Your Bupa membership guide

Bupa Dental Cover

Please read this membership guide along with your membership certificate for the full terms of your cover

The guide is effective from 1 January 2023
About this guide

This membership guide explains how to use your policy. The benefit table (in Section 2) shows the maximum amount you can claim up to, per policy year. It also includes full details of what’s covered, what’s not covered and any limitations on cover (in Section 3).

Your membership certificate contains details of everyone who is covered on the policy and the cover start date.

Your membership guide and membership certificate should be read and kept together.

Statement of demands and needs

The cover provided under the membership of the policy is generally suitable for someone who is looking to cover the cost of a range of dental treatment expenses. We have not provided you with any advice about your cover and how it meets your individual needs. Please read your membership certificate and membership guide to make sure that this policy still meets your needs.

Definitions

Some of the words we use in this membership guide have specific meanings. In Section 5, ‘Definitions’, you’ll find a definition for each of the terms used in *bold italic* throughout the guide. This will help you understand what we mean when we use these terms.
Contacting Bupa

**Online**
Creating a digital account makes managing your policy more convenient than ever. You can submit claims, view claiming history and access your membership documents all in one place. Visit [bupa.co.uk](http://bupa.co.uk) to create an account.

When you or any dependant over 16 provides us with an email address, we will invite you by email to create a Bupa digital account.

**Email**
For any queries about your cover please email us on [DentalMemberServices@bupa.com](mailto:DentalMemberServices@bupa.com)

Please be careful what you include as email may not always be secure.

**Call**
For any queries about your cover please call us on 0800 237 777.

We may record or monitor our calls.

**If you have difficulties**
For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit [www.relayuk.bt.com](http://www.relayuk.bt.com). We also offer documents in Braille, large print or audio.

You can also write to us at

Bupa dental insurance, Bupa Place, 102 The Quays, Salford M50 3SP
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1. Claiming

Before your dental treatment

Before you have any treatment, it’s important to check your membership guide to understand what you’re covered for.

You will also need to check your membership certificate for details of who is covered on the policy.

Always call us if oral cancer treatment is required, as this needs to be pre-authorised before you have any treatment. Please refer to Section 3.6, ‘Oral cancer treatment’.

Did you know?

You can see any dentist of your choice, whether it’s for private or NHS treatment.

The policy covers you for dental treatment in the UK. It also covers you for emergency dental treatment and dental injury treatment worldwide.

Where can I use my policy?

You can see any dentist, whether it’s for private or NHS treatment. You’ll need to pay for your treatment and then claim some or all of it back, within 12 months of your treatment date.
If you use a practice in the Bupa Dental Insurance Network

**Instant Claim**

Easy, fast, and hassle-free. Claim in an instant at selected practices in our Dental Insurance Network.

After your treatment, the receptionist will submit your claim to us, and we’ll pay the practice directly – up to your benefit limits.

Just remember, you’ll need to pay for any dental treatment that isn’t covered on your policy. You can call us at any point to check what you’re entitled to.

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**Key information**

To find out which practices offer this service, please visit finder.bupa.co.uk and search Bupa Dental Insurance Network.

Alternatively, you can telephone us on 0800 237 777. We may record and monitor our calls.

Please note not all Bupa Dental Care practices are part of the Dental Insurance Network.

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†Claims are forwarded by selected practices in the Bupa Dental Insurance Network as agent of Bupa Insurance Limited. Any claims for dental injury treatment and oral cancer cannot be processed by the dental practice and a claim form must be submitted. For a claim form go to bupa.co.uk/dental/dental-insurance/make-claim or call on 0800 237 777. We may record and monitor our calls.
How to submit your claim

Key Information

Please note we only pay for treatment that has taken place.

When submitting your claim, if the information is incomplete or unreadable, it may delay your claim or may result in us being unable to pay your claim.

You must ensure your receipt contains:

- name of person receiving treatment
- date treatment took place
- details of treatment received including cost of each
- name of dental professional who completed the treatment including their GDC number
- dental practice name, address and telephone number; and
- proof that you’ve paid for your dental treatment.

Online

You can make a claim online using Bupa Touch. Visit bupa.co.uk/dental/dental-insurance/make-claim

Excludes dental injury claims which will need to be submitted to us by post.

You will need to telephone us on 0800 237 777* should you wish to claim for oral cancer treatment.

Post

Download a claim form at bupa.co.uk/dental/dental-insurance/make-claim

Fill in the form and post it, along with a copy of your receipt, to:

Bupa dental insurance, Bupa Place, 102 The Quays, Salford M50 3SP

Call

Alternatively, you can telephone us on 0800 237 777* and we will post a claim form to you.

*We may record or monitor our calls.
What happens next

1. Claims should be submitted to us as soon as possible and within 12 months of the treatment date.

2. If we have all the information we need from you to process your claim, you can expect your claim to be processed within 7 to 10 working days. Your money will be paid directly into your bank account.

3. For any dental treatment received outside the UK this will be converted to sterling using the currency converter www.oanda.com based on the exchange rate in force on the date you received your treatment.

Did you know?
You can submit all your dental claims online for any preventative, restorative and emergency dental treatment.
The tables show the maximum amount of benefits you can claim up to per person per policy year.

Refer to Section 3 ‘Policy terms’ for full details of what’s covered, what’s not covered and any limitations on cover by treatment type.

### Preventative and Restorative benefits

<table>
<thead>
<tr>
<th>Preventative dental treatment</th>
<th>Dental Cover 20</th>
<th>Waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK only</td>
<td>up to £150</td>
<td>no waiting period, claimable from cover start date</td>
</tr>
<tr>
<td><em>For example: routine examinations, X-rays, scans and a scale and polish (by your dentist or hygienist)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restorative dental treatment</th>
<th>Dental Cover 20</th>
<th>Waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK only</td>
<td>75% towards the cost of your restorative dental treatment up to £700 per policy year</td>
<td>four months from your cover start date when you first join the policy</td>
</tr>
<tr>
<td><em>For example: fillings, root canal, extractions, crowns and bridge</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other dental benefits

<table>
<thead>
<tr>
<th>Emergency dental treatment</th>
<th>Dental Cover 20</th>
<th>Waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldwide cover</td>
<td>£600 per policy year consisting of three emergencies up to £200 each</td>
<td>14 days from your cover start date when you first join the policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental injury treatment</th>
<th>Dental Cover 20</th>
<th>Waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldwide cover</td>
<td>up to £5,000 per policy year</td>
<td>four months from your cover start date when you first join the policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral cancer treatment</th>
<th>Dental Cover 20</th>
<th>Waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK only</td>
<td>paid in full to diagnose and to treat oral cancer when using a <strong>fee-assured consultant</strong> in a <strong>partnership facility</strong></td>
<td>three months from your cover start date when you first join the policy</td>
</tr>
</tbody>
</table>

Continued on next page
Did you know?
The cover start date is shown on your membership certificate.
3. Policy Terms

Key information
In this section we explain what’s covered, what’s not covered and whether there are any limitations on cover. It includes:

3.1 General policy conditions and exclusions
3.2 Preventative dental treatment
3.3 Restorative dental treatment
3.4 Emergency dental treatment
3.5 Dental injury treatment
3.6 Oral cancer treatment

Note: these conditions and exclusions apply to all sections of your policy.

- We agree to pay benefits for clinically necessary dental treatment received by you in accordance with the terms and conditions of your membership.
- Benefits are only payable by us to reimburse fees and expenses incurred by you for treatment which has taken place and provided by a dental professional.
- Any fees you may incur with a third party to cover dental services via your dentist (ie a dental monthly payment plan) are not covered.
- If you have not had a dental examination in the 24 months before you join the policy we will not pay for any restorative dental treatment that you receive or is planned at your first dental examination.
- Any treatment costs you incur that are not covered under your policy’s benefits are your responsibility.
Payment of benefits is conditional upon you having paid all premiums due for your membership and that of any dependants on or before the date of the treatment for which you are claiming benefits.

We only pay benefits for treatment you receive while you are covered under the policy. We do not pay for any treatment, including any treatment we have pre-authorised, that takes place on or after the date your cover ends.

You can only claim for eligible dental costs once. If you have any other policy that provides dental cover, the costs of your treatment may be split between us and the other insurer. You’ll be asked to provide us with full details of any other relevant insurance policy when you claim.

We may contact your dental professional to request further information about your claim or dental treatment. Our own dentist will review this to advise us about the medical facts relating to your claim.

Where you make a valid claim, we will reimburse you for that claim unless you choose to use ‘Instant Claim’.

Claim advices will be sent addressed to the main member or dependant (when aged 16 and over) who has received the treatment. Claim advices relating to dependants (when aged 15 and under) will be sent to the main member.

All correspondence apart from dental claim advices will be sent to the main member.

We do not have to pay a claim if you break any of the terms and conditions of your membership, which is related to the claim. We may not pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering our questions. By this we mean giving false information or keeping necessary information from us, please refer to Section 4.10.

Any dental treatment required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power is not covered.
3.2 Preventative dental treatment

Use this section to understand what’s covered and what’s not covered by treatment type. You can claim up to £150 per policy year towards preventative dental treatment for each person that is covered on the policy.

**What’s covered**
- Routine examinations and check ups
- Scale and polish by your dentist or hygienist
- X-rays and scans
- **UK** only dental treatment

**What’s not covered**
- Specialist consultations for restorative dental treatment. This would instead be paid from the treatment section being claimed under
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1
- Treatment outside the **UK**
3.3 Restorative dental treatment

Use this section to understand what’s covered and what’s not covered by treatment type. You can claim 75% towards the cost of your restorative dental treatment up to £700 per policy year for each person that is covered on the policy.

What’s covered

- Clinically necessary restorative dental treatment up to the amounts shown in the Table of Cover
- Specialist consultations for clinically necessary restorative dental treatment
- Crowns and bridges: but not to correct a pre-existing gap that occurred before your cover start date
- Dental inlays and onlays
- Dentures, reline and repair or additional tooth

What’s covered

- Extractions including extraction flap raised, apicectomy and incising of abscess
- Fillings
- Gingivectomy treatment which is the removal of gum tissue
- Periodontal treatment
- Root canal
- Sedation for clinically necessary dental treatment, up to your benefit limits
- **UK** only dental treatment
What’s not covered

- Antibiotics, painkillers or other prescription charges
- Anti-snoring devices
- Bridge where it is used to correct a pre-existing gap that occurred before your cover start date
- Cosmetic treatment
- Dental consumables such as toothbrushes, mouthwash and dental floss
- Fissure sealants
- Mouthguards
- Orthodontic treatment
- ‘Pre-existing conditions’
- Replacement of dentures or a prosthetic appliance which have been lost or stolen

What’s not covered

- Restorative dental treatment received or planned at your first dental examination if you have not had a dental examination in the 24 months before you join the policy
- Restorative dental treatment carried out during the four month waiting period
- Surgical implants
- Topical fluoride
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1
- Treatment outside the UK

Did you know?

Pre-existing condition means you had symptoms or knew about the condition before you joined the policy, or a dental professional had already recommended the dental treatment.
3.4 Emergency dental treatment

**What’s covered**
- Dental treatment provided at your first emergency appointment for the relief of:
  - severe pain
  - an inability to eat
  - any acute dental condition which presents an immediate and serious threat to general health
- Prescription charges
- Emergency dentist call out fees
- Worldwide cover

**What’s not covered**
- Treatment which was pre-planned
- Emergency dental treatment carried out during the waiting period
- Any treatment carried out at a follow-up appointment. This must be claimed from the Preventative and Restorative dental treatment benefit limits according to your level of cover
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1
- Non-prescribed medicines, for example over the counter medicines and painkillers
3.5 Dental injury treatment

What’s covered

- An injury to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact
- Worldwide cover

What’s not covered

- Dental injury treatment carried out during the waiting period
- An injury whilst participating in physical contact sport
- Surgical implants and orthodontic treatment
- Treatment needed for any dental injury that occurred before your policy started
- Treatment needed following damage caused during the consumption of food including foreign bodies contained within the food
- Treatment needed due to an intentional self-inflicted injury
- Treatment, care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1

Additional information

Treatment must start within six months of the date of the injury and be completed within two years of the treatment starting (six years for children sustaining an injury when under 18 years of age). Cover for ongoing treatment will end if you leave or cancel your policy. If you need to make a claim because of an injury that was caused by, or was the fault of, someone else, please refer to Section 4.11.

Should you damage your teeth during the consumption of food, including foreign bodies contained within the food, then you can claim via your Restorative benefit.
3.6 Oral cancer treatment

**What’s covered**
- Treatment to diagnose oral cancer when carried out in a *partnership facility* under a *fee-assured consultant*
- Treatment of primary cancer in any part of the oral cavity from the lips to the back of the tongue excluding the tonsils and salivary glands
- Oral cancer treatment when using a *fee-assured consultant* in a *partnership facility*
- Restorative dental treatment that is needed as a direct result of your oral cancer treatment
- Treatment in the *UK* only

**What’s not covered**
- Oral cancer treatment for cancer of the tonsils or the salivary glands
- Oral cancer that was diagnosed; or for which you had symptoms or investigations:
  - before your cover start date; or
  - during your first 3 months of cover when you first join the policy
- Secondary cancer
  - if cancer started in the oral cavity has spread elsewhere, *we* will not cover treatment of any of the new cancer sites
  - *we* will not cover cancer that has spread into the oral cavity from elsewhere
- Treatment not in a *partnership facility*
- Treatment when not using a *fee-assured consultant*
- Any costs or expenses for experimental or unproven oral cancer treatment unless incurred with our prior written approval
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1
- Treatment outside the *UK*

Continued on next page
3.6 Oral cancer treatment (continued)

Additional information

Waiting periods for oral cancer only apply from your cover start date when you first join the policy. This is the period during which benefits are not payable.

If you are transferring from another Bupa dental insurance policy, we will provide continuous cover providing you had dental insurance via the previous policy for a minimum of four months.

The waiting period is not applied at renewal, ie the anniversary of your cover start date.

Always call us before having any consultations, diagnostic tests or any oral cancer treatment. This is because this needs to be pre-authorised so that we can tell you whether this is covered by your policy. If you don’t pre-authorise, this could mean that you will be responsible for paying for this treatment.

You can ask us to help you find a fee assured consultant and partnership facility. Alternatively you can find them at finder.bupa.co.uk
4. How your membership works

4.1 The agreement and your membership documents

a. The following documents together make up the *agreement* and must be read together:
   - this membership guide explains how to submit a claim. In the Policy Terms section *we* explain what’s covered, what’s not covered and whether there are any limitations on cover. *We* then explain how your membership works, your right to cancel and making a complaint in this section
   - your membership certificate contains details of everyone who is covered on the policy along with your level of cover.

b. *We* will pay eligible claims for treatment received from your cover start date (as shown in your membership certificate), in accordance with the terms of this *agreement* and subject to any waiting periods or pre-existing conditions.

c. Only the *main member* and Bupa have legal rights under this agreement, although *we* will allow anyone who is covered under your membership access to *our* complaints process (please also see section 6.2 ‘Making a complaint’).

4.2 Age and eligibility criteria

a. You can be accepted as a *main member* or *partner* from 18 years old.

b. You must be resident in the *UK*.

The *main member* can add their *partner* as a *dependant* so long as they meet the criteria above. *Child dependants* are only eligible to be members if they are under 24 years old and a *UK* resident. The cover for any *child dependant* will end at the next *annual renewal date* following their 24th birthday.
4.3 When your membership starts and how it continues

a. The main member’s membership and your policy year start from your cover start date which can be found in your membership certificate.

b. If the main member applies for dependants to become members, their cover will start from the cover start date as shown on the membership certificate or a separate cover start date as shown on the membership certificate, if they are added as dependants later in the policy year. We will only pay benefits for each dependant from their cover start date.

c. Your cover end date is shown on your membership certificate. Bupa Dental Cover is an annual contract. Your membership will renew automatically on the annual renewal date as long as you continue to pay your premiums and any other charges, unless we decide to end the policy. If this applies, we will write to tell you at least 28 days before your annual renewal date.

d. Your benefit limits will be refreshed at your cover start date (as shown in your membership certificate).

Please note that your dependants’ benefit limits will also be refreshed at the cover start date, even if they joined the policy in the middle of a policy year.

4.4 Waiting periods

a. Waiting periods apply from your cover start date when you first join the policy for Restorative dental treatment, Emergency dental treatment, Dental injury treatment and Oral cancer treatment. This is the period during which benefits are not payable.

b. The waiting period is not applied at renewal, ie the anniversary of your cover start date (as shown in your membership certificate).

c. If you are transferring from another Bupa dental insurance policy, we will provide continuous cover providing you had dental insurance via the previous policy for a minimum of four months.

d. If you need oral cancer treatment please also refer to section 3.6 Oral cancer treatment for full details of what’s covered, and what’s not covered and any limitations.
4.5 Payment of premiums

a. Your membership certificate sets out the premiums payable under the agreement.

b. Premiums will begin calculating from your cover start date.

c. All premiums are payable monthly in advance by Direct Debit unless we agree otherwise.

d. Your premiums may change if we or the main member make any changes to your membership.

e. Your premiums include Insurance Premium Tax (IPT). If the government changes the rate of IPT we reserve the right to amend your premiums from the date that the IPT rate change takes effect. We will notify you of this change in line with Section 4.7, Changes we can make.

4.6 How your membership can end

a. We can end your membership, if you provide us with fraudulent or misleading information. See Section 4.10, Fraudulent or misleading information.

b. The main member can end their or their dependant’s membership at any time; to do so, the main member must inform us.

c. If the main member’s membership ends for any reason, then the membership of all dependants will also end.

d. The main member’s membership of this policy (and therefore that of their dependants) will immediately come to an end if:
   - the main member stops being resident in the UK
   - the main member dies
   - the main member does not pay on or before its due date the required premium and any other payment due under the agreement for the main member and their dependants. If this happens, we will try to contact you, and if we cannot reach you after using reasonable efforts to do so, then we may terminate your membership immediately.
in the event your membership terminates as a result of you failing to pay your premiums (including Insurance Premium Tax and any other taxes which may from time to time be payable in respect of your membership) on the date they are due, we may at our sole discretion permit your membership and that of your dependants to continue, on condition that the overdue premiums and/or taxes are received by us within 90 days of the original due date.

e. Your dependants’ membership will automatically end if:
   - the main member’s membership ends
   - the main member does not renew the membership of that dependant
   - that dependant stops being resident in the UK (the main member must inform us if that dependant stops being resident in the UK), or
   - that dependant dies
   - if you or any of your dependants die whilst covered by your membership, you or the appropriate next of kin or personal representative should inform us as soon as it is reasonably possible to do so. We may ask to see the relevant, supporting documentation.

The cover for any child added as a child dependant will end at the next annual renewal date following their 24th birthday.

4.7 Changes we can make

a. We can make changes to the terms and conditions of your membership of the policy at the annual renewal date or at any time if required to by law or regulation.

b. These changes could affect:
   - how we calculate premiums, the amount the main member has to pay, how often and the method of payment, and
   - the amount and type of cover provided under the policy.

   We may also change or withdraw the amount of any discount or preferential rates at the annual renewal date.

c. We can, at any time, change the amount the main member needs to pay to us in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.
d. If we do make any changes to the terms and conditions of your membership, we will write to tell the main member at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation, we will notify the main member as early as possible.

e. If the main member does not accept any of the changes, they can end their membership (and therefore the membership of any dependants) by informing us either:
   - within 28 days of the date on which the change takes effect, or
   - within 28 days of us telling them about the change whichever is later.

### 4.8 Changes you can make

a. The main member can ask to change the level of cover either at the annual renewal date or during the policy year.

b. If we agree to change your level of cover then you will need to pay the applicable premium.

c. If we agree to change your membership level during the policy year, we will consider both your new and previous benefit limit and any previous claims paid when processing new claims.

d. The main member can add dependants to your policy at any time.

e. If the main member chooses to remove a dependant from your policy, the main member will not be able to add that dependant back on to your policy until at least the start of the following policy year.

f. We can refuse to renew a main member’s or a dependant’s cover if, in our reasonable opinion, our relationship with that main member or dependant has broken down. Such circumstances include but are not limited to:
   - being abusive to our staff or providers
   - issuing court proceedings entirely without merit any action which leads us to believe the member will not act in good faith in their dealings with us.
g. Changes are not effective until we have confirmed them in writing.

h. To make changes to your membership, please write to us or call us on 0800 237 777*.

4.9 Your right to cancel or end this agreement

a. We think you’ll be delighted with your Dental Cover policy, but if for any reason you’re not, the main member can end their membership by calling us on 0800 237 777* or writing to us at Bupa, Bupa Place, 102 The Quays, Salford M50 3SP.

b. The main member may end their membership:
   - within 21 days from the main member’s cover start date (as shown in your membership certificate) or the date you receive their policy documents for a policy year, whichever date is later. We will refund all premiums paid to us for the main member for that policy year as long as you have not made a claim; or
   - at any time thereafter and we will refund any premiums you have paid to us relating to the period after your membership ends.

c. The main member may end any dependant’s membership:
   - within 21 days from the dependant’s cover start date (as shown in your membership certificate) or the date you receive policy documents for a policy year confirming cover for that dependant, whichever date is later. We will refund all of your premiums paid to us for that policy year and for that dependant as long as they have not made a claim; or
   - at any time thereafter and we will refund any premiums you have paid to us relating to the period after their membership ends.

d. The main member will also need to cancel their Direct Debit with their bank.

e. If you make a claim within your current policy year and then you cancel your cover before proportionate premiums are paid, we may refuse you a new membership if we reasonably believe you intended to act dishonestly.

*We may record or monitor our calls.
4.10 Fraudulent or misleading information

a. *We* can end a person’s membership or refuse to pay a claim in full or part if there is reasonable evidence that you or a *dependant* did not take reasonable care in answering *our* questions. By this *we* mean giving fraudulent or misleading information or keeping necessary information from *us* if:

- intentional, *we* may treat the *main member’s* or (if applicable) a *dependant’s* membership as if it never existed and refuse to pay claims

- careless, then depending on what *we* would have done if the *main member* or *dependant* had answered *our* questions correctly, *we* may:
  - withdraw cover and refuse all claims (in which case you may need to repay any claims *we* have paid and *we* will refund your premiums for the year)
  - change the cover, or
  - reduce any claim payment or increase your premium by the same proportion.

b. If the *main member* or a *dependant* makes a fraudulent claim under this policy, *we*:

i. are not liable to pay the claim; and

ii. may recover from you any sums paid by *us* to you in respect of the claim; and

iii. may by notice to the *main member* treat the policy as having been terminated with effect from the time of the fraudulent act.

c. If *we* exercise *our* right under clause (b)(iii) above:

i. *we* shall not be liable to you in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to *our* liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,

ii. *we* need not return any of the premiums paid.

d. The following list contains examples of practices *we* consider fraudulent and/or intentionally misleading, although this list is not exhaustive:

- deliberately giving *us* false information about the *main member*, a *dependant* or a claim on your policy

- making any claim under your policy where you know the claim is false, or is exaggerated in any respect
- making a statement in support of a claim where you know the statement is false in any respect
- sending us a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
- making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.

e. If we decide to end the main member’s membership, and/or that of any dependants, we will write to the main member to let you know. The main member’s membership (and/or that of your dependants) will end with immediate effect.

f. If we end your membership based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any Bupa insurance policy in the future.

4.11 Treatment needed because of someone else’s fault

When you claim for dental treatment you need because of an injury or medical condition that was caused by or was someone else’s fault (a ‘third party’) you are responsible for letting us know as soon as reasonably possible and making sure our interests are protected in any legal action required, so that we can recover any costs that we have paid for your dental treatment. This includes:

- letting us know as soon as you know that you need (or may need) dental treatment that was caused by or was otherwise the fault of a third party. You can contact us with this information on 0800 028 6850** or email infothirdparty@bupa.com^ 
- doing what we ask to recover from the third party the cost of the dental treatment we paid for. This includes ensuring that we can communicate with you and your legal representative (if you appoint one) about this and that you or your legal representative regularly keep us updated on progress with any recovery action
- ensuring that where you agree settlement with a third party, it includes the cost of dental treatment that we have paid for you in full, and that you pay such sum (and applicable interest) to us as soon as reasonably possible.

**We may record or monitor our calls.

^If you need to send us sensitive information you can email us securely using Egress.

For more information and to sign up for a free Egress account, go to https://switch.egress.com. You will not be charged for sending secure emails to a Bupa email address using the Egress service.
4.12 General information

a. Other parties:

- only Bupa is allowed to make or confirm any changes to your membership on our behalf, or decide not to enforce any of our rights.
- we will confirm changes to your membership in writing. No change to your membership will be valid unless it is confirmed in writing by us.

b. Correspondence and documents:

- any correspondence between us in relation to your policy, which is properly sent by post or email, will be deemed to be received three days after posting. If you are submitting a claim form, then we must receive a completed claim form either online or by post in order to assess your claim.
- you must contact us if you change your address or you stop (or any of your named dependants stop) being resident in the UK.

If you do not tell us that you have changed your address, we will not be able to notify you of changes to the agreement and any written communication will be issued to the address you last gave us.

Please note that if we do not have the correct address for you, and we are unable to confirm your correct address after using reasonable efforts to do so, then we will cancel your policy at the renewal date as we will not be able to confirm that you still require cover.

c. Your membership will be governed by English law. Any dispute that cannot be resolved between us will be dealt with by the courts of England and Wales.
5. Definitions

Some of the words *we* use in this membership guide have specific meanings. In this section you'll find a definition of the terms used in *bold italic* throughout the guide. This will help you understand what *we* mean when *we* use these terms.

<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement</td>
<td>Means the agreement between <em>Bupa</em> and the <em>main member</em> which provides the terms of your cover and consists of this membership guide and your <em>membership certificate</em>.</td>
</tr>
<tr>
<td>Annual renewal date</td>
<td>Your annual renewal date is the anniversary of your cover start date. Depending on the month in which you first join the policy, your initial period of cover may not be a full twelve months. Your benefits and your premiums may change at the annual renewal date.</td>
</tr>
<tr>
<td>Bupa</td>
<td><em>Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. Bupa provides the cover. The term Bupa may also refer to other companies in the Bupa group where indicated in the <em>Agreement</em>.</em></td>
</tr>
<tr>
<td>Child dependant</td>
<td>Means any child of the <em>main member</em> or the <em>main member’s partner</em>, including any child for whom the <em>main member</em> or the <em>main member’s partner</em> is a legal guardian or foster parent.</td>
</tr>
<tr>
<td>Dental professional</td>
<td>Any dental practitioner who is registered with the General Dental Council or Oral Maxillofacial Surgery (OMFS) Specialists registered with the General Medical Council. To check whether your dental professional is registered, please visit the General Dental Council at <a href="http://www.gdc-uk.org">www.gdc-uk.org</a> or General Medical Council at <a href="http://www.gmc-uk.org">www.gmc-uk.org</a> For dental treatment received outside the <em>UK</em> the dental professional you use must be lawfully permitted to practice dentistry in that country.</td>
</tr>
<tr>
<td>Dependant</td>
<td>The <em>main member’s partner</em>, and/or any <em>child dependant</em>, who is named on your membership certificate.</td>
</tr>
<tr>
<td>Fee-assured consultant</td>
<td>A fee-assured consultant is a registered medical or dental practitioner who, at the time you receive your treatment, is recognised by <em>us</em> as a fee-assured consultant for the type of treatment. The practitioners on the list will change from time to time. You can contact <em>us</em> to find out if a consultant is on our list and the type of treatment we recognise them for, or you can access these details at <a href="http://finder.bupa.co.uk">finder.bupa.co.uk</a></td>
</tr>
<tr>
<td>Main member</td>
<td>The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a <em>dependant</em>.</td>
</tr>
<tr>
<td>Word/phrase</td>
<td>Meaning</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Partner</td>
<td>The <em>main member’s</em> husband or wife or civil partner or the person the <em>main member</em> lives with in a relationship similar to that of a husband and wife whether of the opposite sex or not.</td>
</tr>
<tr>
<td>Partnership facility</td>
<td>Is the hospital or treatment facility, centre or unit that at that time you receive your treatment, is in <em>our</em> partnership facility list that applies to your oral cancer treatment benefit and is recognised by <em>us</em> for both:</td>
</tr>
<tr>
<td></td>
<td>- treating the medical condition you have; and</td>
</tr>
<tr>
<td></td>
<td>- carrying out the type of treatment you need.</td>
</tr>
<tr>
<td></td>
<td>You can ask <em>us</em> whether a hospital, facility, centre or unit is on <em>our</em> list and the type(s) of treatment <em>we</em> recognise them for. Alternatively, you can access these details at finder.bupa.co.uk</td>
</tr>
<tr>
<td>Changes to lists</td>
<td>Where <em>we</em> refer to a list that <em>we</em> can change, it will be for one or more of the following reasons:</td>
</tr>
<tr>
<td></td>
<td>- where <em>we</em> are required to by any industry code, law or regulation</td>
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<td></td>
<td>- where a contract ends or is amended by a third party for any reason</td>
</tr>
<tr>
<td></td>
<td>- where <em>we</em> elect to terminate or amend a contract, for example because of quality concerns or changes in the provision of facilities and/or specialist services</td>
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<td>- where the geographic balance of the service <em>we</em> provide is to be maintained</td>
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<td></td>
<td>- where effectiveness and/or costs are no longer in line with similar treatments or services, or accepted standards of medical practice, or</td>
</tr>
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<td></td>
<td>- where a new service, treatment or facility is available.</td>
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<td></td>
<td>The lists that these criteria are applied to include the following:</td>
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<tr>
<td></td>
<td>- appliances</td>
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<td></td>
<td>- consultant fees schedule</td>
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<tr>
<td></td>
<td>- critical care units</td>
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<tr>
<td></td>
<td>- fee-assured consultants</td>
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<tr>
<td></td>
<td>- prostheses</td>
</tr>
<tr>
<td></td>
<td>- recognised facilities</td>
</tr>
<tr>
<td></td>
<td>- schedule of procedures</td>
</tr>
<tr>
<td></td>
<td>Please note that <em>we</em> cannot guarantee the availability of any facility, practitioner or treatment.</td>
</tr>
<tr>
<td>Word/phrase</td>
<td>Meaning</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Pre-existing condition** | Pre-existing condition means you had symptoms or knew about the condition before you joined the policy, or a dental professional had already recommended the dental treatment.  
If you have not had a dental examination in the 24 months before you join the policy **we** will not pay for any restorative dental treatment that you receive or is planned at your first dental examination. |
| **Recognised Practitioner** | A recognised practitioner is a healthcare practitioner who at the time of your treatment:  
- is recognised by **us** for the purpose of **our** private dental insurance policies for treating the medical condition you have and for providing the type of treatment you need, and  
- is in **our** list of recognised practitioners that applies to your benefits. |
| **UK**              | Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.                                                                                                                                |
| **We/our/us**       | **Bupa.**                                                                                                                                                                                                |
6. Protecting your information and rights

6.1 Status disclosure

Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited.

For the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office:

1 Angel Court, London EC2R 7HJ

Getting in touch

The Bupa helpline is always the first number to call if you need help or support. You can call us on 0800 237 777*.

The staff at Bupa are trained and supervised to provide our customers and members with information only on Bupa’s own insurance products and health related services. All Bupa sales are on a non-advised basis.

*We may record or monitor our calls.
6.2 Making a complaint

We are sorry if you need to complain. We will do our best to understand what has happened and put things right.

Ways to get in touch
- Call us: 0800 237 777*
- Chat to us online: bupa.co.uk/complaints
- Email us: customerrelations@bupa.com
  If you need to send us sensitive information you can email us securely using Egress.
  For more information and to sign up for a free Egress account, go to https://switch.egress.com. You will not be charged for sending secure emails to a Bupa email address using the Egress service.
- Write to us: Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP

We also offer documents in Braille, large print or audio.

What happens with my complaint?
We will carefully consider your complaint and do our best to resolve it quickly. If we can’t resolve it straight away, we will email or write to you within five business days to explain the next steps.

We will keep you updated on our progress and once we have fully investigated your complaint, we will email or write to you to explain our decision. If we have not resolved it within eight weeks we will write to you and explain the reasons for the delay.

If we have not resolved your complaint within eight weeks, or if you are unhappy with our decision, you may be able to refer your complaint to the Financial Ombudsman Service for an independent review. The service they provide is free and impartial. You can visit their website, financial-ombudsman.org.uk, or:
- call them on 0800 023 4567
- submit a complaint online at financial-ombudsman.org.uk/contact-us/complain-online
- email them at complaint.info@financial-ombudsman.org.uk
- write to them at the Financial Ombudsman Service, Exchange Tower, London E14 9SR

*We may record or monitor our calls. For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit www.relayuk.bt.com
6.2 Making a complaint (continued)

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them what is necessary to investigate your complaint, and this may include medical information. If you are concerned about this please contact us.

6.3 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. Further information about compensation scheme arrangements is available from the FSCS on 0800 678 1100 or 020 7741 4100 or on its website at: www.fscs.org.uk
6.4 Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about us
In this privacy notice, references to ‘we’, ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notices

1. Scope of our privacy notice
This privacy notice applies to anyone who interacts with us about our products and services (‘you’, ‘your’), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information
We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information
We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).
4. Purposes and legal grounds for processing personal information
We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences
We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don’t want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ

6. Processing for profiling and automated decision-making
Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information
We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries)
and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. International transfers
We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data-protection laws.

9. How long we keep your personal information
We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights
You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts
If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom.
Phone: 0303 123 1113 (local rate).
### 6.5 Financial crime and sanctions

**Financial crime**
You agree to comply with all applicable UK legislation relating to the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

**Sanctions**
We will not provide cover and we shall not be liable to pay any claim or provide any benefit to the extent that such cover, payment of a claim(s) or benefits would:

- be in contravention of any United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which we are subject (which may include without limitation those of the European Union, the United Kingdom, and/or the United States of America); and/or
- expose us to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose us to the risk of being involved in conduct (either directly or indirectly) which any relevant authority, banks we transact through, or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become applicable we reserve all of our rights to take all and any such actions as may be deemed necessary in our absolute discretion, to ensure that we continue to be compliant. You acknowledge that this may restrict, delay or terminate our obligations and we may not be able to pay any claim(s) in the event of a sanctions-related concern.
Bupa dental insurance is provided by:
Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are arranged and administered by:

You can check the Financial Services Register by visiting https://register.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court, London EC2R 7HJ
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