you** renewing **your** membership.

4. Cancelling and ending membership

You may cancel your membership within 21 days from the date **you** receive **your membership letter** confirming **you** are a **member**. If **you** do this **we** will refund any subscriptions paid by **you**, less any claims costs incurred by **us**.

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. **We** will not refund any subscriptions paid covering **your** 30 day notice period, but will refund any subscriptions **you** have paid which relate to the period after the 30 day notice period ends.

To end any membership **you** must write to the:

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

Your membership will end if:

- **you** do not continue to pay **your** subscriptions on or before the date **your** subscription is due
- **you** stop living in the **UK**. **You** must inform **us** if **you** stop living in the **UK**
- **you** die
- **you** are aged under 18 and **your** parent ends their membership
- **you** are aged under 18 and reside at a different address to **your** parent who is also a member.

Your dependants' membership will end:

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

Should **your** membership end **you** cannot join or rejoin any **Bupa Cash Plan scheme** for two years.

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** subscription increases at any time during **your** membership **we** may end **your** membership if **you** do not pay the increased subscription.

6. Paying benefits

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

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** 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**.

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**.

No benefit payment will be made until **your** the first subscription has been received by **us**.

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

No more than three child **dependants** are eligible to claim in any 12 month rolling period.

We are responsible for paying all **benefits** except **benefit** 13 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** 13 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

Benefit 13 and 14 are not subject to any qualifying periods and any reference to 'benefits' in this section do not include benefits 13 and 14.

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**.

Upgrading qualifying period.

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

The upgrading qualifying period is the first 13 weeks following the date of the change in **your membership level** for all **benefits**.

Downgrading

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

Upgrading and downgrading

You may only upgrade or downgrade **your** membership or the membership of **your dependants** once in a 12 month rolling period.

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 9am - 5pm, Monday to Friday (except public holidays). 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.

All claims, except for benefit 13 and 14 must be submitted within 90 days of **you** using **your** eligible service or receiving treatment, unless this was not reasonably possible to do so. Claims received after this period will not be paid.

You must notify **us** within 30 days of **you** becoming entitled to claim benefit 13 personal accident **benefit**, unless this was not reasonably possible to do.

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. If you submit a claim using an original receipt that has been altered (other than altered by or with the consent of the provider of the goods or services) **we** may treat it as a possible attempt to mislead **us**.

We do not pay any amounts a **member** may be charged by a **hospital**, 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.

You and **your dependants** are not allowed to use this scheme in conjunction with any other cash plan providers' schemes, to make claims on benefits 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 for amounts in excess of the total sum **you** or they paid for treatment, goods or services.

9. Making changes

We may change the terms and conditions of **your** membership upon 30 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 30 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 30 day notification period. If **you** do end **your** membership within the 30 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 30 day period and provide a pro-rata refund of subscriptions from the termination date.

10. General information

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

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 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 **your** 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 9am - 5pm, Monday to Friday (except public holidays). 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 7681 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 0800 023 4567.

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. 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.

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

14. 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 **UK**. Goods (eg 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 table

Bupa Health Expenses Cover - for you

Benefits	Level 10	Level 20
▼ 100% cashback	per annum	per annum
Dental	up to £125	up to £250
Optical	up to £125	up to £250
Prescriptions	up to £25	up to £50

Benefit 1 - Dental

We pay 100 percent of the amount **you** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the dental services set out below, which **you** receive during **your benefit year** not for each type of service or item charged individually.

Dental services

Dental services, treatment and consultations provided by a hygienist, dentist or orthodontist.

Dental services do not include:

- costs relating to any services covered by a dental payment plan and any amounts payable for a dental payment plan. A dental payment plan is something with a regular ongoing payment which covers treatment that **you** may or may not receive.
- tooth cleaning and tooth whitening materials purchased for home use.
- any medications prescribed or non prescribed.

Benefit 2 - Optical

We pay 100 percent of the amount **you** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the optical services set out below, which **you** receive during **your benefit year** 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.
- Treatment and consultations related to corrective laser eye treatment carried out by an ophthalmic surgeon who is a **consultant**.

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 - Prescriptions

We pay 100 percent of the amount **you** pay (up to the maximum set out for your **membership level**, as shown in the benefit table) for the prescription costs set out below which **you** incur during **your benefit year** not for each item charged individually.

Prescription costs

The prescription costs paid in relation to a prescription provided by a **General Practitioner** or a dentist.

Benefit table

Bupa Health Expenses Cover Plus

- for you or,
- for you and your partner and up to a maximum of three child dependants

Benefits	Level 10	Level 20
▼ 100% cashback	per annum	per annum
Dental	up to £125	up to £250
Optical	up to £125	up to £250
Prescriptions	up to £25	up to £50
▼ 50% cashback	per annum	per annum
Consultation	up to £125	up to £250
Physiotherapy	up to £125	up to £250
Diagnostic scans	up to £125	up to £250
Health screening	up to £75	up to £150
Chiropody	up to £75	up to £150
Alternative therapies <small>Osteopathy, Chiropractic, Acupuncture, Reflexology.</small>	up to £75	up to £150
Medical appliances	up to £75	up to £150
▼ Maximum of 10 nights/days	per night/day	per night/day
Hospital in-patient	£15 a night	£30 a night
Hospital day surgery	£15 a day	£30 a day
▼ Included at no extra cost		
Personal accident	✓	✓
Helplines	✓	✓

Any references to **your partner** and/or **dependants** in the benefit rules are only applicable if your membership includes cover for your **partner** and/or **dependants**.

All **benefits** are per **member** covered except as where stated in benefits 7 and 13.

Benefit 1 - Dental

We pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the dental services set out below, which **you** or they receive during **your benefit year** not for each type of service or item charged individually.

Dental services

Dental services, treatment and consultations provided by a hygienist, dentist or orthodontist.

Dental services do not include:

- costs relating to any services covered by a dental payment plan and any amounts payable for a dental payment plan. A dental payment plan is something with a regular ongoing payment which covers treatment that **you** may or may not receive.
- tooth cleaning and tooth whitening materials purchased for home use.
- any medications prescribed or non prescribed.

Benefit 2 - Optical

We pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the optical services set out below, which **you** or they receive during **your benefit year** 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.
- Treatment and consultations related to corrective laser eye treatment carried out by an ophthalmic surgeon who is a **consultant**.

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 - Prescriptions

We pay 100 percent of the amount **you** or **your dependants** pay (up to the maximum set out for your **membership level**, as shown in the benefit table) for the prescription costs set out below which **you** or they incur during **your benefit year** not for each item charged individually.

Prescription costs

The prescription costs paid in pursuance of a prescription provided by a **General Practitioner** or a dentist.

Benefit 4 - Consultation

We pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the consultation services set out below which **you** or they receive during **your benefit year** not for each type of service or item charged individually.

Consultation services

- 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**.

Consultation services do not include:

- the cost of any diagnostic tests except related to treatment for infertility
- any radiologists' or pathologists' fees
- any services provided by an orthodontist
- **consultant** fees relating to laser eye surgery

Benefit 5 - Physiotherapy

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** not for each type of service or item charged individually.

Physiotherapy services

Physiotherapy services provided by a **physiotherapist**.

Physiotherapy services do not include:

- associated prescription fees and medication administered.

Benefit 6 - Diagnostic scans

We pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for your **membership level**, as shown in the benefit table) for diagnostic scans set out below which **you** or they incur during **your benefit year** 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 scans.

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 tests, health tests or wellness reviews.
- any tests done as part of **in-patient treatment** or **day-patient treatment**.

Benefit 7 - Health screening

This is for **you** and/or **your partner**.

We will pay the amount **you** or **your partner** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for all health screens set out below, which **you** or they receive during **your benefit year** and not the total that **you** can claim up to for each health screen.

Eligible health screens must be:

- full body health screens including but not limited to health screens such as a Bupa Advanced Health or Bupa Complete Health. Full body health screens will include blood tests, urine tests, physiological tests and a consultation with a doctor. Please contact us on 0845 602 1092 for a full list.
- provided within a **hospital** or health screening centre.

Benefit 8 - Chiropody

We pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the chiropody services set out below which **you** or they receive during **your benefit year** not for each type of service or item charged individually.

Chiropody services

- Chiropody treatment provided by a **chiropodist** or **podiatrist** only.
- Orthotics prescribed and provided by a **chiropodist** or **podiatrist** must be accompanied by a note from your **chiropodist** or **podiatrist** confirming the medical necessity.

Chiropody services do not include:

- associated prescription fees and medication administered or for home use.

Benefit 9 - Osteopathy, chiropractic, acupuncture and reflexology (alternative therapies)

We pay 50 percent of the amount **you** or **your dependants** pay (up to the maximum set out for **your membership level**, as shown in the benefit table) for the **alternative therapy** services set out below which **you** or they receive during **your benefit year** not for each type of service or item charged individually.

Alternative therapy services

Osteopathy, chiropractic, acupuncture and reflexology services provided by a **osteopath**, **chiropractor**, **acupuncturist** or **reflexologist**.

Alternative therapy services do not include:

- associated prescription fees and medication administered or for home use.

Benefit 10 - Medical appliances

We will pay 50 percent (up to the maximum set out for **your membership level**, as shown in the benefit table) 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** 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
- listed below:
 - back brace
 - shoulder brace
 - elbow brace
 - wrist brace
 - knee brace
 - ankle brace
 - crutches
 - aluminium stick
 - zimmer frame
 - wheelchair
 - neck collar
 - achilles wrap

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

Benefit 11 - Hospital in-patient

We pay the amount shown in the benefit table for each night **you** or **your dependants** receive **in-patient treatment** (up to the maximum set out for **your membership level**, as shown in the benefit table) which **you** or they receive during **your benefit year**.

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**.

The total number of nights in **hospital** in any **benefit year** for which you may claim **benefits** is limited to 10 nights in total.

You or **your dependants** must be admitted to a hospital ward before midnight on the previous day to qualify as receiving **in-patient treatment**.

Chronic conditions

We will only pay this **benefit** for a single period of treatment, up to a maximum of 10 consecutive nights, once during any **member's** lifetime and membership of this, or any other **Bupa Cash Plan scheme**, 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** 11 for treatment or services **you** or **your dependants** receive as **out-patient treatment** or **day-patient treatment**.

We do not pay benefit 11 for treatment or services **you** or **your dependants** receive 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** for the first 12 months of **your** membership.
- 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 12 - Hospital day-patient surgery

We pay **you** or **your dependants** up to the maximum set out for **your membership level**, as shown in the benefit table for each day-patient admission up to a maximum of 10 days (per **member**) for surgery that requires the use of an operating theatre during **your benefit year**.

General exclusions

We do not pay **benefit** 12 for treatment or services **you** or **your dependants** receive as **out-patient treatment** or **in-patient treatment**.

We do not pay benefit 12 for treatment or services **you** or **your dependants** receive 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** or the first 12 months of **your** membership.
- geriatric care
- **in-patient treatment** which is not provided by and where the overall responsibility does not rest with a **consultant**
- 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 13 - Personal accident

Cover is only available for **members** aged 18 and over, a **main member** or **dependant partner**.

If **you** or **your dependant partner** suffer any of the following while covered, 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

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). Please contact **us** to find out if any of these temporary restrictions are in place.

A copy of the master policy is available on request. Cover is provided by: the **personal accident insurer**.

Benefits 14 - Helplines

The following telephone advice helplines are available to **members**, 24-hours a day, 365 days a year on 0330 123 0124.

Legal	Provides advice on personal matters (please note business-legal advice 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).

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
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. You can contact the organisations on www.aacp.uk.com (AACP), www.medical-acupuncture.co.uk (BMAS) or www.acupuncture.org.uk (MBAcC) to see if the practitioner is registered.
alternative therapy:	means either osteopathy, chiropractic, acupuncture and reflexology services provided by a osteopath, chiropractor, acupuncturist or reflexologist recognised by us for that type of treatment.
benefit:	means the individual benefits set out in the Notes on benefits section number 1 to 14.
benefit year:	means a twelve month period commencing on your registration date or an anniversary of your registration date .
Bupa Cash Plan Scheme:	Any cash plan type scheme administered by Bupa. The characteristics of these schemes are often typified by the scheme refunding costs incurred and paid for by a member and include but are not limited to Bupa Cash Plan, Bupa Additional Health, Mercia Health Benefits Schemes, Bupa Health Cash Back, Bupa Health Expenses Cover and Bupa Health Expenses Cover Plus.
chiropodist:	means a person, registered as a chiropodist with the health professions council (HPC), at the time you receive your treatment. You can contact the HPC on www.hpcheck.org to see if the practitioner is registered

chiropractor:	means a chiropractor, registered as a member of the General Chiropractic Council (GCC), at the time you receive your treatment. You can contact the GCC on www.gcc-uk.org to see if the practitioner is registered.
chronic condition:	means a disease, illness or injury which has at least one of the following characteristics: <ul style="list-style-type: none">• it continues indefinitely and has no known cure• it comes back or is likely to come back• it is permanent• you need to be rehabilitated or specially trained to cope with it• it needs long-term monitoring, consultations, check-ups, examinations or tests
consultant:	means a consultant licensed and registered with the General Medical Council (GMC). You can contact the GMC on www.gmc-uk.org to see if the practitioner is registered. There is a requirement for a consultant to hold a UK licence from 18 November 2009 in addition to the GMC registration. The licensing is managed by the GMC.
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.
dependant(s):	means your partner and any child of yours or your partner who is a member of the scheme residing at your address and named on your membership .
dietitian:	means a person 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 physiotherapists amongst others.

hospital: means any NHS **hospital** or private **hospital** which has facilities for major surgery and 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, registered as an occupational therapist with the Health Professions Council (HPC), at the time you receive your treatment.

osteopath: means an osteopath, registered as a member of the General Osteopathic Council (GOC) at the time you receive your treatment. You can contact the GOC on www.osteopathy.org.uk to see if the practitioner is registered.

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 the insurer of the personal accident benefit included in this scheme. The provider of the funeral benefit element of your insurance may change from time to time. This will not impact on your level of cover or the continuity of your cover. Details of the current personal accident provider are available by calling **us** on 0845 606 6003. Lines are open 9am - 5pm Monday to Friday (except public holidays). Calls may be recorded and may be monitored.

podiatrist: means a person, registered as a podiatrist with the health professions council (HPC), at the time you receive your treatment. You can contact the HPC on www.hpcheck.org to see if the practitioner is registered.

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, registered as a physiotherapist with the **Health Professions Council** (HPC), at the time you receive your treatment. You can contact the HPC on www.hpcheck.org to see if the practitioner is registered.

psychiatric condition: means a mental or addictive condition including alcoholism, drug addiction and eating disorders.

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

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

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***.



The world of Bupa

Call 0800 600 500

for information on all other Bupa services

Lines open 8am - 8pm Monday to Friday and 9am - 1pm on Saturday.

Calls may be recorded and may be monitored.

www.bupa.co.uk



Bupa Health Expenses Cover and Bupa Health Expenses Cover Plus are provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433*. Bupa Insurance Services Limited. Registered in England and Wales No. 3829851*.
Registered Office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

*Authorised and regulated by the Financial Services Authority.

© Bupa 2011. Bupa and the heartbeat symbol are trademarks of the British United Provident Association.