

Your Bupa policy guide

Bupa Dental Plan

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

Valid from the cover start date shown on your membership certificate



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About this guide

Your Bupa Dental Plan insurance

This guide explains how to use your policy. It includes full details of what is and isn't covered (Section 3) and the amount you and anyone covered on your policy can claim up to in each policy year, according to your level of cover (Section 2).

Your membership certificate includes details of everyone covered on the policy, their level of cover and the cover start date.

Although they're separate documents, this guide and your membership certificate should be read together because these are the documents which set out the full details of how your dental insurance works.

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.

Some words in this guide are in bold type. This is because they have a specific meaning which we explain on pages 35 to 36.

Who is this policy for?

This policy is suitable if you want support with everyday dental costs. All levels of cover provide money back towards everyday dental costs, such as dental examinations, X-rays, and treatment. It also covers you for orthodontic treatment, dental injury, emergency treatment and oral cancer.

To make sure your cover meets your needs (and the needs of anyone covered by your policy), please read this guide. We haven't provided you with any advice about your cover and how it meets your individual needs.

How to get in touch with us

My Bupa

Visit bupa.co.uk to create a My Bupa account or download the My Bupa app where you can:

- book an appointment at our dental practices
- send us your claim
- view your claim advice, see previous claims, and access your policy documents, and
- see your benefit allowances and what you have left to claim before your policy renews.

You (and anyone covered on your policy, aged 16 and over) can create a My Bupa account.



Email

For answers to questions about your policy please email us at DentalMemberServices@bupa.com.

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



Call

If you have questions about your policy please call us on **0800 237 777**. Lines are open from 8am to 6pm, Monday to Friday and 8am to 1pm on Saturdays. We'll be happy to help. We may record or monitor phone calls.



Write

You can also write to us at:

Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP.



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 your documents in any of these formats.

1. How to use your policy and claim

Before your dental treatment

Before you have any treatment, check this guide and your membership certificate to see your level of cover and who is covered on the policy. You can check My Bupa to see what you're covered for and what you have left to claim before your policy renews.

You don't need to speak to us before going ahead with your dental treatment. Your policy covers **clinically necessary** dental treatment up to your benefit allowances. We can only review your claim once you've sent it to us. We cannot tell you before you've had treatment whether this is covered.

It's important that you read Section 3 of this guide to fully understand what is and isn't covered on this policy.

Need to know

When we say **clinically necessary** dental treatment, we mean any dental treatment, recommended by your **dental professional**, that is needed to keep your teeth and gums healthy and free from pain. This doesn't include treatment for cosmetic or aesthetic reasons or any dental treatment that our Chief Dental Officer does not consider **clinically necessary**.

Oral cancer claims

You should always call us before any treatment is needed to diagnose oral cancer or before any oral cancer treatment starts because it must be pre-authorized. If you don't pre-authorise, you could be responsible for paying for this treatment. You can find more information in Section 3.7.



Which dentists are covered by my policy?

You can see any dentist for private or NHS treatment.

Only with Bupa

Only Bupa connects dental insurance to dental care. With over 360 practices nationwide, we're uniquely positioned to deliver a joined-up, barrier-free experience that you won't find anywhere else.



Get treated and get going with Instant Claim

Instant Claim

We offer easy, fast and hassle-free claiming at our **Bupa Dental Care practices**.

After your treatment, the receptionist will send your claim to us, and we'll pay the practice directly – up to your policy benefit allowances†.

Remember, you'll need to pay for any dental treatment that isn't covered on your policy.

To find a **Bupa Dental Care practice** offering this service, please visit **finder.bupa.co.uk** and search Dental Insurance Network.

You can check your My Bupa account to see your benefit allowances and what you have left to claim before your policy renews.

Only with Bupa

Use your insurance at a **Bupa Dental Care practice** to unlock an exclusive offer, where we'll pick up the bill for the following preventative treatments. This means your insurance will **fully cover** it and you'll have nothing to pay for a:



New patient exam



Routine exam



Scale and polish

†Most Bupa Dental Care practices forward claims and are agents of Bupa Insurance Limited. Any claims for dental injury treatment and oral cancer cannot be processed by the dental practice. You'll need to send us a claim for a dental injury. For oral cancer claims you'll need to call us on **0800 237 777**. We may record or monitor phone calls.

How to claim if you don't use Instant Claim

You'll need to pay for your dental treatment and then claim some or all of it back, depending on the level of cover you have, within 12 months of your treatment. Claims sent in more than 12 months after your treatment may not be paid.

You can only claim for treatment that has taken place. Sometimes your dentist may ask for a deposit before you have your dental treatment. If you pay a deposit, then you can only claim for this once you've had your dental treatment.

Send us your claim using your My Bupa app.

Claims for preventative dental treatment, or a filling

When claiming for preventative dental treatment (such as a routine examination, scale and polish, or X-ray) and/or a filling (including a fissure sealant, or topical fluoride), you'll need to send your invoice or receipt from your dentist with your claim.

Claims for any other dental treatment

You must make sure your receipt contains:

- your name
- the type of treatment you had
- the date you were treated
- the cost of each treatment
- dental practice name, address and post code, and
- proof you've paid for the treatment.

If the information you send is incomplete or unreadable, it may delay your claim, or we may not be able to pay it.

Use the **Claiming made easy guide** to see how to claim for different types of dental treatments. Visit bupa.co.uk/dental/dental-insurance/make-claim.

How to claim if you don't use Instant Claim

My Bupa

Send your claim using the My Bupa app or visit bupa.co.uk/dental/dental-insurance/make-claim.



Post

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

Please post your completed claim form and a copy of your receipts, to:

Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP



Call

You can call us on **0800 237 777** to ask us to send you a claim form. Lines are open from 8am to 6pm, Monday to Friday and from 8am to 1pm on Saturdays. We may record or monitor phone calls.



Need to know

If you're claiming for oral cancer treatment, please call us on **0800 237 777**. Lines are open from 8am to 6pm, Monday to Friday and from 8am to 1pm on Saturdays. We may record or monitor phone calls.

What happens next

When we review your claim, sometimes we may need more information. If so, we'll send you an email to explain what we need and why. If we ask for this information, we won't be able to process your claim without it.

We may ask for:

- X-rays of your teeth, before and after treatment (the X-rays will need to have your name on them)
- the number of the tooth that was treated (known as 'tooth notation')
- your dentist's full clinical notes (these are the notes they take when treating you)
- a letter from your dentist, telling us when your tooth was extracted, or lost if claiming for an implant, bridge or denture, and
- any other supporting evidence. For example, photos of your teeth before and after your treatment, or a letter from your dentist confirming why you needed your treatment.

You will need to send us this information so we can complete your claim, without it we cannot process your claim.



Need to know

Treatment outside the UK

If you're claiming for treatment outside the **UK**, we'll always ask you to send the information listed above.

We may also ask you to provide your travel documentation to support your claim.

Your receipt, clinical notes and any other supporting evidence must be in English. If your receipt is in any language other than English, you will need to arrange for this to be translated into English. Your claim will not be assessed without this translation. We will not reimburse any costs relating to the translation.

If you had dental treatment outside the **UK** and your receipt isn't in sterling, we'll convert it to sterling using the currency converter www.oanda.com based on the exchange rate on the date you paid for your treatment.



2. Your Table of Cover

Here are details of the maximum amount you and anyone covered on your policy can claim in each policy year. The benefit allowances shown are for each person covered on the policy. This means everyone covered on the policy can claim up to these amounts.

Your membership certificate will show your level of cover.

You can find full details of what is and isn't covered in Section 3 of this policy guide.

You can use your My Bupa account to see your benefit allowances, and what you have left to claim before your policy renews.

Only with Bupa

Use a **Bupa Dental Care practice** and we'll pay for your preventative treatment in full.

That means you're **fully covered**, with nothing to pay for a:



New patient exam



Routine exam



Scale and polish

Worldwide preventative benefits



New patient examination
one visit in each policy year

Level 1	Level 2	Level 3	Level 4	Level 5
---------	---------	---------	---------	---------

£60	£70	£90	£100	£130
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Only with Bupa

New patient examination is fully covered so there's nothing extra for you to pay when visiting a Bupa Dental Care practice



Routine examination check-up
every time you visit

Level 1	Level 2	Level 3	Level 4	Level 5
---------	---------	---------	---------	---------

£40	£60	£80	£90	£110
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Only with Bupa

Routine examination is fully covered so there's nothing extra for you to pay when visiting a Bupa Dental Care practice

Worldwide preventative benefits



	Level 1	Level 2	Level 3	Level 4	Level 5
Scale and polish <i>every time you visit</i>	£50	£70	£100	£110	£130
Only with Bupa					
Scale and polish is fully covered so there's nothing extra for you to pay when visiting a Bupa Dental Care practice					



	Level 1	Level 2	Level 3	Level 4	Level 5
Dental X-rays and scans <i>for each policy year</i>	£40	£50	£80	£90	£100



	Level 1	Level 2	Level 3	Level 4	Level 5
Virtual examination <i>for each policy year</i>	£20	£20	£20	£20	£20

Worldwide restorative benefits

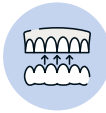


	Level 1	Level 2	Level 3	Level 4	Level 5
Fillings, composite bonding, fissure sealant, and topical fluoride <i>for each policy year</i>	£175	£275	£330	£375	£400



	Level 1	Level 2	Level 3	Level 4	Level 5
Major restorative dental treatment <i>for each policy year</i>	we contribute 80% towards the cost of your major restorative treatment up to				
	£325	£500	£800	£2,000	£3,000

Other dental benefits



Orthodontic treatment
UK only
for each policy year

Level 1	Level 2	Level 3	Level 4	Level 5
£300	£400	£500	£600	£700



Emergency dental treatment
Worldwide cover

Level 1	Level 2	Level 3	Level 4	Level 5
£1,000 for each policy year made up of four emergencies, up to £250 each				



Dental injury treatment
Worldwide cover
for each policy year

Level 1	Level 2	Level 3	Level 4	Level 5
£5,000	£5,000	£5,000	£5,000	£5,000



Oral cancer treatment
UK only

Level 1	Level 2	Level 3	Level 4	Level 5
paid in full to diagnose and treat oral cancer when using a fee-assured consultant in a partnership facility				

3. Policy Terms

Key information

In this section we explain what is and isn't covered.

3.1 General terms of your cover

Need to know

Here are the general terms which apply to your policy and claims.

Your policy covers the cost of your **clinically necessary** dental treatment in line with the terms and conditions of your policy.

Your policy covers you up to your benefit allowance for treatment that you've paid for, which has taken place, and was provided by a **dental professional**.

Treatment or costs not covered by your policy

You'll need to pay for any treatment or costs that aren't covered by your policy.

Your policy doesn't cover:

- Any treatment that takes place before your policy start date.
- Any cosmetic or aesthetic dental treatment or any dental treatment that our Chief Dental Officer does not consider **clinically necessary**.
- Any treatment, including any we've pre-authorised, that takes place after your policy ends.
- Any fees you may incur with a third party to cover dental services via your dentist (for example, a dental monthly payment plan).

Claims

We will pay claims up to your benefit allowances if your **group** has paid all premiums due for your policy on or before the treatment date. If you're a **contributing member**, please see 'Contributing members' section 4.10 in the 'How your dental insurance policy works' section.

We'll pay you when you make a valid claim into your bank account. It is your responsibility to check the details you provide are correct. If you make a mistake, we cannot be held responsible for putting this right. When you use 'Instant Claim', we'll pay the dental practice for your claim. You'll need to pay for any dental treatment that isn't covered on your policy.

We will write to the **main member**, or to their **dependant** who is having treatment (if they are aged 16 or over) to let them know the outcome of their claim. We'll send this information to the **main member** for **child dependants** aged 15 or under.

We can't process your claim with just a treatment plan. You must show your treatment has been completed and paid for. Your dentist may ask for a deposit before you have your dental treatment. If they do, you can only claim for this after you've had your treatment.

All correspondence apart from claim outcomes will be sent to the **main member**.

We may not pay a claim if:

- you do not provide the additional information we ask for to complete your claim
- our Chief Dental Officer cannot review your claim due to lack of information
- you break any of your policy terms and conditions which are related to the claim, or
- there's reasonable evidence that you didn't take reasonable care when answering our questions. By this we mean giving false information or keeping necessary information from us, please see 'Fraudulent or misleading information' in section 4.6.

Continued on the next page.

Claims (continued)

If you are claiming for multiple treatments at the same time and do not send an itemised statement or tell us the individual cost of each treatment, we will conduct our own internal breakdown to assess your claim. This breakdown will be based on our knowledge and experience of the cost of dental treatments.

Continuity of cover

If you're transferring from another provider, we will continue to provide cover for dental treatment which started with your previous insurer. We'll also cover treatment for a tooth which was extracted or lost while you were covered by your previous policy. You will need to provide evidence to show that you or your **dependants** were covered on a previous policy when you send your claim. Continuity of cover will not apply if you have a break in cover.

Other insurance cover

You cannot claim more than once for the same dental treatment. This means that if you have two policies that provide cover for dental treatment, the costs of your treatment may be split between us and the other insurance company. We will ask you for full details of any other relevant insurance policy when you make a claim.

3.2 Preventative dental treatment

This section explains what preventative dental treatment is and isn't covered.

The Table of Cover in Section 2 shows the allowances that each person can claim in each policy year.

You can also use your My Bupa account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- New patient examination
- Routine examination (check-up)
- Virtual examination
- Scale and polish by your dentist or hygienist
- X-rays and scans for all dental treatment



What's not covered

- Specialist consultations for restorative dental treatment
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

Need to know

When seeing a dentist for the first time, you'll need a **new patient examination** which includes an examination and X-rays. If you visit a Bupa Dental Care practice, then you won't have anything extra to pay as this is fully covered.

Specialist consultations for any restorative dental treatment will be covered from the restorative dental treatment benefit. For example, a specialist consultation for a root canal would be paid from the major restorative dental treatment benefit, up to your benefit allowance.

3.3 Restorative dental treatment - what's covered

This section explains what restorative dental treatment is and isn't covered.

The Table of Cover in Section 2 shows the allowances that each person can claim in each policy year.

You can also use your My Bupa account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- **Clinically necessary** restorative dental treatment up to the amounts shown in the Table of Cover (Section 2)
- Specialist consultations for **clinically necessary** restorative dental treatment
- Treatment your dentist has planned or recommended to you which takes place after your cover start date except treatment for a pre-existing gap or pre-existing condition



What's covered

- Treatment to replace a crown, bridge, implant, denture or other prosthetic device that has failed
- Intravenous and oral sedation for **clinically necessary** dental treatment
- Any mouthguard and splint, when supplied by a **dental professional**
- **Clinically necessary** treatment to restore damage to teeth caused when eating food

Need to know

Clinically necessary

When we say **clinically necessary**, we mean any dental treatment, recommended by your **dental professional**, that is needed to keep your teeth and gums healthy and free from pain. This doesn't include treatment for cosmetic or aesthetic reasons or any dental treatment that our Chief Dental Officer does not consider **clinically necessary**.

Continued on the next page.

3.3 Restorative dental treatment - what's covered

Need to know

Fillings, composite bonding, fissure sealant and topical fluoride

You can use this benefit to claim 100% towards the cost, up to your benefit allowance, for a filling, fissure sealant, topical fluoride application, composite bonding, composite veneer and any treatment where composite is used to restore a tooth.

Major restorative dental treatment

You can use this benefit to claim 80% towards the cost of major restorative dental treatment, up to your benefit allowance. For example, if your treatment costs £100, you can claim £80 towards the cost which would be paid up to your benefit allowance.

Intravenous and oral sedation

This is covered up to benefit allowances. For example, when used for a filling, this would be covered from the filling benefit whereas it would be covered from the major restorative benefit for all other restorative dental treatment.

Oral surgery

Oral surgery is covered on your policy if this is for **clinically necessary** dental treatment. This is covered up to your major restorative benefit allowance.

3.3 Restorative dental treatment - what's not covered



What's not covered

- Any restorative dental treatment that our Chief Dental Officer does not consider **clinically necessary**
- Cosmetic or aesthetic dental treatment to improve the appearance of your teeth and gums (rather than to treat a clinical need)
- Surgical implants, bridges, dentures, or crowns used to correct a **pre-existing condition** that existed before your cover start date
- Any treatment needed for a gap that was there before your cover start date. This gap could be caused by your tooth being lost or removed before your policy started



What's not covered

- Consultations for treatment that isn't covered by your policy (for example, cosmetic or aesthetic dental treatment)
- Antibiotics, painkillers or other prescription charges
- Dental products such as toothbrushes, mouthwash and dental floss
- Replacement of dentures which have been lost or stolen
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

3.4 Orthodontic treatment

This section explains what orthodontic treatment is and isn't covered.

The Table of Cover in Section 2 shows the allowances that each person can claim in each policy year.

You can also use your My Bupa account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- **Clinically necessary** orthodontic treatment carried out by an orthodontic specialist or dentist who is registered with the General Dental Council
- Orthodontic treatment if your initial consultation and IOTN[^] assessment is in person and delivered by an orthodontic specialist or dentist
- Orthodontic treatment (IOTN[^] scale 4 and above) when you are aged 19 or over
- Orthodontic treatment (IOTN[^] scale 3 and above) when you are aged 18 or younger
- Space maintainers for children aged 18 or younger



What's not covered

- Any orthodontic treatment which doesn't start with an initial consultation and IOTN[^] assessment in person with an orthodontic specialist or dentist
- Orthodontic treatment (IOTN[^] scale 1 - 3) when you are aged 19 or over
- Orthodontic treatment (IOTN[^] scale 1 - 2) when you are aged 18 or younger
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1
- Treatment outside the **UK**

3.4 Orthodontic treatment (continued)

Good to know

- When we say **clinically necessary** orthodontic treatment, we mean any dental treatment, that is needed in the reasonable clinical opinion of an orthodontic specialist or dentist. This doesn't include treatment for cosmetic or aesthetic reasons.
- Specialist consultations as part of any orthodontic dental treatment will be covered under your orthodontic benefit.
- You can send claims following each completed stage of your treatment.
- If your **group** is transferring your dental insurance to us from another provider, we'll continue to provide cover if you can provide evidence of your IOTN[^] scale at the start of your treatment. This would need to be IOTN[^] scale 4 or above when aged 19 or over, or IOTN[^] scale 3 or above when aged 18 or younger.

[^]IOTN stands for Index of Orthodontic Treatment Need and is a scale used to measure the severity of teeth irregularities and the impact on someone's health.

You can find more information about it on the British Orthodontic Society's website at www.bos.org.uk.

Need to know

When sending us a claim for orthodontic treatment you'll need to provide proof of your IOTN[^] scale from your orthodontic specialist or dentist. You'll also need to tell us the cost of treatment, and how long it is expected to take.

If you pay the total cost of your treatment up front, then you can only claim once. No further payments will be made even if your treatment continues into the next policy year.

If we receive a claim for additional treatment or treatment carried out after the expected date of completion, we'll ask for more information from your **dental professional** before we can process your claim to make sure the claim is covered under this benefit.

3.5 Emergency dental treatment

This section explains what emergency treatment is and isn't covered.

The Table of Cover in Section 2 shows the allowances that each person can claim in each policy year.

You can also use your My Bupa account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Dental treatment provided at your first emergency appointment to:
 - relieve severe pain
 - make it easier for you to eat, or
 - treat a dental condition which is an immediate and serious threat to your general health
- Prescription charges
- Dentist emergency call out fees



What's not covered

- Treatment which was pre-planned and not a genuine emergency
- Any treatment carried out at a follow-up appointment
- Non-prescribed medicines, for example over the counter medicines and painkillers
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

Good to know

You can claim for your first emergency appointment using your emergency benefit. After this, you can claim for any treatment, follow-up treatment, or appointments, using your restorative benefit.

3.6 Dental injury treatment

This section explains what dental injury treatment is and isn't covered.

The Table of Cover in Section 2 shows the allowances that each person can claim in each policy year.

You can also use your My Bupa account to see your benefit allowances, and what you have left to claim before your policy renews.



What's covered

- Dental treatment for an injury to the teeth or supporting structures which is suddenly caused by an external impact
- Dental treatment for an injury that happened while taking part in contact sport if you were wearing a mouthguard which was supplied and fitted by a **dental professional**



What's not covered

- Dental treatment for an injury that happened while taking part in physical contact sport if you weren't wearing a mouthguard supplied and fitted by a **dental professional**
- Treatment needed for any dental injury that occurred before your policy started
- Treatment needed following damage caused when eating food
- Treatment needed due to an intentional self-inflicted injury
- Treatment needed due to wearing mouth jewellery
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

Continued on the next page.

3.6 Dental injury treatment (continued)

Need to know

Treatment must start within six months of the date of the injury and be completed within two years of the treatment starting (six years for children sustaining an injury when aged 17 or under).

If you leave or cancel your policy, cover for treatment will stop from the date your policy ends.

If you need to make a claim because of an injury that was caused by someone else, or was their fault, please refer to Section 4.7.

3.7 Oral cancer treatment - what's covered

This section explains what oral cancer treatment is and isn't covered.

Oral cancer treatment is paid in full to diagnose and treat oral cancer when using a **fee-assured consultant** in a **partnership facility**.

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



What's covered

- Treatment to diagnose oral cancer when carried out in a **partnership facility** under the care of a **fee-assured consultant**
- Treatment of primary cancer in any part of the mouth from the lips to the back of the tongue when carried out in a **partnership facility** under the care of a **fee-assured consultant**. This excludes the tonsils and salivary glands



What's covered

- Oral cancer treatment when using a **fee-assured consultant** in a **partnership facility**
- Restorative dental treatment that's needed as a direct result of your oral cancer treatment
- Treatment in the **UK** only

Need to know

You can ask us to help you find a **fee-assured consultant** and **partnership facility**.

Or you can search for these at finder.bupa.co.uk.

3.7 Oral cancer treatment - what's not covered



What's not covered

- Secondary cancer
 - if cancer started in the mouth and has spread elsewhere, treatment of any of the new cancer sites isn't covered
 - cancer that has spread into the mouth from elsewhere isn't covered
- Oral cancer treatment for cancer of the tonsils or the salivary glands
- Oral cancer that was diagnosed, or you had investigations for it, or had symptoms of it, or knew existed before your cover started



What's not covered

- Treatment that doesn't take place in a **partnership facility**
- Treatment not provided by a **fee-assured consultant**
- Any costs or expenses for unproven oral cancer treatment unless you have our written approval
- Treatment outside the **UK**
- Any costs or treatment explained as not covered in the 'General terms of your cover' Section 3.1

4. How your dental insurance policy works

Bupa Dental Plan is a group insurance policy governed by the **agreement** with your **group**. The terms and conditions of your policy have been agreed between your **group** and **Bupa**. There is no legal contract between you and us for your cover under the **agreement**.

Only the **group** and **Bupa** have legal rights under the **agreement**. However:

- if you are a **contributing member** you will have legal rights as set out in this policy guide. Please refer to Section 4.10
- if you are not a **contributing member**, we allow you access to the claims and complaints processes as set out in this policy guide.

4.1 Age and eligibility criteria

- a. You can be accepted as a **main member** or **partner** from 16 years old.
- b. You must be resident in the **UK** throughout the policy term.
- c. The **main member** must be an employee of the **group**, or a retired employee who, at the time of retirement was a **main member** on the policy.
- d. The **main member** can add their **partner** or children as a **dependant**. **Child dependants** are only eligible to be members if they are under 24 years old and a resident in the **UK**. The cover for any **child dependant** will end at the next **annual renewal date** following their 24th birthday, unless otherwise agreed.

4.2 When your cover starts and renews

- a. The **main member's** policy and benefit year start from the cover start date which is on the membership certificate.
- b. If the **main member** applies for **dependants** to be covered on the policy, their cover will start from the cover start date as shown on the membership certificate or a separate cover start date as shown on the membership certificate, if they are added as **dependants** later in the policy year.

We will only pay benefits for each **dependant** from their cover start date.

- c. Your cover end date is shown on the membership certificate. Bupa Dental Plan is an annual contract between your **group** and **Bupa**. Your policy will renew on the **annual renewal date** in accordance with the terms and conditions of this policy guide subject to the **group** renewing the policy.
- d. Your benefit allowances will replenish at your cover start date.

If you're a **contributing member**, please see 'Contributing members' (4.10) in this section.

We'll send an invitation to create a My Bupa account when you or anyone covered who is aged 16 or over gives us their email address.

4.3 Payment of premiums

The **group** must pay to **us** premiums and any other payment due for the **main member's** policy and that of any **dependants** covered on the policy as and when they are due.

Bupa Insurance Services Limited acts as our agent for arranging and administering your policy. Premiums are collected by Bupa Insurance Services Limited as our agent for the purpose of receiving, holding and refunding premiums and claims monies.

If you're a **contributing member**, please see 'Contributing members' (4.10) in this section.

4.4 How your policy can end

- a. We may be able to end your policy if you provide us with fraudulent or misleading information. Please refer to Section 4.6.
- b. We can suspend, cancel or refuse to renew a **main member's** or a **dependant's** cover if, in our reasonable opinion, our relationship with the **main member** or **dependant** has broken down. For example, they:
 - are abusive or display inappropriate conduct to our staff or healthcare providers,
 - start court proceedings against us without good reason, or
 - do anything which leads us to believe they won't act in good faith in their dealings with us.
- c. The **group** may end the **main member's** policy, or the cover of any **dependants**, at any time by notifying **Bupa** in writing.

- d. The **main member** can request to end their or their **dependant's** cover at any time; to do so, the **main member** must contact the **group**.
- e. If the **main member's** policy ends or is suspended for any reason, then the cover for any **dependants** will also end or be suspended.

If you're a **contributing member**, please see 'Contributing members' (4.10) in this section.

- f. The **main member's** policy (and therefore the cover of their **dependants**) will immediately come to an end if:
- the **agreement** between **Bupa** and the **group** ends
 - the **group** does not renew the policy of the **main member**
 - the **group** does not pay on or before its due date the required premium and any other payment due under the **agreement** for the **main member** and their **dependants**. If you're a **contributing member**, please see 'Contributing members' (4.10) in this section
 - the **main member** stops living in the **UK** (the **main member** must inform us if they stop living in the **UK**)
 - the **main member** stops meeting the eligibility criteria for membership of the policy as agreed between **Bupa** and the **group**, please see 'Age and eligibility criteria' (4.1) in this section, or
 - the **main member** dies.

- g. Your **dependants'** cover will automatically end if:

- the **main member's** policy ends
- the **group** does not renew the cover of the **dependant**
- the **main member** stops living in the **UK** (the **main member** must inform us if they stop living in the **UK**)
- the **dependant** stops living in the **UK** (the **main member** must inform us if that **dependant** stops living in the **UK**), or
- the **dependant** dies.

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

4.5 Changes we can make

- a. We can make changes to the terms and conditions of your policy and that of the agreement between the **group** and **Bupa** at the **annual renewal date** or at any time if required to by law or regulation.
- b. These changes could affect the amount and type of cover provided under the policy. We may also change or withdraw the amount of any discount or preferential rates at the **annual renewal date**.
- c. We can, at any time, change the amount to be paid to us in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.
- d. If we do make any changes to the terms and conditions of your policy, we will write to tell the **main member** at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation, we will notify the **main member** as early as possible.

If you're a **contributing member**, please see 'Contributing members' (4.10) in this section.

4.6 Fraudulent or misleading information

- a. We may be able to end your policy or refuse to pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering our questions correctly. By this we mean giving fraudulent or misleading information or keeping necessary information from us if:
 - intentional or reckless, we may treat your policy as if it never existed and refuse to pay claims
 - careless, we may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or we could reduce any claim payment (if applicable)
 - if you are a **contributing member**, withdraw cover and refuse all claims and refund all premiums you have paid for the year, change your cover, or we could reduce any claim payment by the same proportion.

If you're a **contributing member**, please see 'Contributing members' (4.10) in this section.

- b. If you make a fraudulent claim under this policy, we:
 - i. are not liable to pay the claim, and
 - ii. may recover from you any sums paid by us to you in respect of the claim, and

- iii. may, by notice to you, treat the policy as having been terminated with effect from the time of the fraudulent act, and
 - iv. may decide to refer you to the Insurance Fraud Enforcement Department (IFED) of the City of London Police for further investigation.
- c. If we exercise our right under clause (b)(iii) above:
- i. we shall not be liable to you in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to our liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim), and
 - ii. we need not return any of the premiums paid.
- d. The following list contains examples of practices we consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
- deliberately giving us false information about the **main member**, a **dependant** or a claim on your policy
 - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
 - making a statement in support of a claim where you know the statement is false in any respect
 - sending us a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.
- e. If we decide to end the **main member's** policy, or the cover of any **dependants**, we will write to the **main member** to let you know. The **main member's** policy (or the cover of your **dependants**) will end with immediate effect.
- f. If we end your policy based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any **Bupa** insurance policy in the future.

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

You may need to claim for dental 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

dental 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) dental 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 dental 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 dental 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 dental 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 dental treatment we've paid for, and that you pay this amount (and any interest) to us as soon as possible.

4.8 Law applicable to contract

The terms and conditions of your policy shall be governed by English law and all matters regarding your policy shall be subject to the exclusive jurisdiction of the courts of England and Wales.

4.9 Policy notices

No amendment or variation to the terms and conditions of your policy shall be valid and effective unless made in accordance with these rules and benefits or specifically agreed between the **group** and **Bupa** and confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of your policy, nor amount to any agreement to vary any of its terms. No third party is authorised to effect any such amendment or variation on behalf of **Bupa**, or to waive any of **Bupa's** rights.

Any failure by **Bupa** to exercise, or any delay by **Bupa** in exercising, any of its legal rights or remedies under the **agreement** shall not amount to any waiver by **Bupa** of any such rights or remedies.

Any notice or communication which is given under or in connection with this policy shall be sent in writing by email or by pre-paid post, recorded delivery or delivered personally in the case of **Bupa** to **Bupa's** administrative address at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP** and in your case or the case of the group to the **main member's** address, or the **group's** address, as the case may be, last notified in writing to **Bupa**. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, in writing by email or by pre-paid post three days after posting.

4.10 Contributing members

This section only applies to **contributing members**.

The **group** must pay to us premiums and any other payment due for the **main member's** cover, and that of any **dependants** covered under the **agreement**. The **main member** contributing to the cost of premiums for him or herself and/or any **dependants** does not in any way affect the contractual position set out in Section 4.

Contributions paid by the **main member** to the premiums the **group** has paid for them (for example, by payroll deduction) will be deemed to have been received by **Bupa** once they are received by your **group**.

As soon as reasonably practicable the **main member** will be provided with the terms and conditions that will apply to your cover, and the **group** will notify the **main member** of the contribution they will need to make to the cost of premiums from the cover start date for the next policy year.

If the **main member** does not want their cover (and therefore the cover for **dependants**) or the individual cover for any **dependants** to renew at the **annual renewal date** they can notify the **group** at any time in advance of the **annual renewal date**.

If the **main member** wishes to end their policy (and therefore the cover of **dependants**) the following terms apply:

- The **main member** may end their policy (and therefore the cover of **dependants**) by informing the **group** within 21 days of either:
 - the date the **main member** receives their terms and conditions (including the membership certificate) confirming cover or
 - the **main member's** cover start date

whichever is the later. During this 21 day period if the **main member** and **dependants** have not made any claims, we will refund to the **group** all of the premiums the **group** has paid for the **main member** for that year.

After this 21 day period the **main member** can end their policy (and therefore the cover of all **dependants**) by informing the **group** at any time during the year, in which case we will refund to the **group** any premiums the **group** has paid for the **main member** and **dependants** that relate to the period after their policy ends.

- The **main member** may end the cover of any **dependant** by informing the **group** within 21 days of either:
 - the date the **main member** receives the terms and conditions (including membership certificate) confirming the cover for that **dependant** or
 - the cover start date for that **dependant**

whichever is the later. During this 21 day period if no claims have been made in respect of that **dependant** we will refund to the **group** all of the premiums the **group** has paid for the **main member** that relate to that **dependant** for that year.

After this 21 day period the **main member** can cancel a **dependant's** cover by informing the **group** at any time during the year, in which case we will refund to the **group** any premiums the **group** has paid for the **main member** in respect of that **dependant** for the period after their cover ends.

Your policy will automatically end if the **group** does not pay premiums or any other payment due under the **agreement** for you or any other person, however, we will continue to pay eligible claims for you for the period for which the **main member** can provide evidence (e.g. on payslips) that they have paid contributions to premiums to the **group**.

Where we have refunded to the **group** premiums paid for the **main member** or **dependants**, the **main member** should contact the **group** in order to obtain a refund of the contributions they made to those refunded premiums.

4.11 Changes to your policy

If:

- any changes to the terms and conditions of your policy, including your benefits, are agreed between the **group** and us, or
- we change the procedure for making a claim

the **main member** will be informed before the change takes effect. If the **main member** does not accept any of the changes they can end their policy (and the cover of **dependants**) by informing the **group** either:

- within 28 days of the date on which the change takes effect or
- within 28 days of the **main member** being told about the change

whichever is later.

5. 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
Agreement	Means the agreement between Bupa and the group which, together with this policy guide, governs the terms and conditions of the policy.
Annual renewal date	Your annual renewal date will be the renewal date for the group . Depending on the month in which you first join the policy, your initial period of cover may not be a full twelve months. Your benefits and, if you are a contributing member , your premiums may change at the annual renewal date.
Bupa	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ .
Child dependant	Means any child of the main member or the main member's partner , including any child for whom the main member or the main member's partner is a legal guardian or foster parent.
Clinically necessary	Any dental treatment recommended by your dental professional , that is needed to keep your teeth and gums healthy and free from pain. This doesn't include treatment for cosmetic or aesthetic reasons or any dental treatment that our Chief Dental Officer does not consider clinically necessary.
Contributing member	A contributing member is a main member who contributes to the costs of premiums for themselves and/or any of their dependants .
Dental professional	Any dental practitioner who is registered with the General Dental Council, or Oral and Maxillofacial Surgery (OMFS) Specialists registered with the General Medical Council. To check whether your dental professional is registered, please visit the General Dental Council at www.gdc-uk.org or General Medical Council at www.gmc-uk.org . For dental treatment received outside the UK the dental professional you use must be lawfully permitted to practice dentistry in that country.
Dependant	The main member's partner , and/or any child dependant , who is named on your membership certificate.
Fee-assured consultant	A fee-assured consultant is a registered medical or dental practitioner who, at the time you receive your treatment, is recognised by us as a fee-assured consultant for the type of treatment you need. The practitioners on the list will change from time to time. You can contact us to find out if a consultant is on our list and the type of treatment we recognise them for, or you can access these details at finder.bupa.co.uk .

Word/phrase	Meaning
Group	The company, association or organisation for whom Bupa has agreed to operate the Bupa Dental Plan group policy for the time being of which you are an employee.
Main member	The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a dependant .
Partner	The main member's husband or wife or civil partner or the person the main member lives with in a relationship.
Partnership facility	<p>A hospital or treatment facility, centre or unit that at that time you receive your treatment, is on our partnership facility list that applies to your oral cancer treatment benefit and is recognised by us for both:</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 on this list, and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a partnership facility at finder.bupa.co.uk.</p> <p>Please note that we cannot guarantee the availability of any facility, practitioner or treatment.</p>
Pre-existing condition	<p>Any condition, disease, illness or injury (including related conditions), whether diagnosed or not, which you:</p> <ul style="list-style-type: none"> ▪ received medication, advice or treatment for, or ▪ had symptoms of or knew you had. <p>By a related condition we mean any symptom, disease, illness or injury, which in our reasonable medical opinion is associated with another symptom, condition, disease, illness or injury.</p>
UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.

6. How we use and protect your information and how you can complain

6.1 Status disclosure



Dental insurance is provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited for the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited.

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

Bupa Insurance Limited is registered in England and Wales with company registration number 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration number 3829851. They have the same registered office:

1 Angel Court, London EC2R 7HJ

Getting in touch

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

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

6.2 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 or monitor phone calls.

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

Email us at **customerrelations@bupa.com** (please include your membership number).

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.

6.3 The Financial Services Compensation Scheme (FSCS)



In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: www.fscs.org.uk.

6.4 Privacy notice – in brief



We are committed to protecting your privacy when dealing with your personal information.

This privacy notice explains what information we collect about you, how we use it and how we protect it. It also gives you information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, 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-notice.

1. Scope of our privacy notice

This privacy notice is for anyone who buys, uses, or contacts us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

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

3. What personal information we collect

We process the following categories of personal information about you and, if it applies, your dependents. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

6.4 Privacy notice – in brief (continued)



4. How we use the personal information we collect

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email, and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest.

If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, 1 Angel Court, London, EC2R 7HJ**.

6. AI, Profiling and Automated decision making

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

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, healthcare providers) or who we need information from to handle or check claims or

6.4 Privacy notice – in brief (continued)



entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Cookies

When you use our websites and apps, we and third-party companies use cookies and similar technologies to collect information.

9. Transferring your personal information abroad

We work with companies that we partner 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 transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein, and Iceland) to outside the EEA, for the purposes set out in this privacy notice.

We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

10. How long we keep your information for

We keep your personal information in line with set periods. We typically keep personal information for seven years after you stop being a customer.

11. Your rights

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

12. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com.

You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office, who can be contacted via ico.org.uk/make-a-complaint or 0303 123 1113.

6.5 Financial crime and sanctions



Financial crime

Your **group** 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 dental 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 Register 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 Register 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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bupa.co.uk