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Calls may be recorded and may be monitored.
www.bupa.com



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Bupa Patient Cash
Personal Membership Guide



Contacting us

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

0845 606 6003

For claims enquiries and to request claim forms.

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 May 2010, until amended in accordance with these rules. These rules and
benefit notes apply from the date they join.

General rules

1. Introduction

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

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

Cover on all levels is for **you** only. **You** should refer to specific **benefits** for amounts claimable.

2. Membership

You can apply for membership if you are under 79 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.

No person may be registered as a member under more than one group or individual **Bupa Cash Plan scheme**, except that a person may have both a Bupa Patient Cash scheme and a **Bupa Additional Health scheme** if they choose to do so.

3. Starting and continuing your membership

Your membership and **your benefit year** will start from **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** subscriptions when they are due, **we** may end **your** membership. If **your** subscription increases at any time during **your** membership we may end **your** membership if **you** do not pay the increased subscription.

4. Ending membership

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

You may end **your** membership 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:

Bupa Cash Plan
Dale Buildings
Cook Street
Coventry CV1 1JH

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

We can end **your** membership if **we** have good reason to believe that **you** 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 **you** can join the scheme
- 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 Patient Cash, 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. **Your** subscription is payable in advance starting on **your registration date** unless **we** agree otherwise.

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

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

6. Paying benefits

You can only claim **benefits** for treatment and services **you** receive while **you** 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**. Where **we** refer to payment of **benefits we** mean payment to **you**.

All **benefits** are subject to maximum payment amounts set out in the tables, in Section 14 and subject to Section 8 General Exclusions. 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** ceasing to be a member of any other **Bupa Cash Plan Scheme we** will treat any **benefits you** received under that scheme as falling within the first **benefit year of your** current membership (unless **we** agree otherwise).

Your benefit entitlement will be determined by the **membership level you** have chosen, unless **you** request and **we** agree to an upgrade.

7. Qualifying periods

Upgrading qualifying periods

If **we** agree to increase **your membership level, you** are subject to the following two qualifying periods.

- All claims: **you** may only claim **benefits** up to the **benefit** limit applicable before **you** changed **your** membership level for a period of 26 weeks from the date of the upgrade.
- **Pre-existing conditions** at the upgrade date: **you** may only claim **benefits** up to the **benefit** limit applicable before you changed your **membership level**, for a period of 52 weeks from the date of the upgrade.

During the 52 weeks following an upgrade, all claims submitted must be accompanied by a letter from **your consultant** or GP, confirming whether or not the condition was a **pre-existing** condition at the upgrade date.

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

8. General exclusions

In order to keep **your** subscriptions as low as possible, there are some things **your** membership does not cover. Please read this section carefully.

Pre-existing conditions

We do not pay benefits for 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.

Chronic conditions

We do not pay **benefit 5** for **chronic conditions**.

We will only pay **benefit 4** for a single period of treatment, up to a maximum of 20 consecutive nights once during the **member's** lifetime and membership of this or any other **Bupa Cash Plan scheme**, even if there is a break in **your** cover and **you** rejoin the scheme when the treatment **you** receive is for a **chronic condition**, or which results from or relates to a **chronic condition**.

Other general exclusions

We do not pay **benefits 4** and **5** for treatment **you** receive if they are for, or relate to, or arise out of any of the following:

- 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 days 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

9. 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 these documents must be submitted within 90 days of **you** using **your** eligible service or receiving treatment, 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 **you** are claiming
- the results of any independent medical examination **we** may ask **you** 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 **you** may be charged by a hospital or doctor or other person for completing **your** claim form. These charges will be **your** responsibility.

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

10. Making changes

We may change the terms and conditions of **your** membership upon 60 days' written notice. These changes could affect, for example:

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

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

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

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

11. General information

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

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

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

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

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

Only **you** and **we** have legal rights under this **scheme**. This means that only **you** or **we** may enforce the terms and condition of the **scheme**.

12. Data protection

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

Medical information: Medical information will be kept confidential.

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

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

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

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

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

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

Contact address: If **you** do not wish to receive information about **our** products and services, or have any other Data Protection queries please write to the Head of Information Governance at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@bupa.com

13. Complaints procedure

We are always pleased to hear about aspects of **your** membership that **you** have particularly appreciated. **We** also want to hear about any problems **you** 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** 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 02476 811 800.

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 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.

14. Notes on benefits

These notes (including the tables) explain more fully the **benefits** provided under **your** membership.

We only pay for treatment and services received in the **United Kingdom**.

Benefit 1 - Consultation

Consultation **benefit**: **We** pay **you** the amount **you** pay (up to the maximum set out for **your membership level**) for the consultation set out below which **you** receive during each **benefit year**.

Level 1	Level 2	Level 3
£150	£300	£600

Consultation note

The consultation **benefit** above sets out the total amount **we** pay for all consultation received by **you** during each **benefit year**, and not for each type of service or item charged individually.

Consultation

Consultations **you** have with a **consultant** (by a consultation **we** mean a meeting with a **consultant** to assess **your** condition).

Consultation do not include:

- any diagnostic tests;
- any radiologists' fees.

Benefit 2 - Therapies (Physiotherapy, osteopathy, chiropractic and homeopathy)

Therapy benefit: **We** pay **you** the amount **you** pay (up to the maximum set out for **your membership level**) for the **therapy** services set out below which **you** receive during **your benefit year**.

Level 1	Level 2	Level 3
£150	£300	£600

Therapies note

The **therapy benefit** above sets out the total amount **we** pay for all physiotherapy, osteopathy, chiropractic and homeopathy **benefits** received by **you** during each **benefit year** and not for each type of service charged individually.

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

Therapy services

Physiotherapy, osteopathy, chiropractic, and homeopathy services provided by a **physiotherapist, osteopath, chiropractor**, or **homeopath**.

Exclusions

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

Benefit 3 - Diagnostic scans

Diagnostic Scans **benefit: We** pay **you** the amount **you** pay (up to the maximum set out for **your membership level**) for the diagnostic scans set out below, which **you** receive during **your benefit year**.

Level 1	Level 2	Level 3
£150	£300	£600

Diagnostic scans note

The diagnostic scans **benefit** sets out the total amount **we** pay for all diagnostic scans received by **you** 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 tests.

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

Eligible diagnostic scans are:

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

Diagnostic scans do not include:

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

Benefit 4 - Hospital in-patient

Hospital in-patient **benefit: We** pay **you** the amount shown in the table for each night **you** receive **in-patient treatment** (up to a total of 20 nights and up to the maximum as set out for **your membership level**) which **you** receive during **your benefit year**.

Level 1	Level 2	Level 3
£25 per night	£50 per night	£100 per night

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 20 nights in total. This is the overall total number of nights that you may claim collectively for such **benefits** and not for each **benefit** separately.

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

General exclusions: see section 8

Benefit 5 - Hospital day-patient surgery

Hospital day-patient surgery **benefit: We** pay the amount shown in the table to **you** for each day-patient admission for surgery that requires the use of an operating theatre during **your benefit year**.

Level 1	Level 2	Level 3
£25 per day	£50 per day	£100 per day

Hospital day-patient surgery note

- **We** will pay for up to a maximum of 4 day-patient surgery admissions during **your benefit year**.

General exclusions: see section 8

Benefit 6 - Bupa HealthLine

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

Call the Bupa HealthLine on 0845 600 4989. Calls may be recorded and may be monitored.

Glossary

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

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

Word/phrases	Meaning
benefit:	means the individual benefits set out in the Benefits Notes section.
benefit year:	means a twelve month period commencing on your registration date or an anniversary of your registration date ;
Bupa Additional Health scheme:	a cash plan scheme that can be used as a stand alone product or alongside an existing private medical insurance scheme.
Bupa Cash Plan Scheme:	means 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 Cash Plan 100, Bupa Additional Health, Mercia Health Benefits Schemes, Bupa Health Cash and Bupa Health Cash Back.
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 registered with the General Medical Council (GMC). You can contact the GMC on www.gmc-uk.org to see if the practitioner is registered.

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;

health professions council: means Health Professions Council (HPC) the state regulatory body, responsible for regulating the activities of physiotherapists amongst others,

homeopath: means a Homeopath, registered as a member of the Association of Registered Homeopaths (MARH), a member or fellow of the Homeopathic Medical Association (MHMA or FHMA), a member or fellow of the society of Homeopaths (RSHOM or FSHOM), a member or fellow of the British Institute of Homeopathy (MBIH or FBIH) at the time you receive your treatment. You can contact the organisations on www.a-r-h.org (MARH), www.britishhomeopathic.org (MBIH), www.homeopathy-soh.org (RSHOM) or www.the-hma.org (MHMA) to see if the practitioner is registered.

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;

member: means **you**.

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;

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**;

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.

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

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

registration date: means **your** registration date, which 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 and homeopathy services provided by a **physiotherapist, osteopath, chiropractor** or **homeopath** 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**, who has taken out the membership, and to whom we send the **membership letter**. If **you** are under 18 all correspondence will be sent to **your** guardian, who has entered into a contract with Bupa on **your** behalf.