

Bupa policy guide

Bupa Fundamental Health Insurance

This guide together with your membership certificate shows the full terms of your health insurance cover.



Introduction

Your Bupa Fundamental Health Insurance

The following documents set out full details of how your health insurance works:

- this policy guide which contains the general terms and all the possible cover for Bupa Fundamental Health policies
- **your membership certificate** which shows your specific cover and **allowances** and is personal to you
- any **confirmation of special conditions** if any **special conditions** apply, for **you** or **your dependants** (if any)
- the Addendum we send you separately, if you have purchased the Guided Care option also forms part of our **agreement** with **you**.

Although they're separate documents, they should be read together. Each **year**, we'll send you updated documents which apply from your latest **cover start date**.

Need to know

This policy guide contains all the possible cover options available with Bupa Fundamental Health Insurance. Your **membership certificate** shows the cover that **you** have selected and that is available to you. This means you may not have all the cover set out in this policy guide.

Some words in this guide are in **bold type**. This is because they have a specific meaning which we explain on pages 42 to 47.

References to 'we', 'our' and 'us' mean Bupa Insurance Limited, registered in England and Wales with registration number 3956433 and registered office at 1 Angel Court, London, EC2R 7HJ.

Always get in touch with us before you have any consultations, tests or **treatment** to check that they're covered by your policy.

Who is this policy for?

This policy is generally suitable for someone who is looking to cover the cost of private healthcare. To make sure that your cover meets your demands and needs (and anyone covered by your policy), please read your **membership certificate**, this policy guide and any **confirmation of special conditions**. We haven't provided **you** with any advice about your cover and how it meets your individual needs.

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HealthLine services

Our HealthLine services are available to all our customers and are free to use. We may record or monitor phone calls.

Bupa Anytime HealthLine

If you have any health questions or concerns you can call our confidential Bupa Anytime HealthLine on **0345 601 3216**.

You can speak to our qualified nurses anytime of the day or night. They have practical, professional experience and skills to help.



Family Mental HealthLine

If you're a parent or care for a young person and are concerned about their mental wellbeing, our confidential Family Mental HealthLine can provide advice, guidance and support. A trained adviser and/or mental health nurse will give you advice about what to do next. You can call our Family Mental HealthLine on **0345 266 7938** between 8am and 6pm, Monday to Friday. You can use this service even if the young person isn't covered under your policy.

Menopause HealthLine

You, or anyone covered on the policy, can talk to one of our menopause trained nurses. They'll offer advice, guidance, and support, even if you're unsure if you're menopausal. This includes support that you can give to a partner who may be going through the menopause. You can call our Menopause HealthLine on **0345 608 9984** between 8am and 8pm, every day.

How to get in touch with us

We're always here for our customers and happy to help.

Bupa digital account

Your own secure online account so you can see your **Bupa** policy documents and a personalised view of your cover in one place wherever you are.

Visit [bupa.co.uk](https://www.bupa.co.uk) to create your account or download the **Bupa Touch** app.



Call

For answers to questions about your cover and to authorise consultations, tests and **treatment**, please call us on **0345 609 0111**. Lines are open between 8am and 8pm, Monday to Friday and Saturday 8am and 4pm. We may record or monitor phone calls.



Webchat

For answers to general questions and to authorise consultations, tests and **treatment**, you can chat with us using your online account, or by visiting [bupa.co.uk](https://www.bupa.co.uk).



If you have hearing or speech difficulties

You can use the Relay UK service, visit www.relayuk.bt.com for more information.

If you have sight difficulties

We have documents in braille, large print or audio.

Please let us know if you'd like us to send you some.



Write

You can write to us at **Bupa, Bupa Place, 102 The Quays, Salford, M50 3SP.**

How to get treatment and claim

We're here to help.

If it's about:

- **Cancer**
- Muscles, bones and joints.

use our Direct Access service.

This means you can call us about your symptoms without needing a referral from a **GP**. We'll provide support, advice, and a referral for consultations, tests or **treatment** if you need them.

You can find more information on the next page.

If you prefer, see a digital **GP** or your own **GP**.

If it's about anything else

You'll first need to book one of our free digital **GP** appointments or see your own **GP**. If you need a consultation, tests or **treatment**, ask the **GP** for an open referral and contact us. We can then help you find a **consultant** or healthcare professional covered by your policy.

We may also accept referrals from other healthcare professionals, find out more at bupa.co.uk/referrals.

Need to know

Your policy only provides cover for **outpatient** consultations and therapies for six months after you're discharged from hospital for **day-patient** or **inpatient treatment**. These also need to be related to the **day-patient** or **inpatient treatment** you received in hospital. If you need private consultations or therapies before you go into hospital for **day-patient** or **inpatient treatment** you'll need to choose whether to pay for these yourself or use the **NHS**. We can talk through your options with you including the use of our Direct Access service.

Please check your **membership certificate** which shows your specific cover and **allowances** and is personal to you.

How to get in touch with us

Call

0345 609 0111

We may record or monitor phone calls.

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit bupa.co.uk or use the Bupa Touch app.



Important information about your cover and any claims

For **treatment** to be covered it needs to be:

- shown as covered on your **membership certificate**, and
- shown as covered by a tick in this policy guide, and
- **eligible treatment**, and
- not shown as excluded by a cross in this policy guide.

It's also really important that you follow the process and requirements in this policy guide, otherwise we may be unable to pay your claim.

Here are the general conditions which always apply to your cover and any claims. They're part of **your agreement** with us.

Need to know

Any treatment that takes place after the date your policy ends isn't covered, even if it's been pre-authorised. You'll be responsible for paying for this.

Direct Access to treatment and care

You don't always need to see a **GP** before contacting us. With our Direct Access service you can call us if you're worried about **cancer** or muscle bone and joint problems. We'll provide support, advice and a referral for consultations, tests or **treatment** if you need them.

If you have a **GP** referral, we may also offer you a phone or video assessment with a healthcare professional who specialises in your condition to explore all your **treatment** options.

If you have a Direct Access phone or video assessment you won't need to pay an excess for it and the cost won't be subtracted from your **outpatient** benefit **allowance** (if either of these apply to your policy). If our Direct Access service refers you for a consultation, tests or **treatment** you may be able to claim for that consultation, test or **treatment** and we'll explain how to do this after your assessment.

You can find more information about our Direct Access service at bupa.co.uk/direct-access.

Open referral

If you see a **GP** and you need a consultation, tests or **treatment**, ask for an open referral. This means your **GP** recommends the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your **GP's** speciality recommendation to help you choose a **fee-assured consultant** or healthcare professional covered by your policy.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or **treatment** or care so we can:

- confirm whether the consultation, test or **treatment** is **eligible treatment** and if it's covered by your policy, and
- confirm the **consultants**, healthcare professionals, hospitals or clinics covered by your policy, and
- let you know how to claim for cash benefits, if these are covered (see page 22-23 for more information about these benefits), and
- give you a pre-authorisation number.

We may ask you for information about the history of your symptoms, including details from your **GP** or **consultant**.

You can then contact the **consultant**, healthcare professional, hospital or clinic to arrange an appointment. You'll need to give them your pre-authorisation number so we can pay them for your **treatment** covered by your policy. We will write to the **main member** or **dependant** having **treatment** (when aged 16 or over), when there is an amount for them to pay in relation to any claim (for example if they have an excess amount to pay) and who payment should be made to.

Need to know

If you don't get a pre-authorisation from us, you'll be responsible for paying all **treatment** that we wouldn't have pre-authorised.

Cover for people aged 17 or under

We always need a named referral for a paediatric **consultant**. If someone aged 17 or under who is covered on your policy needs to see a **consultant**, please ask their **GP** for a named referral, and not an open referral. Some private hospitals don't provide services for children or have restricted services available, and **treatment** may be at an **NHS** hospital. Please visit finder.bupa.co.uk to see paediatric services available in your area and contact us before any consultations, tests or **treatment** so we can confirm that these are covered.

The consultants, healthcare professionals, hospitals and facilities that your policy covers

Your policy covers certain **Bupa** recognised **consultants**, healthcare professionals and **recognised facilities**:

- the **recognised facility**, **consultant** or healthcare professional must be recognised by us for treating the medical condition you have, and for providing the type of **treatment** you need on the date you receive that **treatment**
- if you need **inpatient treatment** and/or **day-patient treatment** the **recognised facility** must be part of the **facility access** list which applies to your cover and is shown on your **membership certificate**

- the person who has overall responsibility for your **treatment** must be a **consultant** unless a **GP** or our Direct Access service refers you for **outpatient treatment** by a **therapist**.

What we pay consultants for treatment in hospital

We pay **consultant** fees for **treatment** in hospital up to the amounts shown in our **schedule of procedures**. The schedule can be found at bupa.co.uk/codes.

If you see a **consultant** who doesn't charge within our rates, you may need to pay the difference.

Reasonable and customary charges

We only pay reasonable and customary charges for **eligible treatment**. This means that the amount we will pay **consultants**, healthcare professionals, hospitals and facilities will be in line with what the majority of our members are charged for similar **treatment** or services.

There may be another proven **treatment** which is available in the **UK** for a condition, that costs more than the **treatment** that the majority of our customers have. Where this doesn't provide a better clinical outcome, we will only pay what the majority of our customers are charged for similar **treatment** or services.

Excess

You can find details of any excess that applies to your policy on your **membership certificate**, including:

- the amount
- who it applies to, and
- when it will apply.

How an excess works

Having an excess means that for each policy **year** you must pay part of any **treatment** costs covered by your policy up to the excess amounts.

Your excess renews at the beginning of each policy **year** even if you're mid way through **treatment**. So, your excess could apply twice to a single course of **treatment** if your **treatment** begins in one policy **year** and continues into the next policy **year**.

If there's an excess to pay, we'll write to **you** or the **dependant** having **treatment** (if they're aged 16 or over). We apply your excess in the order in which we receive your claims. Once you've paid the full excess amount, you won't have to pay it for any more **treatment** you claim for during that policy **year**. You don't have to pay the excess if you're claiming for cash benefits (see pages 22-23). We'll let you know which **consultant**, healthcare professional, hospital or clinic you need to pay your excess to.

Need to know

When you claim for **treatment** costs where an **allowance** applies, your excess payment will count towards the total **allowance** for that **benefit**.

Here's an example of how an excess works

Helen's policy has a £100 excess. Helen has some physiotherapy which costs £250. We pay Helen's physiotherapist £150 and we'll let Helen know that she needs to pay the physiotherapist £100 (which is the policy excess). If Helen needs other **treatment** during the policy **year**, she doesn't need to pay another excess. When Helen's policy renews, the excess will also renew.

Need to know

You should always claim for **eligible treatment** even if it costs less than your excess. Otherwise, if you need to claim again, your remaining excess may be higher than it would have been.

If you'd like to withdraw a claim

Please call your Bupa helpline on **0345 609 0111** and let us know as soon as possible if you'd like to withdraw a claim you have made. (We may record or monitor phone calls.) You'll need to pay for your **treatment** if you do this. You cannot withdraw a claim we've already paid.

Treatment or costs not covered by your policy

You're responsible for paying for any consultations, tests, **treatment** or costs that aren't covered by your policy.

Other insurance cover

You cannot claim more than once for the same private medical expenses. This means that if you have two policies that provide private medical cover, the costs of your **treatment** may be split between **Bupa** and the other insurance company. You will be asked to provide us with full details of any other relevant insurance policy at the time of claim.

Providing us with information

We may need some information from you to help us with your claim. For example:

- medical reports and other information about the **treatment** you're claiming for
- the results of any independent medical examination which we may ask you to have (which we'll pay for)
- original, unaltered invoices for your claim (including any **treatment** costs covered by your excess).

We may be unable to review or pay your claim without this information.

Medical reports

We may need to ask your doctor for information about your consultation, tests or **treatment** to see if your policy covers these. We'll need your permission to do this, and you have certain rights when it comes to your personal and medical information.

- You can give your doctor permission to send us a medical report without you seeing it first. Or you can ask your doctor to show you the medical report before they send it to us, but you must do this within 21 days from the date we ask them for it.

- If you don't contact your doctor within 21 days to ask to see your medical report, we'll ask them to send it straight to us.
- You can ask your doctor to change the report if you think it's inaccurate or misleading. If they refuse, you can add your own comments to the report before the doctor sends it to us.
- Once you've seen the report, your doctor can't send it to us unless you give them permission to do so.
- You can ask your doctor not to send us the medical report, but if you do this we won't be able to tell you whether your consultation, test or **treatment** is covered, and we may not be able to pay your claim.
- You can ask your doctor to let you see a copy of your medical report within six months of it being sent to us.
- Your doctor can withhold some or all the information in the report if they believe the information:
 - might cause you or someone else physical or mental harm, or
 - would reveal someone else's identity without their permission (unless the person is a healthcare professional and the information they provide is about your care).
- Your doctor may charge a fee for a medical report. We'll let you know if we'll cover some of this cost.

There are more details about your rights in **The Access to Medical Reports Act 1988** and **The Access to Personal Files and Medical Reports (NI) Order 1991**, which you can find at legislation.gov.uk.

Underwriting

Insurance companies look at the risk of insuring someone before a policy starts. This is known as underwriting. Your **membership certificate** shows the type of underwriting that applies to your policy.

Need to know

- Your policy covers you for health risks that might arise in the future.
- Any conditions, **special conditions**, **pre-existing conditions**, **moratorium conditions**, conditions or symptoms, illnesses or injuries you had before your policy started aren't usually covered.
- If a **special condition** applies, we'll send a **confirmation of special conditions** to the **main member** or to the relevant **dependant** (if they're aged 16 or over).
- If you need to claim, we may ask you for some information about your symptoms and when they started before we can pre-authorise any **treatment**.

Types of underwriting and how they work

Full medical underwriting

To help you to understand what's covered by your policy, when **you** apply, we look at **your** medical history (and the medical history of any of your **dependants**' you want cover for), and let you know about **pre-existing conditions** that won't be covered. It's really important that you fill in your application form carefully and send it to us so we can confirm what is and isn't covered by your policy.

Depending on your symptoms and how long you've been covered, when you contact us to make a claim, we may need to check that your symptoms or condition started after your cover started. We may also ask your doctor for more information, and they may charge for this. We'll let you know if your policy covers some of the cost. If not, you'll need to pay for it yourself.

When you join this Bupa Fundamental Health Insurance policy if you had a **previous policy** with another insurer or you were covered on a group policy with **Bupa**, and it was a full medical underwriting policy, we may agree to continue with your underwriting terms from your **previous policy**. We'll need to review your medical history and we'll let you know if there are any conditions that aren't covered. We need to agree to this, and there must be no break in your cover.

Moratorium

When you apply for a policy, we don't look at **your** medical history (or the medical history of any of **your dependants** you want cover for). Instead, when you (or a **dependant**) claim for a condition **you** (or they) had in the five years before your **Bupa** cover began, it will only be covered if you have had your policy for two consecutive years without having any symptoms, **treatment**, medication or advice for the condition. If you claim, we may ask you for more information about the history of your symptoms, so we can confirm the condition is covered by your policy. We may also need details from your doctor and they may charge for this. If so, you'll need to pay for this yourself.

Moratorium switch

This applies when you switch your moratorium policy from another insurer to us and there is no break in your cover. Your **moratorium start date** continues from your **previous policy**. When you switch to us, we may need to review your medical history and let you know if there are any conditions that aren't covered.

When you need treatment because of something that was someone else's fault

You may need to claim for **treatment** you need because of an injury or medical condition that was caused by someone else (a 'third party') or was their fault. This could be due to a road accident, an injury or potential clinical negligence. If this happens you should let us know as soon as possible as we'll need to recover costs we've paid for your **treatment** from the third party. This won't reduce the amount you can claim from the third party.

- Tell us as soon as you know you need (or may need) **treatment** for something that was caused by a third party or was their fault. You can call us on **0800 028 6850** (we may record or monitor phone calls) or email us at **infothirdparty@bupa.com**. If you need to send us sensitive information, you can email us using Egress, which is a free secure email service (visit **switch.egress.com** for more information).
- Tell your solicitor, insurer or representative (if you're using one) that you have Bupa health insurance that may cover some of the costs.
- Give us your solicitor's, insurer's and representative's details and your permission to contact them.
- Help us to recover the cost of the **treatment** we paid for from the third party. This includes making sure we can communicate with you and your legal representative (if you appoint one) about this, and that you or your legal representative regularly keeps us updated on their progress with any recovery action.
- Ask your solicitor, insurer or representative to include in your claim all the costs we've paid for your **treatment**, plus 8% interest for each year.
- If you agree a settlement with the third party, make sure it includes the full cost of the **treatment** we've paid for, and that you pay this amount (and any interest) to us as soon as possible.

Need to know

Your policy has some restrictions. It's important that you read the sections about what is and isn't covered. Anything in the 'What isn't covered' section applies to your cover unless it says otherwise.

What is covered

Need to know

This section explains the types of **treatment**, services and charges which Bupa Fundamental Health Insurance can cover. Please also see 'Important information about your cover and any claims' on page 7.

1. Outpatient consultations and treatment

Benefit	Description	Cover
1.1 Outpatient consultations	Consultants' fees for outpatient consultations for acute conditions .	✓
	Consultants' fees for phone or video consultations for acute conditions .	✓
1.2 Outpatient therapies and other outpatient charges	Therapists' fees for outpatient treatment .	✓
	Therapists' fees for phone or video consultations.	✓
	Therapists' fees for treatment at home when recommended by your healthcare professional or offered by us (as long as it's delivered by a therapist recognised by us for treatment at home).	✓
	Recognised facility charges for prostheses and appliances needed as part of outpatient treatment .	✓
	Recognised healthcare professionals and recognised facility charges for, and needed, as part of outpatient treatment .	✓
1.3 Outpatient complementary medicine	This benefit is not covered under your policy.	✗
1.4 Outpatient diagnostic tests	Recognised facility charges or consultant fees for diagnostic tests if these are requested by your consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6). The cost of reporting the results is included in the charge for the diagnostic test .	✓
	Recognised facility charges for diagnostic tests sent to your home if these are recommended by your healthcare professional or offered by us. Need to know Charges for diagnostic tests that aren't from a recognised facility or a consultant who isn't recognised by us to carry out diagnostic tests aren't covered.	✓
1.5 Outpatient MRI, CT and PET scans	Recognised facility charges for MRI, CT and PET scans if these are requested by a consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6). The cost of reporting the results is included in the charge for the diagnostic test .	✓

2. Consultants' fees for hospital treatment

Benefit	Description	Cover
2.1 Consultants' fees for hospital treatment	Consultant surgeon and consultant anaesthetists' fees for operations covered by your policy.	✓
	Consultant fees for day-patient treatment or inpatient treatment.	✓
	Consultant fees for the planning and supervision of chemotherapy and radiotherapy when these are part of eligible treatment.	✓

3. Hospital or clinic charges

Benefit	Description	Cover
3.1 Outpatient operations	<p>Recognised facility charges for outpatient operations covered by your policy.</p> <p>This includes the cost of using operating theatres and equipment, common drugs, advanced therapies, specialist drugs and surgical dressings used during the operation.</p>	✓
3.2 Staying in hospital	<p>Recognised facility accommodation charges including your meals and refreshments while you're having day-patient or inpatient treatment covered by your policy.</p>	✓
	<p>Personal items such as newspapers, personal laundry, guest meals and refreshments or phone calls aren't covered.</p>	✗
	<p>Recognised facility charges for accommodation aren't covered if:</p> <ul style="list-style-type: none"> ▪ they're for an overnight stay for treatment that would normally be carried out as outpatient treatment or day-patient treatment ▪ these are for a bed for treatment that would normally be carried out as outpatient treatment ▪ the accommodation is mainly used for: <ul style="list-style-type: none"> - convalescence, rehabilitation, supervision or anything other than eligible treatment - general nursing care or any other services which could have been provided in a nursing home or anywhere else which is not a recognised facility - services from a therapist. 	✗


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3. Hospital or clinic charges

Benefit	Description	Cover
3.3 Staying in hospital with a child	Accommodation for one parent, each night they need to stay in a recognised facility with their child. The child must be covered, aged 17 or under and having inpatient treatment . This benefit applies to the child's policy.	✓
3.4 Theatre charges, nursing care, drugs and surgical dressings	Operating theatre and nursing care charges, common drugs , advanced therapies , specialist drugs and surgical dressings when these are an essential part of your day-patient or inpatient treatment .	✓
	Any drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home with you when leaving hospital or a clinic aren't covered.	✗
	Any extra nursing services in addition to those which would usually be provided by a recognised facility as part of normal patient care without making any extra charge aren't covered.	✗
3.5 Day-patient or inpatient diagnostic tests, MRI, CT and PET scans	Recognised facility charges for diagnostic tests , MRI, CT and PET scans when recommended by your consultant as part of day-patient treatment or inpatient treatment .	✓
3.6 Therapies	Recognised facility charges for eligible treatment provided by therapists , when necessary as part of your day-patient treatment or inpatient treatment .	✓
3.7 Prostheses and appliances	Recognised facility charges for prostheses or appliances needed as part of day-patient treatment or inpatient treatment .	✓
	Maintenance, refitting or replacement of a prosthesis or appliance when you have acute symptoms that directly relate to the prosthesis or appliance and it was fitted as part of eligible treatment .	✓
	Maintenance, refitting or replacement of a prosthesis or appliance when you don't have acute symptoms that are directly related to the prosthesis or appliance aren't covered.	✗

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3. Hospital or clinic charges

Benefit	Description	Cover
<p>3.8 Intensive care</p>	<p>Intensive care which is essential, follows planned inpatient treatment in a recognised facility, takes place in a critical care unit, and the intensive care is required routinely by people having the same type of treatment as you.</p> <p>If your inpatient treatment or day-patient treatment in a recognised facility doesn't routinely need intensive care, and something unforeseen happens which means you do need it, your intensive care will be covered if either:</p> <ul style="list-style-type: none"> ▪ it is carried out in the recognised facility's critical care unit, or ▪ the recognised facility doesn't have a critical care unit, but has an agreement with us to follow an emergency protocol to transfer into another specific recognised facility critical care unit, which is next to the original recognised facility, or part of the same hospital group. <p>Your consultant or recognised facility will contact us if you're admitted into a critical care unit.</p> <p>There are situations when intensive care isn't covered and these are explained in the 'What isn't covered' section (2 Accident and emergency treatment and 18 Intensive care).</p>	
	<p>Need to know</p> <p>Transferring into private inpatient care from an NHS hospital</p> <p>If you want to transfer your care from an NHS hospital, or a hospital stay that you're paying for yourself, to a private recognised facility, your policy will cover your eligible treatment costs following the transfer, if:</p> <ul style="list-style-type: none"> ▪ you've been discharged from a critical care unit to a general ward for more than 24 hours, and ▪ your referring and receiving consultants agree that it's clinically safe and appropriate to transfer your care, and ▪ we've had full clinical details from your consultant and confirmed that you're having eligible treatment before you transfer. 	

4. Cancer treatment

Once **cancer** has been diagnosed, benefits 4.1 to 4.5 apply to your **outpatient treatment** for **cancer** and **eligible treatment** for the side effects of **cancer** or side effects of **treatment** for **cancer**. Sections 1.5, 2, 3, 6, 7 and 8 apply to all other **eligible treatment** for **cancer** that's covered by your policy.

Benefit	Description	Cover
4.1 Outpatient consultations for cancer	Consultants' fees for outpatient consultations for cancer .	✓
	Consultants' fees for phone or video consultations for cancer .	✓
4.2 Outpatient therapies and other outpatient charges for cancer treatment	Therapists' fees for outpatient cancer treatment .	✓
	Therapists' fees for phone or video consultations.	✓
	Recognised healthcare professionals and recognised facility charges for outpatient treatment when it's for, and is an integral part of, your outpatient treatment or consultation for cancer .	✓
	Charges for clinical reviews we may ask for to confirm if your treatment is eligible.	✓
4.3 Outpatient complementary medicine treatment for cancer	This benefit is not covered under your policy.	✗
4.4 Outpatient diagnostic tests for cancer	<p>Recognised facility charges or consultants' fees for diagnostic tests if these are requested by your consultant as part of outpatient treatment for cancer. The cost of reporting and interpreting the results is included in the charge for the diagnostic test.</p> <p>Need to know</p> <ul style="list-style-type: none"> charges for diagnostic tests that aren't from a recognised facility or from a consultant who isn't recognised by us to carry out diagnostic tests aren't covered outpatient MRI, CT and PET scans for cancer are covered under Benefit 1.5. 	✓

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Benefit	Description	Cover
4.5 Outpatient cancer drugs	<p>Recognised facility charges for common drugs, advanced therapies and specialist drugs specifically for planning and carrying out outpatient cancer treatment.</p>	✓
	<p>Your policy doesn't cover:</p> <ul style="list-style-type: none"> ▪ common drugs, advanced therapies and specialist drugs that are available from a GP unless you're prescribed an initial small supply when you're discharged from the recognised facility (so you can start your treatment straight away) ▪ common drugs, advanced therapies and specialist drugs that are available to buy without a prescription ▪ complementary, homeopathic or alternative products, preparations or remedies for cancer treatment. 	✗
4.6 NHS cancer cover plus	<p>Eligible treatment for cancer if:</p> <ul style="list-style-type: none"> ▪ the radiotherapy, chemotherapy, drug therapy or surgical operation you need to treat your cancer isn't available to you under the NHS, and ▪ the NHS care that isn't available to you isn't solely supportive medicines for cancer or diagnostic tests or investigations, and ▪ you receive your treatment for cancer in a recognised facility. <p>Need to know</p> <p>Where the above applies:</p> <ul style="list-style-type: none"> ▪ your policy covers eligible treatment for cancer as explained in this 'Cancer treatment' section and 'Cash benefit for wigs or hairpieces' (CB2.4) and 'Cash benefit for mastectomy bras' (CB2.5) ▪ you have eligible treatment for cancer as explained in this 'Cancer treatment' section, and you have part of your cancer treatment under the NHS, or it would have been covered by your policy, you can claim 'NHS Cancer Cash Benefits' as explained in: <ul style="list-style-type: none"> - 'NHS cash benefit for NHS inpatient treatment for cancer' (CB2.1), and - 'NHS cash benefit for NHS outpatient, day-patient and home treatment for cancer' (CB2.2), and - 'NHS cash benefit for oral drug treatment for cancer' (CB2.3). 	✓

5. Mental health treatment



This benefit is not covered under your policy.

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6. Treatment at home

Benefit	Description	Cover
<p>6 Treatment at home</p>	<p>Eligible treatment at home instead of inpatient treatment, day-patient treatment or outpatient chemotherapy as long as:</p> <ul style="list-style-type: none"> ▪ your consultant recommends that you receive the treatment at home and continues to be in charge of your treatment, and ▪ you'd need to have the treatment in a recognised facility for medical reasons if you didn't have it at home, and ▪ the treatment must be provided by a medical treatment provider. <p>We need full details of your treatment at home from your consultant before it starts so that we can confirm whether it's covered.</p> <p>Your policy covers:</p> <ul style="list-style-type: none"> ▪ consultants' fees for treatment at home as described in Benefit 2 ▪ medical treatment provider fees for treatment at home as described in Benefit 3. <p>Need to know</p> <p>Outpatient therapies and diagnostic tests at home are covered under Benefit 1 and not under this benefit.</p>	

7. Home nursing after private eligible inpatient treatment

Benefit	Description	Cover
<p>7 Home nursing after private eligible inpatient treatment</p>	<p>Home nursing immediately after private inpatient treatment as long as it:</p> <ul style="list-style-type: none"> ▪ is for eligible treatment ▪ is needed for medical and not domestic or social reasons ▪ starts immediately after you leave a recognised facility ▪ is necessary so that without it you would have to stay in the recognised facility ▪ is provided by a nurse in your own home ▪ is supervised by your consultant. <p>Before your home nursing starts, we need full details about your care from your consultant so we can confirm that it's covered.</p>	
	<p>Home nursing provided by a community psychiatric nurse isn't covered.</p>	

8. Private ambulance charges

Benefit	Description	Cover
8 Private ambulance	<p>Private road ambulance if you need private day-patient or inpatient treatment and an ambulance is medically necessary for travel:</p> <ul style="list-style-type: none">▪ from your home, place of work, or an airport or seaport, to a recognised facility, or▪ between recognised facilities if you need to move for inpatient treatment, or▪ from a recognised facility to your home.	

Cash benefits

You may be able to claim a payment for some types of **treatment**. Your **membership certificate** shows which (if any) of these apply to your policy and your **allowances**.

Need to know

Please contact us before your **treatment** so we can let you know how to claim.





Benefit	Description	Cover
CB1 NHS cash benefit for NHS hospital inpatient treatment	If you have free NHS inpatient treatment which would have been covered if you'd had it privately you can claim NHS cash benefit for each night you stay in an NHS hospital. Need to know Apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB2.3) this benefit (CB1) isn't payable at the same time as any other NHS cash benefit for NHS treatment .	✓
	Any additional NHS hospital charges such as the cost of an amenity room aren't covered.	✗
	NHS cash benefit when your admission and discharge occur on the same date isn't covered.	✗

Benefit CB6 NHS cash benefit for treatment for cancer


Benefit	Description	Cover
CB6.1 NHS cash benefit for NHS inpatient treatment for cancer	For each night you have free NHS inpatient treatment for cancer and it would have been covered if you'd had it as a private inpatient , and it includes: <ul style="list-style-type: none"> ▪ radiotherapy, or ▪ chemotherapy, or ▪ surgery for cancer, or ▪ a blood transfusion, or ▪ a bone marrow or stem cell transplant. Need to know Apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB6.1) isn't payable at the same time as any other NHS cash benefit for NHS treatment .	✓
	Any additional charges by the hospital, such as the cost of an amenity room aren't covered.	✗

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Benefit CB6 NHS cash benefit for treatment for cancer

Benefit	Description	Cover
CB6.2 NHS cash benefit for NHS outpatient, day-patient and home treatment for cancer	<p>When you have any of the following outpatient, day-patient or home treatments free on the NHS, if they would have been covered privately, you can claim for:</p> <ul style="list-style-type: none"> each day you have radiotherapy each day you have chemotherapy, apart from oral chemotherapy the day you have a surgery for cancer that is eligible treatment for cancer. <p>Need to know</p> <ul style="list-style-type: none"> apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB6.2) isn't payable at the same time as any other NHS cash benefit for NHS treatment this benefit is only payable once, even if you have more than one eligible treatment on the same day. 	
CB6.3 NHS cash benefit for oral drug treatment for cancer	<p>For each three-weekly course which is provided to you free by the NHS when your private treatment would otherwise have been covered, during which you take:</p> <ul style="list-style-type: none"> oral chemotherapy, or oral anti-hormone therapy that isn't available from a GP. <p>Need to know</p> <p>This benefit is payable at the same time as other NHS cash benefits you may be eligible for.</p>	
CB6.4 Cash benefit for wigs or hairpieces	<p>Cash benefit for a wig or hairpiece if you lose your hair during eligible cancer treatment. This benefit is paid once per cancer occurrence.</p> <p>Need to know</p> <p>If Benefit 4.6 NHS cancer cover plus applies to your cover, we pay this cash benefit as set out in Benefit 4.6.</p>	
CB6.5 Cash benefit for mastectomy bras	<p>Cash benefit for mastectomy bras and prostheses after an eligible mastectomy where a reconstruction isn't done at the same time. This benefit is paid once for each mastectomy operation.</p> <p>Need to know</p> <p>If Benefit 4.6 NHS cancer cover plus applies to your cover, we pay this cash benefit as set out in Benefit 4.6.</p>	

Benefit CB7 Procedure Specific NHS cash benefit

Benefit	Description	Cover
CB7 Procedure Specific NHS cash benefit	<p>For some treatments provided to you free by the NHS that would otherwise have been covered if you'd had them privately.</p> <p>Please contact us for information about the treatments this benefit is available for or go to bupa.co.uk/pscb. These treatments may change from time to time.</p> <p>Need to know</p> <p>Apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB7) isn't payable at the same time as any other NHS cash benefit for NHS treatment.</p>	

What isn't covered

This section explains the type of **treatment**, services and charges which aren't covered by your policy and the exceptions when cover is available. The 'What is covered' section of this policy guide, your **membership certificate** and any **confirmation of special conditions** will also show any **treatment** or conditions that aren't covered.

Exclusion	Description	Cover
1 Ageing, menopause and puberty	Treatment to relieve symptoms linked to the body's natural changes, such as ageing, menopause or puberty, and not due to any disease, illness or injury, isn't covered. For example, acne which is caused by natural hormonal changes.	✗
	Exception: eligible treatment of an acute condition that develops during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence, is covered in line with the other policy terms.	✓
2 Accident and emergency treatment	Treatment , including immediate care, provided by an NHS or private accident and emergency (A&E) department, urgent care or walk-in clinic isn't covered.	✗
	Treatment following an admission to hospital via an NHS or private A&E department, urgent care centre or walk-in clinic isn't covered.	✗
	Exception: eligible treatment with a consultant in a recognised facility after you're no longer being treated in an A&E department, urgent care or walk-in centre is covered. Need to know When this happens, you should contact us as soon as possible before you receive any treatment , to confirm whether it's covered.	✓
3 Allergies, allergic disorders or food intolerances	Treatment isn't covered once an allergic condition, disorder or food intolerance has been diagnosed. This includes tests to identify the exact allergen(s) or food involved, or to de-sensitise or neutralise any allergic condition.	✗
	Exception: treatment to diagnose a suspected allergy or food intolerance is covered.	✓
4 Benefits that are not covered and/or are above your allowances	Treatment , services or charges that aren't listed as covered by your policy.	✗
	Any costs above your allowances aren't covered.	✗

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Exclusion	Description	Cover
<p>5 Birth control, conception and sexual problems</p>	<p>Treatment isn't covered for:</p> <ul style="list-style-type: none"> ▪ contraception, sterilisation or termination of pregnancy ▪ sexual problems (including impotence, whatever the cause) ▪ fertility treatment such as assisted reproduction, fertility investigations, IVF, surrogacy, harvesting of donor eggs or donor sperm. 	✗
<p>6 Chronic conditions</p>	<p>Treatment of chronic conditions isn't covered. By this, we mean a disease, illness or injury which has at least one of the following characteristics:</p> <ul style="list-style-type: none"> ▪ it needs ongoing or long-term monitoring through consultations, examinations, check ups and/or tests ▪ it needs ongoing or long-term control or relief of symptoms ▪ it needs rehabilitation or for you to be specially trained to cope with it ▪ it continues indefinitely ▪ it doesn't have a known cure ▪ it comes back or is likely to come back. <p>Need to know</p> <p>Your policy doesn't cover treatment for expected flare-ups of a chronic condition. This is because the treatment is part of the ongoing management of the condition. For example, conditions where symptoms come and go, such as inflammatory bowel disease. There may be times when symptoms are severe (a flare-up), followed by long periods when there are few or no symptoms (remission). These are called relapsing and remitting conditions and aren't covered because the flare-ups are an expected part of the condition.</p>	✗
	<p>Exception 1: your policy covers eligible treatment of unexpected acute symptoms of a chronic condition that flare-up and don't need prolonged treatment, as long as the treatment is likely to:</p> <ul style="list-style-type: none"> ▪ lead quickly to a complete recovery; or ▪ quickly get you back to how you were before the flare-up. <p>For example, treatment following a heart attack as a result of chronic heart disease is covered.</p> <p>Sometimes, it may not be immediately clear that the disease, illness or injury being treated is a chronic condition. Once a condition is confirmed as being chronic, your policy won't cover any further consultations, tests or treatment. If this happens during a hospital stay, we'll help you transfer to the NHS or you can arrange to pay for the treatment yourself.</p>	✓
	<p>Exception 2: eligible treatment of cancer is covered if your membership certificate shows you have cover for it. You can find details of the cover available in 'Cancer treatment' (Benefit 4) in the 'What's covered' section of this guide.</p> <p>Please also see 'Temporary relief of symptoms' in this section.</p>	✓

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Exclusion	Description	Cover
7 Treatment or medical conditions that are not covered, and their complications	Your policy doesn't cover: <ul style="list-style-type: none"> ▪ treatment or medical conditions that are excluded from your cover ▪ treatment for complications of medical conditions that are excluded from your cover ▪ treatment for complications from treatment that is excluded from your cover. 	✗
8 Contamination, wars, riots and terrorist acts	Treatment isn't covered for any condition directly or indirectly arising from: <ul style="list-style-type: none"> ▪ war, riots, terrorist acts, civil disturbances, acts against any foreign hostility, whether or not war has been declared ▪ chemical, biological, radioactive or nuclear contamination, including chemical or nuclear fuel combustion. 	✗
	Exception: eligible treatment needed following a terrorist act as long as the act doesn't cause chemical, biological, radioactive or nuclear contamination, is covered.	✓
9 Convalescence, rehabilitation and general nursing care	Accommodation isn't covered if it's mainly for: <ul style="list-style-type: none"> ▪ convalescence, rehabilitation, supervision or anything other than providing eligible treatment, or ▪ general nursing care or other services which could be provided in a nursing home or anywhere else which isn't a recognised facility, or ▪ services from a therapist. 	✗
10 Cosmetic, reconstructive or weight loss treatment	Treatment isn't covered even if it's needed for medical or psychological reasons, if it: <ul style="list-style-type: none"> ▪ is to change your appearance, such as surgery to reshape your nose, a facelift or a breast enlargement ▪ involves removing healthy (not diseased) or surplus tissue or fat (liposuction), such as breast reduction as treatment for backache or men's breast swelling (<i>gynaecomastia</i>) ▪ involves weight-loss, surgery such as bariatric surgery, or ▪ is to reduce scarring, including keloid scars. 	✗
	Exception 1: eligible treatment to remove a lesion is covered if: <ul style="list-style-type: none"> ▪ a biopsy shows, or a consultant believes, that the lesion is diseased ▪ the lesion stops you from being able to see, smell or hear ▪ the lesion causes pressure on your organs, or ▪ the lesion stops you from being able to carry out activities of daily living. 	✓
	Exception 2: eligible operations following an accident, cancer surgery or preventive surgery (prophylactic surgery) to restore the appearance of the affected part of your body are covered. This includes operations on a healthy breast to make its appearance match the other breast which has been reconstructed following cancer surgery. Once you've had initial eligible treatment to restore your appearance (including delayed operations), any repeat operations , reconstructions and further treatment to restore or amend your appearance aren't covered.	✓

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Exclusion	Description	Cover
11 Deafness	Treatment for or arising from deafness from birth, maturing or ageing isn't covered.	✗
	Exception: treatment for deafness caused by an infection, injury or tumour is covered.	✓
12 Dental or oral treatment	Dental and oral treatment isn't covered. This includes: <ul style="list-style-type: none"> fitting dental implants or dentures, or repairing or replacing damaged teeth, including crowns, bridges, dentures or any other dental prosthesis management of, or treatment for, jaw shrinkage or loss as a result of having teeth removed or gum disease, and bone disease treatment for gum or tooth disease or damage. 	✗
	Exception 1: if your policy includes cover for cancer treatment , we cover eligible treatment for oral cancer treatment as set out in 'Cancer treatment' (Benefit 4).	✓
	Exception 2: an eligible operation is covered if it is carried out by a consultant to: <ul style="list-style-type: none"> treat a jawbone cyst, as long as it's not for a cyst or abscess on the tooth root, or any other tooth or gum disease or damage, or surgically remove a complicated, buried or impacted tooth or root, which is causing infection or pain (such as an impacted wisdom tooth), as long as it's not to make space for dentures. 	✓
13 Dialysis	Treatment for or linked to kidney dialysis (haemodialysis and peritoneal dialysis) isn't covered.	✗
	Exception: eligible treatment for short-term kidney dialysis or peritoneal dialysis is covered if it's needed: <ul style="list-style-type: none"> temporarily for sudden kidney failure caused by a disease, illness or injury affecting another part of your body, or immediately before or after a kidney transplant. 	✓
14 Outpatient drugs, dressings, complementary and alternative products	Drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home when you leave hospital or a treatment facility aren't covered.	✗
	Complementary or alternative therapy products aren't covered, including homeopathic remedies.	✗
	Exception: if your policy includes cover for cancer treatment , then outpatient common drugs, advanced therapies and specialist drugs for eligible treatment of cancer are covered only as set out in 'Cancer treatment' (Benefit 4).	✓

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Exclusion	Description	Cover
15 Unproven drugs and treatment	<p>Treatment or procedures which are, in our reasonable opinion, unproven based on UK established medical practice aren't covered including:</p> <ul style="list-style-type: none"> drugs used outside their licence or procedures which haven't been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence) licensed gene therapy, somatic-cell therapy or tissue engineered medicines for conditions other than cancer that haven't been tested in phase III clinical trials. 	✗
	<p>Exception: unproven drug treatment for cancer is covered as long as:</p> <ul style="list-style-type: none"> it's following an unsuccessful initial licensed treatment, and you speak regularly to our nurses, so we can support you and monitor your treatment, and it's been agreed by a multidisciplinary team (MDT) which meets the NHS Cancer Action Team standards. <p>We'll need a detailed MDT report for the treatment before we can confirm it's covered including evidence that the drug has published phase III clinical trial results showing that it's safe and effective for your condition. Please contact us for more information, or ask your consultant to.</p>	✓
16 Eyesight	<p>Treatment to correct long or short sight, or treatment for failing sight due to ageing isn't covered. Glasses or contact lenses aren't covered.</p>	✗
	<p>Laser-assisted cataract surgery isn't covered.</p>	✗
	<p>Exception 1: eligible treatment for your sight is covered if it's needed as a result of an injury or an acute condition, such as a detached retina.</p>	✓
	<p>Exception 2: eligible treatment for cataract surgery using ultrasonic emulsification is covered.</p>	✓
17 Pandemic or epidemic disease	<p>Treatment for or arising from any pandemic or epidemic disease isn't covered.</p> <p>Pandemic means the worldwide spread of a disease with epidemics in many countries and most regions of the world. Epidemic means the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events materially in excess of normal expectancy, or as otherwise defined by the World Health Organisation (WHO).</p>	✗




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Exclusion	Description	Cover
18 Intensive care	Intensive care isn't covered if: <ul style="list-style-type: none"> ▪ you go straight into a critical care unit when you're admitted to hospital for example following: <ul style="list-style-type: none"> – an NHS transfer to a recognised facility – an outpatient consultation – a GP referral – return to the UK (repatriation) – transferring from one private facility to another ▪ it follows a transfer from a private recognised facility to an NHS hospital ▪ it follows a transfer from an NHS critical care unit to a private one, or ▪ it's not carried out in a critical care unit. 	✗
19 Learning difficulties, behavioural and development conditions	Treatment for learning difficulties, such as dyslexia isn't covered.	✗
	Treatment for behavioural conditions, such as attention deficit hyperactivity disorder (ADHD), and autistic spectrum disorder (ASD) isn't covered.	✗
	Treatment for development conditions such as shortness of stature isn't covered.	✗
20 Overseas treatment	Treatment you have outside of the UK isn't covered.	✗
	Repatriation to the UK or any other country isn't covered.	✗
	<p>Exception: if treatment for your condition isn't available in the UK and would have been eligible treatment if it was available in the UK, your policy will cover the cost of the standard alternative treatment which is routinely available in the UK. There may be a difference between this and the cost of treatment abroad, which you'll need to pay.</p> <p>Need to know</p> <p>If your treatment abroad is covered, you'll need to pay for it yourself and send us your receipts so we can pay your claim up to the cost of the standard alternative treatment which is routinely available in the UK.</p> <p>Please also see 'Unproven drugs and treatment' in this section.</p>	✓

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Exclusion	Description	Cover
21 Physical aids and devices	Treatment for supplying or fitting physical aids and devices isn't covered. This includes hearing aids, glasses, contact lenses, crutches and walking sticks.	✗
	Exception 1: recognised facility charges for prostheses or appliances needed as part of outpatient treatment, day-patient treatment or inpatient treatment are covered as set out in 'Outpatient therapies and other outpatient charges' (Benefit 1.2) and 'Prostheses and appliances' (Benefit 3.7).	✓
	Exception 2: maintenance, refitting or replacement of a prosthesis or appliance when you have acute symptoms that directly relate to the prosthesis or appliance and it was fitted as part of eligible treatment is covered as set out in 'Prostheses and appliances' (Benefit 3.7).	✓
22 Pre-existing conditions, special conditions and moratorium conditions	Your membership certificate shows the type of underwriting that applies to your policy. For full medical underwriting policies: <ul style="list-style-type: none"> ▪ treatment of pre-existing conditions isn't covered (this includes any special conditions listed on any confirmation of special conditions we send you), and ▪ treatment of any disease, illness or injury resulting from pre-existing conditions or special conditions isn't covered. 	✗
	For moratorium and moratorium switch policies treatment of any disease, illness or injury resulting from a moratorium condition isn't covered.	✗
	Exception: treatment of a moratorium condition is covered, if at any time: <ul style="list-style-type: none"> ▪ you don't receive any medication for, and ▪ you don't ask for or receive any medical advice or treatment for, and ▪ you don't have symptoms of that moratorium condition for a period of two consecutive years after your moratorium start date . Need to know If you have a special condition on your policy and you're unlikely to need treatment for it in the future, you can ask us to review it when your policy is due to renew. We'll let you know if we can, and whether it can be covered in the future. We'll need a medical report from your doctor. If there is a charge for the medical report, you'll need to pay this as it isn't covered by your policy.	✓

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Exclusion	Description	Cover
23 Pregnancy and childbirth	Treatment isn't covered for: <ul style="list-style-type: none"> ▪ pregnancy, including treatment of an embryo or foetus ▪ childbirth and delivery of a baby ▪ termination of pregnancy, or any condition as a result. 	
	Exception 1: eligible treatment of the conditions below, including complications following them, is covered: <ul style="list-style-type: none"> ▪ miscarriage ▪ stillbirth ▪ abnormal cell growth in the womb (hydatidiform mole) ▪ foetus growing outside the womb (ectopic pregnancy) ▪ heavy bleeding immediately after childbirth (post-partum haemorrhage) ▪ afterbirth in the womb after delivery of the baby (retained placental membrane). 	
	Exception 2: eligible treatment of an acute condition of the mother that relates to pregnancy or childbirth as long as: <ul style="list-style-type: none"> ▪ it's needed to treat a flare-up, and ▪ it's likely to lead to a quick and complete recovery or restore the mother fully to how they were before the condition flared up without needing prolonged treatment. 	

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Exclusion	Description	Cover
24 Screening, monitoring and preventive treatment	Health checks or screening aren't covered. Health screening is where you may or may not know that you're at risk of, or affected by, a disease or its complications, and answer questions or have tests to find out if you are.	✗
	Routine tests or monitoring of medical conditions isn't covered, including: <ul style="list-style-type: none"> ▪ antenatal care or screening of the mother or foetus during pregnancy ▪ checks or monitoring of chronic conditions such as diabetes mellitus or high blood pressure (hypertension) ▪ tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are for screening or monitoring, such as endoscopies, when you don't have any symptoms. 	✗
	Preventive treatment , procedures or medical services aren't covered including: <ul style="list-style-type: none"> ▪ vaccinations ▪ medication reviews and appointments where there's no change in your usual symptoms. 	✗
	Exception 1: genetically based tests to measure your future risk of cancer are covered if: <ul style="list-style-type: none"> ▪ you have cover for cancer, and ▪ you're being treated for cancer, and ▪ have a strong direct family history of cancer, and ▪ your consultant recommends the test. We'll need full details of your treatment from your consultant before it starts so that we can confirm whether it's covered.	✓
	Exception 2: prophylactic surgery - if an eligible genetic test shows your risk of developing more cancers is high, preventive (prophylactic) surgery recommended by your consultant is covered. Reconstructive surgery following eligible preventive (prophylactic) surgery is also covered, as described in 'Cosmetic, reconstructive or weight loss treatment' (Exclusion 10 under Exception 2 in the 'What isn't covered' section).	✓
	Exception 3: if you have cancer cover, eligible treatment to monitor it, is covered as described in 'Outpatient consultations for cancer' (Benefit 4.1 in the 'What's covered' section) and 'Outpatient diagnostic tests for cancer' (Benefit 4.4 in the 'What's covered' section).	✓
25 Sleep problems	Treatment for or as a result of sleep problems such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep) isn't covered.	✗

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Exclusion	Description	Cover
26 Speech Disorders	Treatment for or linked to speech problems, such as stammering, isn't covered.	✗
	Exception: cover for short-term speech therapy provided by a therapist when it's part of eligible treatment and takes place during or immediately after it.	✓
27 Gender dysphoria or gender affirmation	Treatment for gender dysphoria or gender affirmation isn't covered.	✗
28 Temporary relief of symptoms	Treatment which is mainly to temporarily relieve symptoms or is for the ongoing management of a condition isn't covered.	✗
	Exception: up to 21 days of treatment to support your end-of-life care for a terminal illness is covered, when you're no longer receiving treatment to stop or improve the illness. Treatment can take place within a Bupa recognised facility or in another location of your choice, such as your home . The treatment must be provided by services registered with the CQC (Care Quality Commission). This is covered on the same basis as your other benefits, including Treatment at home (Benefit 6). This can only be claimed once.	✓
29 Unrecognised healthcare professionals, hospitals and clinics	We don't cover any of your treatment costs, from any consultants , healthcare professionals, hospitals or clinics, if your treatment is provided under the care or supervision of a consultant who isn't recognised by us for: <ul style="list-style-type: none"> treating the medical condition you have, or providing the treatment you need. 	✗
	We don't cover any part of your treatment costs for day-patient or inpatient treatment that takes place in a hospital or clinic that isn't included in the facility access list that applies to your policy or isn't recognised for the type of treatment you need or treating the medical condition you have.	✗
	We don't cover any treatment costs from consultants , healthcare professionals, hospitals or clinics that aren't recognised by us for the type of treatment you need or medical condition you have.	✗
	Exception: if, for medical reasons, your day-patient or inpatient treatment can't take place in a recognised facility , we may cover your treatment somewhere else. We need full details of your treatment from your consultant before it starts so that we can confirm whether it's covered.	✓
30 Advanced therapies and specialist drugs	Any gene therapy, somatic-cell therapy or tissue engineered medicines that aren't on the list of advanced therapies that applies to your cover. You can find the list of advanced therapies at bupa.co.uk/policyinformation .	✗
	Any drugs or medicines which the recognised facility charges separately for that aren't common drugs or specialist drugs .	✗

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Exclusion	Description	Cover
31 Leg varicose veins	More than one operation per leg for varicose veins isn't covered.	✗
	<p>Exception: the following treatment for leg varicose veins is covered:</p> <ul style="list-style-type: none"> ▪ one operation for varicose veins in each leg (both legs treated on the same day counts as one operation on each leg) – if you still have symptoms following an operation, we cover a single sclerotherapy treatment within six months of your operation ▪ any eligible consultations and diagnostic tests needed for your operation. <p>Need to know</p> <p>Your policy covers one varicose veins treatment in each person's lifetime. This applies to all Bupa policies and/or Bupa administered trusts you've been covered by previously, currently or potentially in the future.</p>	✓
32 Mental health conditions	Treatment for any mental health condition or for any disease or illness arising from or related to a mental health condition isn't covered.	✗

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How your health insurance policy works



Eligibility

To be eligible for this cover **you** and **your dependants** must:

- be resident in the **UK** throughout the duration of your cover
- at the **cover start date** have been registered continuously with a **GP** for at least six months, or have access to and be able to provide your and their full medical records in English, and
- not receive payment for taking part in sports.

The agreement between you and us

When you pay us premiums, we'll provide **you** and **your dependants** with cover under the terms of our **agreement**.

Only **you** and **Bupa** have legal rights under our **agreement**. Anyone covered on your policy has access to our complaints process (please see 'Making a complaint' in this section).

This **agreement** is governed by English law.

Premiums and other charges

You must pay premiums (including Insurance Premium Tax (IPT)) in advance for your cover. Bupa Insurance Services Limited (BISL) acts as our agent for arranging and administering your policy. Premiums are collected by BISL as our agent for the purpose of receiving, holding and refunding premiums and making claims payments.

If the IPT rate changes or any new taxes or charges are introduced, we'll change the amount of the premiums you have to pay.

The documents that set out your cover

The following documents set out full details of how your health insurance works under the **agreement**:

- this policy guide which contains details about the general cover for you and anyone else on your policy, and
- your **membership certificate** which shows your specific cover and **allowances**, when your cover starts and ends, the premiums you'll pay and is personal to you, and
- a **confirmation of special conditions** (if any apply) to the **main member** or to the **dependant** when they are aged 16 or over
- the Addendum we sent **you** separately if **you** have purchased the Guided Care option, also forms part of our agreement with you.

Although they're separate documents, they should be read together as a whole. Each year, we'll send you a **membership certificate** and a policy guide, both of which apply from your latest **cover start date**.

Need to know

This policy guide contains all the possible cover under Bupa Fundamental Health Insurance. Your **membership certificate** shows the cover that **you** have selected and that is available to you. This means you may not have all the cover set out in this policy guide.

Payment for treatment

Your policy pays for **treatment** you have on the date the **treatment** takes place while you're covered under the **agreement**. We only pay **benefits** in line with the cover that applies to you on the date the **treatment** takes place. It doesn't cover any **treatment**, that takes place after the date your cover ends even if we've pre-authorized it.

When you receive private medical **treatment** you have a contract with the providers of your **treatment**. You are responsible for the costs you incur in having private **treatment**. However, we pay the costs that are covered under your policy. If your **treatment** isn't covered by your policy, you'll be responsible for paying the costs of that **treatment** to your treatment provider.

We don't provide private **treatment** or any other clinical services that are covered by your policy. In many cases we have agreements with **consultants**, healthcare professionals, hospitals and clinics for how much they charge our customers for **treatment** and how we pay them. We'll usually pay the **consultants**, healthcare professional, hospital or clinic directly for your **treatment**. Otherwise we'll pay the **main member**. We'll write to the **main member** or **dependant** having **treatment** (when aged 16 or over), when there is an amount for them to pay in relation to any claim (for example if they have an excess amount to pay) and who payment should be made to.

Changes to lists

Where we refer to a list that we can change, it will be for one or more of the following reasons:

- where we are required to by any industry code, law or regulation
- where a contract ends or is amended by a third party for any reason
- where we elect to terminate or amend a contract, for example because of quality concerns or changes in the provision of facilities and/or specialist services
- where the geographic balance of the service we provide is to be maintained
- where effectiveness and/or costs are no longer in line with similar **treatments** or services, or accepted standards of medical practice, or
- where a new service, **treatment** or facility is available.

The lists that these criteria are applied to include the following:

- **advanced therapies**
- **appliances**
- **consultants**
- **critical care units**
- **fee-assured consultants**
- **medical treatment providers**
- **prostheses**
- **recognised facilities**
- **schedule of procedures**
- **specialist drugs**
- **therapists.**

Please note that we cannot guarantee the availability of any facility, practitioner or **treatment**.

When your cover starts, renews and ends

Starting your cover

You can find your **cover start date** on your **membership certificate**. This applies to **you** and **your dependants**. **Your cover start date** and **your dependants' cover start date** may be different.

Renewing your cover

Your agreement is for one year's insurance. Your cover will renew automatically each year (subject to the section 'Our right to cancel your cover' below) as long as **you** continue to pay your premiums and any other charges, unless we decide to close Bupa Fundamental Health Insurance. If this applies, we'll write to let **you** know at least 28 days before **your renewal date**.

How your cover can end

You can end your cover (and the cover of anyone else included on your policy) at any time by calling us on **0345 609 0111**, writing to us or emailing us at **consumer.cancellations@bupa.com**. We may record or monitor phone calls.

We'll refund any premiums you've paid for the period after your cover ends.

If **you** cancel **your** cover or **your dependants'** cover within 21 days of receiving **your** policy documents, or **your cover start date**, whichever date is later and **you** or **your dependants'** haven't claimed during this period, we'll refund all the premiums you've paid in respect for **your** and/or their cover for that **year**.

Our right to cancel your cover

We may cancel **your** cover, and/or **your dependants'** cover (as applicable) if:

- **You** don't pay your premiums, or any other payments you have to make on or before the date they're due.
- **You** or any of **your dependants** stop being resident in the **UK** (**you** must let us know if **you** or **your dependant** stop living in the **UK** as we may not be able to provide and/or service your cover effectively, including in relation to making claims payments).
- We don't have the correct address for **you**, and we're unable to confirm it after using reasonable efforts to do so. As we won't be able to confirm that you still need cover, we'll cancel your policy at renewal.
- **You** die.

We can cancel or 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. For example:

- being abusive to our staff or healthcare providers
- issuing court proceedings entirely without merit
- any action which leads us to believe you won't act in good faith in your dealings with us.

Need to know

If **your** cover ends for any reason, the cover for any **dependants** will also end.

If you break the terms of your cover

We do not have to pay a claim if **you** or a **dependant** break any of the terms and conditions of your cover, which are related to the claim. If there's reasonable evidence that **you** or a **dependant** didn't take reasonable care answering our questions (by this we mean giving false information or keeping necessary information from us) then if this was:

- intentional, we may treat your and/or your **dependant's** cover as if it never existed and not pay all claims
- careless, then depending on what we would have done if **you** or they had answered our questions correctly, we may treat your and or your **dependant's** cover as if it never existed and refuse to pay all claims (in which case you may need to repay any claims we've paid and we'll return any premiums you've paid in respect of your and/or your **dependant's** cover), change your or their cover, or reduce any claim payment.

No Claims Discount

Your **membership certificate** will show if you have a No Claims Discount and tell you which level of discount you're on.

What is a No Claims Discount?

A No Claims Discount means your claims affect the price of your premium – the amount you pay for your insurance - so, you'll pay less for your cover if you don't make a claim, and more if you do.

The cost of health insurance tends to go up due to your age and advances in medical technology, drug prices and new **treatments**. This means it's unlikely that the cost of your cover will go down, even if you have a No Claims Discount.

How does the No Claims Discount work?

When you renew your policy for another **year**, your No Claims Discount will depend on whether you've claimed and the value of any claims you've made.

If you haven't claimed, you'll move up one level on the No Claims Discount scale. The higher the level you're at, the higher your discount is.

Discount level	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Discount	0%	10%	20%	27.5%	35%	40%	45%	50%	55%	59%	62%	65%	68%	70%

The following table shows how any claims you make will affect your place on the scale:

Claims approved for payment in calculation period	Change in discount level at renewal date
£0.00	Move up the scale by one level
£0.01 to £300	No change to level
£300.01 to £1,200	Move down the scale by two levels
Over £1,200	Move down the scale by three levels

Which claims affect my No Claims Discount?

Every year, we calculate the cost of your cover around six weeks before your policy is due to renew. This is so we have the most up-to-date picture of your claims. For your first renewal, we'll consider the value of claims we've approved for payment in the first 10 months of your policy. From your second renewal onwards, we'll consider the value of claims made over a 12 month period, being the last two months of your previous policy year and the first 10 months of your current policy year. We do not count any excess you may be responsible for paying. Claims that were not approved for payment in these periods, and claims for amounts above policy **allowances**, don't affect your No Claims Discount. Please note, the time it takes to approve a claim for payment depends on how quickly we receive invoices from your treatment provider, so it may take several weeks from the date of your **treatment** for a claim to be approved for payment.

Everyone on the policy has their own No Claims Discount. This means your discount isn't affected if someone else claims and you don't.

Some claims won't affect your No Claims Discount at all. These include:

- cash benefits (CB1, CB6.1, CB6.2, CB6.3, CB6.4, CB6.5 and CB7)
- our HealthLine services, such as the Anytime HealthLine
- the cost of using our Digital GP service
- the charge for any phone or video assessments required you need as part of our Direct Access service.

If you're unwell, you should not delay seeking **treatment** because of the impact it will have on your No Claims Discount.

Making changes to your policy

At your **renewal date** you can ask us to:

- add, remove or change an excess
- change any of your cover options.

We'll let **you** know if we can make the change(s) **you** request and whether your premium will change.

We'll write to **you** to confirm any changes and the date they start.

You can let us know if you'd like to give someone else permission to make changes to your policy on your behalf.

You can add **dependants** to your cover at any time.

Changes your authorised signatory can make

If **you** have agreed with us that someone else has the authority to make changes to **your** cover, then that person can make changes to the level of cover or **benefits** of anyone included under your policy as if they were the **main member**. However only the **main member** can end the cover or add or remove **dependants**.

Other parties

No other person is allowed to make or confirm any changes to your policy or your **benefits** on our behalf or decide not to enforce any of our rights. Equally, no change to your policy or your **benefits** will be valid unless it is specifically agreed between the **main member** (or the authorised signatory) and us and, confirmed in writing.

Changes we can make

We can change these terms, the premiums, any discount or preferential rates and the cover available to **you** and your **dependants** or other policy terms, at your **renewal date**.

If we make any changes, we'll write to let **you** know at least 28 days before the **renewal date**. If **you** don't accept any of the changes **you** can cancel your Bupa Fundamental Health Insurance insurance policy within 28 days of the date on which the change takes effect, or 28 days of **Bupa** letting you know about the change, whichever is later.

General information

Change of address

You should let us know if **you** change **your** address or **you** or any of **your dependants** stop being a resident in the **UK**.

Documents and communications

We'll send:

- policy documents to the **main member**, and
- a **confirmation of special conditions** (if any apply) to the **main member** or to the **dependant** when they are aged 16 or over, and
- all claims correspondence to the **main member**, or to the **dependant** having **treatment** when they're aged 16 or over, and
- copies of any original documents you send us if you ask us to, because we're unable to return the originals, and
- an invitation to create a **Bupa** digital account when **you** or anyone covered who is aged 16 or over gives us their email address.

Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: www.phin.org.uk.

How to complain



We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch

Call us on your **Bupa** helpline number, which you can find on your **membership certificate**, or call our Customer Relations team on **0345 606 6739**. (We may record and monitor phone calls.)

Chat to us online at **bupa.co.uk/complaints**.

Email us at **customerrelations@bupa.com**.

If you need to send us sensitive information you can email us using Egress, which is a free secure email service. Visit **switch.egress.com**.

Write to us at **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford, M50 3SP**. If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review.

You can:

- visit **financial-ombudsman.org.uk**
- call them on **0800 023 4567**, or
- email them at **complaint.info@financial-ombudsman.org.uk**.

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 information that is necessary to investigate your complaint, but this may include medical information. If you're concerned about this, please contact us.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we can't 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, if appropriate, provide compensation. You can get more information at **www.fscs.org.uk** or by calling the FSCS on **0800 678 1100** or **020 7741 4100**.

What some of the words and phrases in this guide mean

Wherever the following words and phrases appear in this guide in bold type, they have the meanings shown below.

Word/phrase	Meaning
Activities of daily living	<ul style="list-style-type: none">▪ functional mobility - being able to move from one place to another for daily activities▪ having a shower and/or bath▪ feeding yourself▪ personal hygiene and grooming▪ toilet hygiene▪ work or education - being able to carry these out.
Acute condition	A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Advanced therapies	Gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medicinal Products (ATMPs) by the UK medicines regulator to be used as part of your eligible treatment and which are, at the time of your eligible treatment , included (with the medical condition(s) for which we pay for them) on the list of advanced therapies that applies to your benefits as shown on your membership certificate under the heading 'Advanced therapies list'. The list that applies to your benefits is also available at bupa.co.uk/policyinformation or you can contact us. The advanced therapies on the list will change from time to time.
Agreement	The agreement between the main member and us to provide cover for you and your dependants (if any) as set out in this policy guide.
Allowance(s)	The financial allowances of your benefits , these are shown on your membership certificate .
Appliance(s)	Any medical appliances which are on our list for your cover when you have your treatment - you can find the list at bupa.co.uk/prostheses-and-appliances .
Benefits	The benefits listed on your membership certificate which you're covered for.
Bupa	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ.
Cancer	A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	Systemic Anti-Cancer Therapies (SACT), excluding anti-hormone therapies. SACT are used to destroy or stop cancer cells growing and spreading.

Word/phrase	Meaning
Chronic condition	A disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none"> ▪ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests ▪ it needs ongoing or long-term control or relief of symptoms ▪ it requires rehabilitation or for you to be specially trained to cope with it ▪ it continues indefinitely ▪ it has no known cure ▪ it comes back or is likely to come back.
Common drugs	Commonly used medicines, such as antibiotics and painkillers that in our reasonable opinion based on established clinical and medical practice, should be an essential part of your eligible treatment .
Confirmation of special conditions	Where a special condition applies, the most recent confirmation of special conditions we send to the main member or to anyone covered if they're aged 16 or over.
Consultant	A registered medical healthcare professional who, when you have your treatment : <ul style="list-style-type: none"> ▪ is recognised by us as a consultant ▪ is recognised by us both for treating your condition and providing the type of treatment you need, and ▪ is in our list of recognised consultants which applies to your policy. You can search for one at finder.bupa.co.uk or contact us.
Cover end date	The date when your current cover ends – this is either the 'Cover end date' on your membership certificate or, if this isn't listed, the day before your policy renews.
Cover start date	The date when your current cover starts – this is shown as 'Cover start date' on your membership certificate .
Critical care unit	Any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is recognised by us at the time of the treatment for the type of intensive care that you need. You can search for one at finder.bupa.co.uk or contact us.
Day patient	A patient who is admitted to a hospital, treatment facility or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Day-patient treatment	Eligible treatment you have as a day patient .
Dependant	Your partner and/or any child you or your partner are responsible for and who is covered and named on your membership certificate .
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

Word/phrase	Meaning
Effective underwriting date	<p>If your underwriting type is 'Full medical underwriting', the effective underwriting date is the date you started your continuous period of cover under the policy. This is the date shown as 'Effective underwriting date' on your membership certificate.</p> <p>If you joined from a previous policy and we have agreed that you continue with your original previous policy start date, your effective underwriting date is the date of underwriting by the insurer or administrator of your previous policy.</p> <p>If you're unsure of your effective underwriting date contact us and we can let you know.</p>
Eligible treatment	<p>Treatment of an acute condition or cancer, together with the products and equipment used as part of the treatment that is:</p> <ul style="list-style-type: none"> ▪ consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK, and ▪ clinically appropriate in terms of the type, frequency, extent, duration and the facility or location where the services are provided; for example as specified by NICE (National Institute for Health and Care Excellence), or equivalent bodies in Scotland, in guidance on specific conditions or treatment where available, and ▪ demonstrated through scientific evidence to be effective in improving health outcomes, and the treatment, services or charges are not listed in the 'What's not covered' section in this guide, and ▪ not provided or used primarily for the expediency of you or your consultant or other healthcare professional <p>and the treatment, services or charges are not excluded under your benefits.</p>
Essential Access	<p>A hospital or treatment facility, centre or unit that is on our essential access list that applies to your policy and is recognised by us for:</p> <ul style="list-style-type: none"> ▪ treating your medical condition, and ▪ carrying out the type of treatment you need. <p>The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of treatment we recognise them for will change from time to time. You can search for one at finder.bupa.co.uk.</p>
Extended Choice	<p>A hospital or treatment facility, centre or unit that is on our extended choice list that applies to your policy and is recognised by us for:</p> <ul style="list-style-type: none"> ▪ treating your medical condition, and ▪ carrying out the type of treatment you need. <p>The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of treatment we recognise them for will change from time to time. You can search for one at finder.bupa.co.uk.</p>
Extended Choice with Central London	<p>A hospital or treatment facility, centre or unit that is on our extended choice with Central London list that applies to your policy and is recognised by us for:</p> <ul style="list-style-type: none"> ▪ treating your medical condition, and ▪ carrying out the type of treatment you need. <p>The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of treatment we recognise them for will change from time to time. You can search for one at finder.bupa.co.uk.</p>

Word/phrase	Meaning
Facility access	The network of recognised facilities which you're covered for and listed on your membership certificate .
Fee-assured	A consultant or other healthcare professional recognised by us, who is in the fee-assured list. They won't send you any extra bills for treatment and care as long as it's covered by your policy and within your allowances . You can search for one at finder.bupa.co.uk or contact us. The list may change from time to time.
Gender dysphoria	When someone has a sense of unease because of a mismatch between their biological sex and gender identity.
GP	A doctor who refers you for a consultation or treatment and is on the UK General Medical Council's General Practitioner Register.
Home	The place where you normally live or another non-healthcare setting where you have your treatment .
Inpatient	A patient who is admitted to a hospital or treatment facility and who occupies a bed overnight or longer for medical reasons.
Inpatient treatment	Eligible treatment you have as an inpatient .
Intensive care	Eligible treatment for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Main member	The person named as the main member on the policy, not a dependant .
Medical treatment provider	A person or company recognised by us as a medical treatment provider for the type of treatment at home that you need. The list of medical treatment providers and the type of treatment we recognise them for will change from time to time. You can search for details of these providers at finder.bupa.co.uk .
Membership certificate	The most recent membership certificate we send you that provides the details of your cover.
Mental health condition	A mental illness or condition which is a mental health condition according to a reasonable body of medical opinion.
Moratorium start date	<p>If you're covered by a moratorium policy, the date you started your continuous period of cover is:</p> <ul style="list-style-type: none"> ▪ the 'Moratorium start date' on your membership certificate, or ▪ if this isn't shown on your membership certificate, your cover start date on the first membership certificate we sent you, or ▪ your original moratorium start date from a previous policy if you had a moratorium underwriting policy with Bupa or another insurer and we have agreed that this would continue to apply when you joined this policy. <p>If you're unsure of your moratorium start date contact us and we can tell you.</p>

Word/phrase	Meaning
Moratorium condition	<p>Any condition, disease, illness or injury including related conditions, whether diagnosed or not, which, in the five years immediately before your moratorium start date, you:</p> <ul style="list-style-type: none"> asked for or received, medical advice or treatment or medication for, or had symptoms or knew existed. <p>By a related condition we mean any symptom, condition, disease, illness or injury which in our reasonable medical opinion is associated with another symptom, disease, illness or injury.</p>
NHS	<ul style="list-style-type: none"> the National Health Service operated in Great Britain and Northern Ireland, or the healthcare system that is operated by the relevant authorities of the Channel Islands, or the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
Operation	Eligible treatment that is a medical procedure, including surgery and complex diagnostic procedures (such as an endoscopy) including all medically necessary treatment .
Oral cancer treatment	Treatment for cancer of the oral cavity, lips, tongue and/or pharynx provided by a consultant .
Oral chemotherapy	Chemotherapy taken by swallowing a pill, capsule or liquid.
Outpatient	A patient who attends a hospital, consulting room, outpatient clinic or treatment facility and is not admitted as a day-patient or an inpatient .
Outpatient treatment	Eligible treatment that you have as an outpatient for medical reasons.
Partner	Your husband, wife, civil partner or the person you live with in a relationship.
Pre-existing condition	<p>Any condition, disease, illness or injury including related condition which you had before your effective underwriting date and:</p> <ul style="list-style-type: none"> you received medication, or advice or treatment for it, or you've had symptoms of it, or you knew you had it <p>whether the condition was diagnosed or not.</p> <p>By a related condition we mean any symptom, condition, disease, illness or injury which in our reasonable medical opinion is associated with another symptom, condition, disease, illness or injury.</p>
Previous policy	<p>Another health insurance policy or medical healthcare trust provided or administered by Bupa or another insurer that we agree will be treated as a previous policy for underwriting so long as:</p> <ul style="list-style-type: none"> the person covered has shown us their continuous cover under the previous policy, and there's no interruption between the previous policy and their current policy.

Word/phrase	Meaning
Prostheses	Any prostheses which are on our list for your cover when you have your treatment . The prostheses on the list may change from time to time. You can find the list at bupa.co.uk/prostheses-and-appliances .
Recognised facility	A hospital, treatment facility, centre or unit according to the facility access that applies to your policy. The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of treatment we recognise them for will change from time to time. You can search for a recognised facility at finder.bupa.co.uk .
Renewal date	Each anniversary of your cover start date .
Schedule of procedures	The rates up to which we will pay consultants for treating Bupa customers. These are set out in our Schedule of Procedures and are based on the complexity, time and skill required to perform a procedure. You can find the Schedule of Procedures at bupa.co.uk/codes .
Special condition	Specific medical conditions that someone isn't covered for based on their medical history. Where a special condition applies, we'll send a confirmation of special conditions to the main member or to anyone covered if they're aged 16 or over.
Specialist drugs	Drugs and medicines to be used as part of your eligible treatment which are not common drugs and are included on our list of specialist drugs that applies to your policy. The list is available at bupa.co.uk/policyinformation . The specialist drugs on the list will change from time to time.
Therapist	A healthcare professional registered with the Health and Care Professions Council and on our list of recognised therapists who is: <ul style="list-style-type: none"> ▪ a chartered physiotherapist ▪ a British Association of Occupational Therapists registered occupational therapist ▪ a British and Irish Orthoptic Society registered orthoptist ▪ a Royal College of Speech and Language Therapists registered speech and language therapist ▪ a Society of Chiropractors and Podiatrists registered podiatrist, or ▪ a British Dietetic Association registered dietitian. <p>You can search for a recognised therapist at finder.bupa.co.uk. The therapists on the list will change from time to time.</p>
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Year	The period beginning on your cover start date and ending on your cover end date . If your renewal date is a common renewal date or if you're a dependant joining an existing policy, depending on when you join the policy your initial year may not be a full twelve months. Your benefits, allowances and your premiums may change at the renewal date .
You/your	This means the main member only.

How we use and protect your information

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, which is 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 Privacy Team, Bupa, 1 Angel Court, London, EC2R 7HJ**.

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. Who this privacy notice applies to

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

2. How we collect personal information

We collect personal information from you and from certain other organisations 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 appropriate, your **dependants**.

- 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).
- 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 healthcare 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 it is. We normally process standard personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is needed or allowed by law. We process special categories of information (commonly referred to as sensitive 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 your permission or it is in our 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 Privacy Team, Bupa, 1 Angel Court, London, EC2R 7HJ**.

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a fairer, quicker, better, and more consistent service, and provide 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 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 (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) 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, healthcare providers) or who we need information from to allow us 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, and in what circumstances, in our full privacy notice.

8. International transfers

Some companies that we work in partnership with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we may transfer your personal information to different countries for the purposes set out in this privacy notice. This may include transferring information 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. When we transfer your personal information to another country, we take steps to make sure that 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 for periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have the right to access your information and to ask us to correct, delete and restrict the use of your information. You also have rights to:

- object to your information being used
- ask us to transfer your information to someone else
- withdraw your permission for us to use your information, and
- ask us not to make automated decisions which produce legal effects that concern 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 complain 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).

Financial crime and sanctions



Financial crime

You agree to keep to all **UK** laws relating to detecting and preventing financial crime (including, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the **UK**, or the US)
- put us at risk of being sanctioned by any relevant authority competent body, or
- put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we will take any action we consider necessary, to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your policy, and we may not be able to pay any claim.

Bupa Anytime HealthLine, Menopause HealthLine and Family Mental HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa Anytime HealthLine and Menopause HealthLine are provided by:

Bupa Occupational Health Limited.
Registered in England and Wales with registration number 631336.

Registered office: 1 Angel Court,
London EC2R 7HJ

Bupa health insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales with registration number 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 registration number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services registration number 312526.

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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