Bupa policy guide

Bupa Health health insurance

This guide, together with your membership certificate, and confirmation of special conditions (if any), shows the full terms of your health insurance cover.

Introduction

Your Bupa Health health insurance

There are three documents which 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 Health policies
- your **membership certificate**, which shows your specific cover and **allowances** and is personal to you, and
- **confirmation of special conditions**, if any **special conditions** apply, for you or your **dependants** (if any).

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

Need to know

This policy guide contains all the possible cover options available with Bupa Health health insurance (including Platinum Plus, Platinum, Classic Plus, Classic and Essentials). 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 46 to 52.

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 if you are looking to cover the cost of private healthcare. To make sure that your cover meets your demands and needs (and the needs of 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.

Contents

HealthLine and digital wellbeing services

These HealthLine services are available to all our customers and are free to use. Digital wellbeing services are available to customers aged 16 and over. We may record or monitor phone calls.

Bupa Anytime HealthLine

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

You can speak to qualified **nurses** anytime of the day or night. They have practical, professional experience and skills to help. This service is provided by Bupa Occupational Health Limited.

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 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 a menopause-trained **nurse**. They'll offer advice, guidance, and support, even if you're not sure that you're menopausal. This includes support that you can give to a partner who may be going through the menopause.

You can call the Menopause HealthLine on **0345 608 9984** between 8am and 8pm, every day. This service is provided by Bupa Occupational Health Limited.

Digital wellbeing services

If you are in the **UK**, our digital wellbeing services on the My Bupa app can help you keep your body and mind healthy. These services provide ways to support your mental health and physical health.

Download the My Bupa app to get started.

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** to create your account or download the My Bupa app.

Call

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

Webchat

For answers to general questions and to ask us to pre-authorise consultations, tests and **treatment**, you can chat with us using your online account, or by visiting **bupa.co.uk**.

If you have hearing, speech or sight difficulties

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.

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:

- signs or symptoms of cancer
- muscles, bones and joints, or
- mental health

use our Direct Access service.

You don't need a **GP** referral to speak to us about your symptoms. We're here to offer support, advice, and, if needed, referrals for consultations, tests, or **treatment**. You can book a Direct Access phone or video assessment by webchat, by phone, or through your My Bupa account.

From time to time we may also introduce new Direct Access services for different symptoms. For the current list of our Direct Access services, please visit **bupa.co.uk/direct-access**. If you prefer, you can 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. If you use our digital **GP** service, we can handle the pre-authorisation for you.

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**.

A dental allowance is included for anyone covered on your policy. Please see pages 22 to 23 for full details.

If you're claiming for cash benefits (see pages 23 to 25), please contact us and we'll let you know how to claim.

Need to know

Bupa Health Essentials policies only provide cover for **outpatient** consultations, therapies and complementary medicine for six months after you're discharged from hospital following **day-patient** or **inpatient treatment**. The **outpatient** consultations, therapies and complementary medicine also need to be related to the **day-patient** or **inpatient treatment** you received in hospital. If you have a Bupa Health Essentials policy, and 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 our Direct Access service.

Please check your **membership certificate** for details of your specific cover and **allowances**.

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 My Bupa 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**
- shown as covered by a tick in this policy guide
- **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 set out in this policy guide. If you don't, we may not be able 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. If you're worried about signs or symptoms of cancer, your mental health, or muscle, bone or joint problems, you can book a Direct Access phone or video assessment by contacting us on webchat, by phone, or through your My Bupa account. We'll provide support and 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. This will allow you to explore all of your **treatment** options.

If you have a Direct Access phone or video assessment you won't need to pay an excess for it and we won't take the cost 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.

To find out more or for any updates to our Direct Access service, please visit **bupa.co.uk/direct-access**. Or, you can contact us using the contact details on page 6.

Open referral

If you see a **GP** and you need a consultation, tests or **treatment**, ask for an open referral. This means your **GP** will recommend the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your **GP's** 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** so we can:

- confirm whether the consultation, test or **treatment** is **eligible treatment** and if it's covered by your policy
- confirm the **consultants**, healthcare professionals, hospitals or clinics covered by your policy
- let you know how to claim for cash benefits, if these are covered (see pages 23 to 25 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** that is covered by your policy. We will write to the **main member**, or to their **dependant** who is having **treatment** (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess) to explain how much and who to pay.

Need to know
If you don't get pre-authorisation from us, you'll be responsible for paying for all **treatment** that we wouldn't have pre-authorised if you'd contacted us before arranging it.

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, so **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 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** or **day-patient treatment** (or both), 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**, **complementary medicine practitioner** or **mental health and wellbeing 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**. You can find the schedule at **bupa.co.uk/codes**.

If you see a **consultant** who charges more than we will pay, you may need to pay the difference.

Reasonable and usual charges

We only pay reasonable and usual 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 customers are charged for similar **treatment** or services.

There may be another proven **treatment** available in the **UK** that costs more than the **treatment** that the majority of our customers have for the same condition. If the other proven **treatment** doesn't provide a better clinical outcome, your policy will cover up to the amount the majority of our customers are charged for similar **treatment** or services.

Excess

Your **membership certificate** gives details of any excess that applies to your policy, including:

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

How an excess works

Having an excess means that you must pay part of any **treatment** costs covered by your policy, up to the excess amounts shown on your **membership certificate**.

Your excess renews at the beginning of each policy **year**, even if you're part way through **treatment**. So, you could have to pay the excess twice during 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 the dental allowance or cash benefits. We'll let you know which **consultant**, healthcare professional, hospital or clinic you need to pay your excess to.

Need to know

If you are claiming for **treatment** costs where an **allowance** applies, your excess 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 and a £500 **outpatient allowance**. Helen has some physiotherapy which costs £250. We pay Helen's physiotherapist £150 and we'll let Helen know that she needs to pay them £100 (the policy excess). If Helen needs other **treatment** (whether it's for the same condition or not) during the policy **year**, she doesn't need to pay another excess and has £250 remaining in her **outpatient allowance**. When Helen's policy renews, the excess and **outpatient allowance** 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 or dental expenses. This means that if you have two policies that provide private medical or dental cover, the costs of your **treatment** may be split between us and the other policy. We will ask you for full details of any other relevant policy when you make a claim.

Providing us with information

We may need some information from you to help us with your claim. This might include, for example:

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

We may not be able 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**, 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 understand what's covered by your policy, when you apply, we'll 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 take out this Bupa Health 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.

Medical history disregarded

When you apply for a policy, we won't look at your medical history. So you, and anyone else covered by the policy, don't need to worry about there being any time periods during which you can't claim for certain conditions.

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.

What is covered

Need to know
This section explains the types of **treatment**, services and charges which Bupa Health can cover. Your **membership certificate** shows your specific cover and **allowances**. Please also see the 'How to get treatment and claim' on page 6 for details of who can refer you for **treatment** and 'Important information about your cover and any claims' on page 7. Your policy has some restrictions. It's important that you read the sections that tell you what is and isn't covered. Anything in the 'What isn't covered' section applies to your cover unless it says otherwise.

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** if this is recommended by your healthcare professional or offered by us (as long as it's provided by a **therapist** recognised by us for **treatment** at **home**).	✓
	Recognised facility charges for **prostheses** and **appliances** that are needed as part of **outpatient treatment**.	✓
	Recognised healthcare professionals' fees and **recognised facility** charges for **outpatient treatment** that aren't described in any other benefit.	✓
1.3 Outpatient complementary medicine	**Complementary medicine practitioners**' fees for **outpatient treatment**.	✓
	Complementary or alternative products, preparations or remedies aren't covered.	✗
1.4 Outpatient diagnostic tests	**Recognised facility** charges or **consultants**' fees for **diagnostic tests** if these are requested by your **consultant** or another healthcare professional as part of **outpatient treatment** (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 is recognised by us to carry out **diagnostic tests** aren't covered.	✓

Benefit	Description	Cover
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 scan.	✓

2. Consultants' fees for hospital treatment

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

3. Hospital or clinic charges

Benefit	Description	Cover
3.1 Outpatient operations	**Recognised facility** charges for **outpatient operations** covered by your policy. This includes the cost of using operating theatres and equipment, **common drugs**, **advanced therapies**, **specialist drugs** and surgical dressings used during the **operation**.	✓
3.2 Staying in hospital	**Recognised facility** accommodation charges, including your meals and refreshments while you're having **day-patient** or **inpatient treatment** that is covered by your policy.	✓
	Personal items (such as newspapers or personal laundry), meals and refreshments for your visitors, and phone calls aren't covered.	✗
	Recognised facility charges for accommodation aren't covered if: ▪ they're for an overnight stay for **treatment** that would normally be carried out as **outpatient treatment** or **day-patient treatment** ▪ they're for a bed for **treatment** that would normally be carried out as **outpatient treatment**, or ▪ the accommodation is mainly used for: – 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**, or – services provided by a **therapist** or **complementary medicine practitioner** or **mental health and wellbeing therapist**.	✗

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 by the policy, aged 17 or under and having **inpatient treatment**. The claim will be paid from the child's policy **benefits**.	✓
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 that 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 if these are 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**, if this is needed as part of your **day-patient treatment** or **inpatient treatment**.	✓
3.7 Prostheses and appliances	**Recognised facility** charges for **prostheses** or **appliances** that are needed as part of **day-patient treatment** or **inpatient treatment**.	✓
	The costs of maintaining, refitting or replacing a **prosthesis** or **appliance** if you have acute symptoms that directly relate to the **prosthesis** or **appliance** and it was fitted as part of **eligible treatment**.	✓
	The costs of maintaining, refitting or replacing a **prosthesis** or **appliance** if you don't have acute symptoms that are directly related to the **prosthesis** or **appliance** aren't covered.	✗

Benefit	Description	Cover
3.8 Intensive care	**Intensive care** which is essential, follows planned **inpatient treatment** in a **recognised facility**, takes place in a **critical care unit**, and is routinely needed by people having the same type of **treatment** as you. If your **inpatient treatment** or **day-patient treatment** in a **recognised facility** doesn't routinely need **intensive care**, and something unexpected happens which means you do need it, your **intensive care** will be covered if either: ■ it is provided 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 patients to a specific **recognised facility critical care unit**, which is next to the original **recognised facility**, or part of the same hospital group. Your **consultant** or **recognised facility** will contact us if you're admitted into a **critical care unit**. There are situations when intensive care isn't covered, and these are explained in the 'Accident and emergency treatment' (exclusion 2) and 'Intensive care' (exclusion 18) in the 'What isn't covered' section of this guide.	✓
	Need to know **Transferring into private inpatient care from an NHS hospital** 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, as long as: ■ you've been discharged from a **critical care unit** to a general ward for more than 24 hours before the transfer ■ the **consultants** in the hospital you are moving from and the **consultants** in the **recognised facility** you are transferring to 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 the transfer.	

4. Cancer treatment

Once **cancer** has been diagnosed, benefits 4.1 to 4.5 apply to your **outpatient 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. **Eligible treatment** for side effects of **cancer**, or side effects of **treatment** for **cancer**, is covered on the same basis as **eligible treatment** for **cancer**. **Treatment** for **mental health conditions** relating to **cancer** is covered as set out in 'Mental health treatment' (benefit 5).

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 treatment** for **cancer**.	✓
	Therapists' fees for phone or video consultations.	✓
	Recognised healthcare professionals' fees and **recognised facility** charges for your **outpatient treatment** or consultation for **cancer**.	✓
	Charges for clinical reviews we request to confirm that your **treatment** is eligible.	✓
4.3 Outpatient complementary medicine treatment for cancer	**Complementary medicine practitioners**' fees for **outpatient treatment** for **cancer**.	✓
	Complementary or alternative products, preparations or remedies aren't covered.	✗
4.4 Outpatient diagnostic tests for cancer	**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**. Need to know ▪ Charges for **diagnostic tests** that aren't from a **recognised facility** or a **consultant** who is 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.	✓

Benefit	Description	Cover
4.5 Outpatient cancer drugs	**Recognised facility** charges for **common drugs**, **advanced therapies** and **specialist drugs** specifically for planning and providing **outpatient treatment** for **cancer**.	✓
	Your policy doesn't cover: ▪ **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, or ▪ complementary, homeopathic or alternative products, preparations or remedies for **cancer**.	✗

5. Mental health treatment

Your **membership certificate** shows if you have mental health cover.

Need to know

Mental health treatment for, or relating to, any **special conditions**, **pre-existing conditions** or **moratorium conditions** isn't covered. If a **mental health condition** relates to anything else listed in the 'What isn't covered' section, **mental health treatment** is covered as explained in this benefit.

We do not pay for **treatment** for dementia.

Benefit	Description	Cover
5.1 Outpatient consultant psychiatrists' fees for mental health conditions	**Consultant** psychiatrists' fees for **outpatient treatment** for a **mental health condition**.	✓
	Consultant psychiatrists' fees for phone or video consultations for a **mental health condition**.	✓
5.2 Outpatient mental health therapy	**Mental health and wellbeing therapists**' fees or **recognised facility** charges for **outpatient mental health treatment**.	✓
	Mental health and wellbeing therapists' fees for phone or video consultations.	✓
	Online therapy programme (as long as you use the online programme or service we guide you to).	✓
5.3 Outpatient mental health diagnostic tests	**Recognised facility** charges for **diagnostic tests** if these are requested by your **consultant** psychiatrist as part of your **outpatient mental health treatment**. The cost of reporting the results is included in the charge for the **diagnostic test**. **Need to know** **Outpatient** MRI, CT and PET scans for **mental health treatment** are covered under benefit 1.5.	✓

Benefit	Description	Cover
5.4 Day-patient and inpatient mental health treatment	Need to know Your **membership certificate** shows the maximum number of days that your policy covers for **day-patient** or **inpatient treatment** for a **mental health condition**.	
	Consultant psychiatrists' fees for mental health **day-patient** or mental health **inpatient treatment**.	✓
	Recognised facility fees for **day-patient** or **inpatient mental health treatment**. Need to know Your policy covers the type of **recognised facility** charges listed as covered in benefit 3.	✓
	Your policy covers one addiction **treatment** programme in each person's lifetime. This applies to all **Bupa** policies and health trusts we manage, which you've been covered by previously, are covered by now or become covered for in the future. Addiction **treatment** programme means **treatment** of substance related addictions or substance misuse, including detoxifications carried out as **inpatient treatment** or **day-patient treatment**.	✓

6. Treatment at home

Benefit	Description	Cover
6 Treatment at home	**Eligible treatment** provided at **home** instead of **inpatient treatment**, **day-patient treatment** or **chemotherapy** as an **outpatient** as long as: ▪ your **consultant** recommends that you receive the **treatment** at **home** and continues to be in charge of your **treatment** ▪ you'd need to have the **treatment** in a **recognised facility** for medical reasons if you didn't have it at **home**, and ▪ a **medical treatment provider** needs to provide the **treatment**. We need full details of your **treatment** at **home** from your **consultant** before it starts so that we can confirm whether it's covered. Your policy covers: ▪ **consultants**' fees for **treatment** at **home** as described in benefit 2, and ▪ **medical treatment providers**' fees for **treatment** at **home** as described in benefit 3. Need to know **Outpatient** therapies and **diagnostic tests** at **home** are covered under benefit 1 and not under this benefit.	✓

7. Home nursing after private eligible inpatient treatment

Benefit	Description	Cover
7 Home nursing after private eligible inpatient treatment	Home nursing immediately after private **inpatient treatment** as long as it: ■ is for **eligible treatment** ■ is needed for medical reasons and not domestic or social reasons ■ starts immediately after you leave a **recognised facility** ■ is necessary and without it you would have to stay in the **recognised facility** ■ is provided by a **nurse** in your own **home**, and ■ is supervised by your **consultant**. Before your **home** nursing starts, we need full details about your care from your **consultant** so we can confirm that it's covered.	✓
	Home nursing provided by a community psychiatric **nurse** isn't covered.	✗

8. Private ambulance charges

Benefit	Description	Cover
8 Private ambulance	Private road ambulance charges if you need private **day-patient treatment** or **inpatient treatment** and an ambulance is medically necessary for travel: ■ to a **recognised facility** from your **home**, place of work, or an airport or seaport, ■ between **recognised facilities** if you need to move for **inpatient treatment**, or ■ from a **recognised facility** to your **home**.	✓

DA1. Dental allowance

The dental allowance described in 'Dental allowance' (benefit DA1) is available to anyone covered on your policy.

How it works

- You can call or visit a Bupa Dental Care practice. Visit **bupa.co.uk/dental-care** to find a practice near you.
- You can book your appointment with a Bupa Dental Care practice online or over the phone. There's no need to call us to pre-authorise your appointment or **restorative dental treatment**.
- Let the practice know that you have Bupa health insurance and give them your Bupa membership number.
- After your dental **treatment**, the receptionist will send us your claim and we'll pay the practice direct, up to your benefit **allowance**.
- If you can't access a Bupa Dental Care practice for any reason, please contact us for advice.

Benefit	Description	Cover
DA1 Dental allowance	One dental appointment at a Bupa Dental Care practice for you and any **dependant** in each policy **year** is covered. The appointment can be for: ▪ a new-patient examination ▪ a routine check-up, or ▪ an emergency appointment. **Need to know** Any clinically necessary X-rays will be included in the appointment.	✓
	Any clinically necessary **restorative dental treatment** that is needed following your dental appointment is covered, up to the **allowance** shown on your **membership certificate**. **Need to know** Any **restorative dental treatment** must also take place at a Bupa Dental Care practice and is only covered after your appointment at a Bupa Dental Care practice. When we say 'clinically necessary **restorative dental treatment**', we mean any **restorative dental treatment**, that your Bupa **dental professional** recommends.	✓

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Benefit	Description	Cover
DA1 Dental allowance (continued)	The following dental and oral **treatments** aren't covered. ■ Cosmetic **treatment** ■ Hygienist appointments that have not been recommended by the Bupa **dental professional** ■ Antibiotics, painkillers or other prescription charges ■ Anti-snoring devices ■ Dental products such as toothbrushes, mouthwash and dental floss ■ Dental injuries that happen while taking part in a contact sport such as rugby or boxing ■ Dental **treatment**, care or repairs to gums, teeth, the mouth or tongue that are needed in connection with mouth jewellery ■ Mouthguards ■ Replacement dentures or prosthetic appliances (for example, implants, crowns and veneers) which have been lost or stolen ■ Self-inflicted dental injuries ■ Specialist consultations for restorative or orthodontic **treatment** ■ Surgical implant, bridge or denture for a tooth that was removed before the dental allowance benefit began, or ■ Surgical implants, bridges or dentures used to correct a **pre-existing condition** or a gap that was there before your **cover start date**. This includes replacing a surgical implant, bridge or denture that has already been fitted for a tooth that was removed before your policy began.	✗
	Any appointment or **treatment** that doesn't take place in a Bupa Dental Care practice isn't covered.	✗

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 by your policy if you'd had it privately, you can claim NHS cash benefit for each night you stay in an **NHS** hospital. **Need to know** We don't pay this benefit (CB1) in addition to any other NHS cash benefit for **treatment** that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).	✓
	Any additional **NHS** hospital charges, such as the cost of an amenity room (a private room you pay for and which you receive **NHS treatment** in) aren't covered.	✗
	NHS cash benefit isn't paid when you are admitted to and discharged from hospital on the same date.	✗

Benefit CB6 NHS cash benefit for treatment for cancer

Benefit	Description	Cover
CB6.1 NHS cash benefit for NHS inpatient treatment for cancer	Cash benefit for each night you have free **NHS inpatient treatment** for **cancer**, which would have been covered by your policy if you'd had it as a private **inpatient** and which includes: ▪ radiotherapy ▪ **chemotherapy** ▪ an **operation** for **cancer** ▪ a blood transfusion, or ▪ a bone-marrow or stem-cell transplant. **Need to know** We don't pay this benefit (CB6.1) in addition to any other NHS cash benefit for **treatment** that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).	✓
	Any additional **NHS** hospital charges, such as the cost of an amenity room (a private room you pay for and which you receive **NHS treatment** in), aren't covered.	✗
CB6.2 NHS cash benefit for NHS outpatient, day-patient and home treatment for cancer	When you have any of the following **outpatient**, **day-patient** or **home treatments** free on the **NHS**, if they would have been covered by your policy if you'd had them privately, you can claim for: ▪ each day you have radiotherapy ▪ each day you have **chemotherapy**, apart from **oral chemotherapy**, and ▪ the day you have an **operation** for **cancer** that is **eligible treatment** for **cancer**. **Need to know** ▪ We don't pay this benefit (CB6.2) in addition to any other NHS cash benefit for **treatment** that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3). ▪ This benefit is only paid 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	Cash benefit for each three-weekly period of **treatment** which is provided to you free by the **NHS** but which would have been covered by your policy if you'd had it as private **treatment**, during which you take: ▪ **oral chemotherapy**, or ▪ oral anti-hormone therapy that isn't available from a **GP**. **Need to know** This benefit is paid at the same time as other NHS cash benefits you may be eligible for.	✓

Benefit	Description	Cover
CB6.4 Cash benefit for wigs or hairpieces	Cash benefit for a wig or hairpiece if you lose your hair during eligible **cancer treatment**. This cash benefit is paid each time: ■ a new **cancer** is diagnosed, or ■ a previous **cancer** comes back.	✓
CB6.5 Cash benefit for post-surgery bras	Cash benefit for post-surgery bras and **prostheses** after an eligible **operation** for breast **cancer**. This cash benefit is paid once for each **operation**.	✓

Benefit CB7 Procedure-specific NHS cash benefit

Benefit	Description	Cover
CB7 Procedure-specific NHS cash benefit	Cash benefit for some **treatments** provided to you free by the **NHS** that would otherwise have been covered if you'd had them privately. For information about the **treatments** this cash benefit is available for, please contact us or go to **bupa.co.uk/pscb**. These **treatments** may change from time to time. **Need to know** We don't pay this benefit (CB7) in addition to any other NHS cash benefit for **treatment** that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).	✓

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. This section does not apply to the dental allowance (benefit DA1).

Mental health treatment for, or relating to, **special conditions**, **pre-existing conditions** or **moratorium conditions** isn't covered. If a **mental health condition** relates to anything else in this section, **mental health treatment** is covered as explained in 'Mental health treatment' (benefit 5).

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	Any accident and emergency **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.	✗
	Any hospital admission, or any **treatment** within 24 hours of a hospital admission isn't covered if you're admitted immediately after and in connection with: ▪ attending an **NHS** or private A&E department, an urgent care centre or a walk-in clinic, or ▪ a consultation with a **GP**. Need to know Your policy may cover **inpatient treatment** after you have been in hospital for 24 hours, following an admission from an A&E department, an urgent care centre or a walk-in clinic. Your policy doesn't cover any of your **treatment** costs if you're admitted straight to a **critical care unit**. Please see 'Intensive care' (exclusion 18).	✗
	Exception: this exclusion does not apply to **mental health treatment**.	✓
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 and **treatment** to desensitise or neutralise any allergic condition.	✗
	Exception: **eligible treatment** to diagnose a suspected allergy or food intolerance is covered, including tests to identify the exact allergen or food involved.	✓

Exclusion	Description	Cover
4 Benefits that are not covered or are above your allowances	**Treatment**, services or charges that aren't listed as covered by your policy aren't covered.	✗
	Any costs above your **allowances** aren't covered.	✗
5 Birth control, conception and sexual problems	**Treatment** isn't covered for: ■ contraception, sterilisation or termination of pregnancy ■ sexual problems (including impotence, whatever the cause), or ■ conception or fertility **treatment** such as assisted reproduction, fertility investigations, IVF, surrogacy, harvesting (collecting) donor eggs or donor sperm.	✗
	Exception: **treatment** of an **acute condition** causing pain or discomfort during sex is covered in line with the other policy terms.	✓
6 Chronic conditions	**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. ■ It needs ongoing or long-term monitoring through consultations, examinations, check-ups 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. 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. Need to know 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.	✗
	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 quickly: ■ lead to a complete recovery, or ■ get you back to how you were before the flare-up. For example, **treatment** following a heart attack as a result of chronic heart disease is covered.	✓

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Exclusion	Description	Cover
6 Chronic conditions (continued)	**Exception 2**: **eligible treatment** of **cancer** and **mental health conditions** is covered if your **membership certificate** shows you have cover for them. You can find details of the cover available in 'Cancer treatment' (benefit 4) and 'Mental health treatment' (benefit 5) in the 'What is covered' section of this guide. Please also see 'Temporary relief of symptoms' (exclusion 28) in this section.	✓
7 Treatment or medical conditions that are not covered, and their complications	Your policy doesn't cover: ■ **treatment** or medical conditions that are excluded from your cover ■ **treatment** for complications of medical conditions that are excluded from your cover, or ■ **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: ■ wars, riots, terrorist acts, civil disturbances or acts against any foreign hostility, whether or not war has been declared, or ■ chemical, biological, radioactive or nuclear contamination, including the effects of burning chemicals or nuclear fuel.	✗
	Exception: **eligible treatment** needed following a terrorist act is covered as long as the act doesn't cause chemical, biological, radioactive or nuclear contamination.	✓
9 Convalescence, rehabilitation and general nursing care	Accommodation isn't covered if it's mainly for: ■ convalescence, rehabilitation, supervision or anything other than providing **eligible treatment** ■ 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**, **complementary medicine practitioner** or **mental health and wellbeing therapist**. **Need to know** This does not apply to addiction treatment programmes if they are covered by your policy under 'Mental health treatment' (benefit 5).	✗
10 Cosmetic, reconstructive or weight-loss treatment	**Treatment** isn't covered even if it's needed for medical or psychological reasons, if: ■ it's to change your appearance, such as surgery to reshape your nose, a facelift or a breast enlargement ■ an intended result of the **treatment** is weight loss, whether this is a direct or indirect result and even if the **treatment** may cure or relieve other conditions or symptoms (for example, bariatric surgery) ■ it involves removing healthy (not diseased) or surplus tissue or fat (liposuction), or ■ it's to reduce scarring, including keloid scars.	✗

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Exclusion	Description	Cover
10 Cosmetic, reconstructive or weight-loss treatment (continued)	**Exception 1**: **eligible treatment** to remove a lesion is covered if: ■ 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, eligible **cancer treatment** or eligible 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.	✓
	Exception 3: removal of healthy (not diseased) tissue is covered as long as it's: ■ necessary for medical reasons ■ part of **treatment** for an **acute condition**, and ■ in line with clinical best practice in the **UK**.	✓
11 Deafness	**Treatment** for or arising from deafness that is present from birth, or that develops due to 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: ■ 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** as set out in 'Cancer treatment' (benefit 4), and ■ **operations** following eligible **cancer treatment** as set out in 'Cosmetic, reconstructive or weight-loss treatment' (exclusion 10, exception 2).	✓

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Exclusion	Description	Cover
12 Dental or oral treatment (continued)	**Exception 2**: an eligible **operation** is covered if it is carried out by a **consultant** to: ■ 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: ■ 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. This includes homeopathic remedies.	✗
	Exception: if your policy includes cover for **cancer treatment**, **outpatient common drugs**, **advanced therapies** and specialist drugs for **eligible treatment** of **cancer** are covered only as set out in 'Cancer treatment' (benefit 4).	✓
15 Unproven drugs and treatment	**Treatment** or procedures which are, in our reasonable opinion, unproven based on established medical practice in the **UK** aren't covered. This includes: ■ drugs used outside their licence or procedures which haven't been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence), and ■ licensed **advanced therapies** for conditions other than **cancer** that haven't been tested in phase-3 clinical trials.	✗
	Exception: unproven drug **treatment** for **cancer** is covered as long as: ■ it follows an unsuccessful initial licensed **treatment** ■ you speak regularly to our **nurses**, so we can support you and monitor your **treatment**, and ■ it has been agreed by a multidisciplinary team (MDT) which meets the NHS Cancer Action Team standards. Before we can confirm the **treatment** is covered we'll need a detailed MDT report, including evidence that there are published phase-3 clinical trial results for the drug **treatment** showing that it's safe and effective for your condition. Please contact us for more information or ask your **consultant** to contact us.	✓

Exclusion	Description	Cover
16 Eyesight	**Treatment** to correct your eyesight (for example, long or short sight) or **treatment** for poor sight due to ageing isn't covered. Glasses or contact lenses aren't covered.	✗
	Laser-assisted cataract surgery isn't covered.	✗
	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.	✓
	Exception 2: **eligible treatment** for cataract surgery performed using ultrasonic emulsification is covered.	✓
17 Epidemic or pandemic disease	**Treatment** for or arising from an epidemic or pandemic isn't covered. Need to know Epidemic means significantly more cases of an illness, specific health-related behaviour or other health-related events in a community or region than would normally be expected (unless the World Health Organization provides another definition). Pandemic means the worldwide spread of a disease with epidemics in many countries and most regions of the world.	✗
18 Intensive care	**Intensive care** isn't covered if: ▪ 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 ▪ it's not carried out in a **critical care unit**, or ▪ you go straight into a **critical care unit** when you're admitted to hospital, for example, following: – an **NHS** transfer to a **recognised facility** – an **outpatient** consultation – a **GP** referral – return to the **UK** (repatriation), or – transferring from one private facility to another.	✗
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.	✗

Exclusion	Description	Cover
20 Overseas treatment	**Treatment** you have outside of the **UK** isn't covered.	✗
	The cost of returning you to the **UK** or any other country (repatriation) isn't covered.	✗
	Exception: if **treatment** for your condition isn't available in the **UK** but would have been **eligible treatment** if it were available in the **UK**, your policy will cover up to the cost of the standard alternative **treatment** which is routinely available in the **UK**. You'll need to pay the difference between the cost of **treatment** abroad and the cost of the standard alternative **treatment** which is routinely available in the **UK**. We need full details of the **treatment** from your **consultant** before it starts, including confirmation that the **treatment** is not available in the **UK**, so that we can confirm whether we'll pay towards it. **Need to know** If we agree to pay towards your **treatment** abroad, 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**. Please also see 'Unproven drugs and treatment' (exclusion 15) in this section.	✓
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** that are 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: the costs of maintaining, refitting or replacing a **prosthesis** or **appliance** which was fitted as part of **eligible treatment** are covered if you have acute symptoms that directly relate to the **prosthesis** or **appliance**, 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: ▪ **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.	✗

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Exclusion	Description	Cover
22 Pre-existing conditions, special conditions and moratorium conditions (continued)	**Exception**: **treatment** of a **moratorium condition** is covered if, at any time: ■ 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.	
23 Pregnancy and childbirth	**Treatment** isn't covered for: ■ pregnancy, including **treatment** of an embryo or foetus ■ childbirth (including delivery of a baby by caesarean section), or ■ termination of pregnancy, or any condition resulting from this.	✗
	Exception 1: **eligible treatment** of the conditions below, including complications following them, is covered. ■ 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) ■ Part of the afterbirth being left in the womb after having a baby (retained placental membrane).	✓
	Exception 2: **eligible treatment** of an **acute condition** of the mother that relates to pregnancy or childbirth is covered as long as: ■ it's needed to treat a flare-up, and ■ it's likely to lead to a quick and complete recovery of the mother or restore her to how she was before the condition flared up, without needing prolonged **treatment**.	✓

Exclusion	Description	Cover
24 Screening, monitoring and preventive treatment	Health checks and 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.	✗
	Monitoring of medical conditions isn't covered. This includes: ▪ routine tests ▪ 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), and ▪ tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are for screening or monitoring (for example, an endoscopy, when you don't have any symptoms).	✗
	Preventive **treatment**, procedures or medical services aren't covered. This includes: ▪ vaccinations, and ▪ medication reviews and appointments where there's no change in your usual symptoms.	✗
	Exception 1: genetic tests to measure your future risk of **cancer** are covered if: ▪ you have cover for **cancer** ▪ you're being treated for **cancer** ▪ you 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: if an eligible genetic test shows your risk of developing more cancers is high, preventive surgery (prophylactic surgery) recommended by your **consultant** is covered. Reconstructive surgery following eligible preventive 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 **cancer**, is covered as described in 'Outpatient consultations for cancer' (benefit 4.1 in the 'What is covered' section) and 'Outpatient diagnostic tests for cancer' (benefit 4.4 in the 'What is covered' section).	✓
25 Sleep problems	**Treatment** for or needed as a result of sleep problems such as insomnia or snoring isn't covered.	✗
	Exception: **eligible treatment** for sleep apnoea (temporarily stopping breathing during sleep) is covered. Need to know Continuous positive airway pressure (CPAP) machines and hypoglossal nerve stimulators aren't covered.	✓

Exclusion	Description	Cover
26 Speech and language disorders	**Treatment** for, or relating to, developmental speech, language and communication difficulties, including stammering isn't covered.	✗
	Exception 1: short-term speech therapy provided by a **therapist** is covered when it's part of **eligible treatment** and takes place during or immediately after it.	✓
	Exception 2: up to 12 sessions of speech therapy is covered for acute symptoms of glue ear which affect speech development.	✓
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 consecutive days of **treatment** to support your end-of-life care for a terminal illness is covered if: ▪ it's needed as part of your care plan ▪ your **consultant** tells you that the ongoing **treatment** will be to support your end-of-life care, and ▪ you're no longer receiving **treatment** to stop or improve the illness. **Treatment** can take place in a **recognised facility** or in another location of your choice, such as your **home**. The **treatment** must be provided by services registered with the relevant health and social care regulators in the **UK**, for example, the CQC (Care Quality Commission). This **treatment** is covered on the same basis as 'Consultants' fees for hospital treatment' (benefit 2.1) and 'Staying in hospital' (benefit 3.2). This benefit 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: ▪ 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.	✓

Exclusion	Description	Cover
30 Advanced therapies and specialist drugs	Any gene therapy, somatic-cell therapy and tissue engineered medicines that aren't on the list of **advanced therapies** that applies to your cover aren't covered. 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** aren't covered.	✕
31 Leg varicose veins	Only one **operation** on each leg for varicose veins is covered in each person's lifetime (both legs treated on the same day counts as one **operation** on each leg). Any further **operations** for varicose veins aren't covered. Need to know This applies to each person's lifetime, and includes **operations** provided under all **Bupa** policies and health trusts we manage, which you've been covered by previously, are covered by now or become covered by in the future.	✕
	Exception: the following **treatment** for leg varicose veins is covered. ■ If you still have symptoms following an **operation** for varicose veins, we cover a single sclerotherapy **treatment** within six months of your **operation**. ■ Any eligible consultations and **diagnostic tests** needed for your **operation**.	✓

How your health insurance policy works

Eligibility

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

- live in the **UK** for six months or more each **year**
- 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 any sport.

The agreement between you and us

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

Only the **main member** and we have legal rights under this **agreement**. However, anyone covered on your policy can use 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. This means that each premium pays for the period of cover to come. Bupa Insurance Services Limited (BISL) acts as our agent for arranging and administering your policy, collecting, receiving, holding and refunding premiums and paying claims. 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

There are three documents which 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.
- 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.
- A **confirmation of special conditions** (if any apply), which we will send to the **main member** or to the **dependant** covered by the policy (if they are aged 16 or over).

Although these are separate documents, you should read them 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 available under Bupa Health health insurance. Your **membership certificate** shows the cover that you have selected. This means you may not have all the cover set out in this policy guide.

Paying for treatment

Your policy pays for **treatment** you have 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. We don't cover any **treatment** that takes place after the date your cover ends, even if we've pre-authorised it.

When you receive private medical **treatment** you have a contract with the providers of your **treatment**. You are responsible for the costs of having private **treatment**. However, we pay the costs that are covered under your policy. If your **treatment** isn't covered under 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 **consultant**, healthcare professional, hospital or clinic direct for your **treatment**. Otherwise, we'll pay the **main member**. We'll write to the **main member** or to their **dependant** who is having **treatment** (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess) to explain how much and who to pay.

Changes to lists

If we tell you that a list may change (for example, a list of recognised services, **treatments** or facilities), we will only change it for one or more of the following reasons.

- We are required to make a change under any industry code, law or regulation that applies.
- A contract (for example, with a treatment provider) ends or is amended by a third party for any reason.
- We decide to end or amend a contract (for example, because of quality concerns or changes to the facilities or specialist services provided).
- To make sure we are providing a balanced service – for example, we may need to add or remove **treatment** providers if we find that services in some areas of the **UK** are no longer in line with similar **treatments** or services (in terms of effectiveness or cost) or are not in line with accepted standards of medical practice.
- A new service, **treatment** or facility is available.

The lists we may change include the following.

- **Advanced therapies**
- **Appliances**
- **Complementary medicine practitioners**
- **Consultants**

- **Critical care units**
- Direct Access services
- **Fee-assured consultants**
- **Medical treatment providers**
- **Mental health and wellbeing therapists**
- **Prostheses**
- **Recognised facilities**
- **Schedule of procedures**
- **Specialist drugs**
- **Therapists**.

Please note, we cannot guarantee that any facility, practitioner or **treatment** on one of our lists will be available.

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.

Cover for a newborn baby

You can add your newborn baby to your policy, free of charge, until your first policy **renewal date** after they're born.

Underwriting for a newborn baby

Full medical underwriting
If your baby's cover has full medical underwriting, your baby won't have any **special conditions** applied to their cover as long as:

- you, your **partner**, or both of you have been covered by the policy (or a **previous policy**) for at least 12 continuous months before the baby's birth, and
- you include your baby on your policy within three months of their birth.

Moratorium underwriting
If your baby's cover has moratorium underwriting, the exclusion for **moratorium conditions** won't apply to the cover as long as:

- you, your **partner**, or both of you have been covered by the policy (or a **previous policy**) for at least 12 continuous months before the baby's birth, and
- you include your baby on your policy within three months of their birth.

For both types of underwriting, if you meet the above conditions, your baby's cover will start from the date they're born or, if you have transferred from a **previous policy**, your **cover start date**, if this is later.

Renewing your cover

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

How your cover can end

The **main member** can end their cover (and the cover of anyone else included on the policy) at any time by writing to us at Bupa, Bupa Place, 102 The Quays, Salford M50 3SP, emailing us at **consumer.cancellations@bupa.com** or calling us on **0345 609 0111** (we may record or monitor phone calls). We'll refund any premiums you've already paid for the period you will no longer be covered for.

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 for your and their cover for that **year**.

Our right to cancel your cover

We may cancel your cover, and your **dependants**' cover (if this applies), in the following circumstances.

- 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 living in the **UK** for six months or more each **year**, or permanently stop living in the **UK**. (You must let us know if you or your **dependants** stop living in the **UK** as we may not be able to provide your cover effectively, including paying claims.)
- We don't have the correct address for you, and we cannot 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 from your **renewal date**.
- You die.

We can suspend, cancel or refuse to renew the **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 to or behave inappropriately towards our staff or healthcare providers
- start court proceedings against us without a good reason, or
- do anything which leads us to believe they won't act in good faith in their dealings with us.

Need to know

If the **main member's** cover ends or is suspended for any reason, the cover for any **dependants** will also end or be suspended.

If you break the terms of your cover

We do not have to pay a claim if you or a **dependant** breaks any of the terms and conditions of your cover, which are related to the claim. If there is reasonable evidence that you or a **dependant** didn't take reasonable care answering our questions correctly (for example, you gave false information or kept important information from us) the following will apply.

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

No-claims discount

Your **membership certificate** will show if you have a no-claims discount and, if so, which level of discount you have.

What is a no-claims discount?

A no-claims discount means that the cost of your insurance is affected by any claims you make. You'll pay less for your cover if you don't make any claims, and more if you do.

The cost of health insurance tends to go up due to your age, improvements in medical technology, increases in drug prices and new **treatments** becoming available. 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**, we'll work out your no-claims discount depending on the value of any claims you've made.

To work out any change in your no-claims discount, we use the scale shown below. 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.

The no-claims discount scale

Level of no-claims discount	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Bupa Health no-claims discount (%)	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45

The following table shows how any claims you make will affect your no-claims discount.

Value of claims approved for payment	Effect on your level of no-claims discount
£0.00	Move up the no-claims discount scale by one level
£0.01 to £300	No change to your level of no-claims discount
£300.01 to £1,200	Move down the no-claims discount scale by one level
Over £1,200	Move down the no-claims discount scale by two 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 to make sure we have the most up-to-date details of any claims you have made. For your first renewal, we'll consider the value of any 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 any claims we've approved for payment over a 12-month period (the last two months of your previous policy year and the first 10 months of your current policy year). We don't count any excess you may be responsible for paying. Claims that were not approved for payment in these periods, and claims for any amounts that are not included in your policy **allowances**, don't affect your no-claims discount. Please remember that 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:

- dental allowance (DA1)
- cash benefits (CB1, CB6.1, CB6.2, CB6.3, CB6.4, CB6.5 and CB7)
- HealthLine services, such as the Anytime HealthLine
- the cost of using our Digital GP service, and
- the charge for any phone or video assessments you need as part of our Direct Access service.

If you're not well, you should not delay getting **treatment** because of how this might affect your no-claims discount.

Making changes to your policy

At your **renewal date**, the **main member** can ask us to:

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

We'll let you know if we make the changes and whether your premiums will change.

We'll write to the **main member** to confirm any changes and the date they will start.

The **main member** can give us permission to allow someone else (known as the authorised signatory) to make changes to the policy on their behalf.

The **main member** can add **dependants** to the policy any time.

Changes the authorised signatory can make

If the **main member** has asked us to allow an authorised signatory to make changes to their cover, 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**.

Rights of other people

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 agreed between the **main member** (or the authorised signatory) and us, and confirmed in writing.

Changes we can make

On your **renewal date** we can change these terms, the premiums, any discount or preferential rates, the cover available to you and your **dependants**, and any other policy terms. 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 a change, you can cancel your Bupa Health health insurance policy within 28 days of the date on which the change takes effect or within 28 days of us letting you know about the change, whichever is later.

General information

Change of address

The **main member** should let us know if you change your address or if you or any of your **dependants** stop living in the **UK** for six months or more each **year** or permanently stop living in the **UK**.

Documents and communications

We'll send:

- policy documents to the **main member**
- a **confirmation of special conditions** (if any apply) to the **main member** or to the **dependant** (if they are aged 16 or over)
- all claims correspondence to the **main member** or to the **dependant** having **treatment** (if they are aged 16 or over)
- copies of any original documents you send us if you ask us for the documents back (because we can't return the originals), and
- an invitation to create a **Bupa** digital account if you or anyone covered who is aged 16 or over gives us their email address.

Private Healthcare Information Network

You can get 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** between 9am and 5pm, Monday to Friday. 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.

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, pay 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 or phrase	Meaning
Activities of daily living	■ Being able to move from one place to another to carry out day-to-day activities. ■ Having a shower or bath. ■ Feeding yourself. ■ Maintaining personal hygiene (for example, brushing your teeth, washing your hands and washing your hair). ■ Going to the toilet. ■ Being able to work or take part in education.
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 which: ■ the UK medicines regulator has classified as advanced therapy medicinal products (ATMPs) to be used as part of your **eligible treatment**, and ■ at the time of your **eligible treatment** are included (with the medical conditions we cover them for) 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 of advanced therapies that applies to your **benefits** is 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.
Allowances	The financial allowances of your **benefits**, as shown on your **membership certificate**.
Appliances	Any medical appliances which are on our appliance list for your cover when you have your **treatment**. You can find the list at **bupa.co.uk/prostheses-and-appliances**.
Benefits	The benefits you're covered for, as listed on your **membership certificate**.
Bupa	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ

Word or phrase	Meaning
Cancer	A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue, that has been diagnosed by laboratory testing or radiological imaging (for example, an MRI scan or CT scan).
Chemotherapy	Systemic anti-**cancer** therapies (SACT), not including anti-hormone therapies. SACT are used to destroy **cancer** cells or stop them growing and spreading.
Chronic condition	A disease, illness or injury which has one or more of the following characteristics: ■ It needs ongoing or long-term monitoring through consultations, examinations, check-ups 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) which, in our reasonable opinion based on established clinical and medical practice, should be an essential part of your **eligible treatment**.
Complementary medicine practitioner	An acupuncturist, chiropractor or osteopath who is recognised by us. You can search for a complementary medicine practitioner at **finder.bupa.co.uk** or contact us.
Confirmation of special conditions	The most recent confirmation of special conditions we send to the **main member** or to anyone covered under the policy who the **special condition** applies to (if they are aged 16 or over). We only send confirmation of special conditions if a **special condition** applies.
Consultant	A registered medical healthcare professional who, when you have your **treatment** is: ■ recognised by us as a consultant ■ recognised by us for treating your condition and providing the type of **treatment** you need, and ■ on our list of recognised consultants, which applies to your policy. You can search for a consultant 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 there is no cover end date shown, the day before your policy renews.
Cover start date	The date when your current cover starts – this is shown as the '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 your **treatment**, for the type of **intensive care** that you need. This includes units that are for babies or children, such as a neonatal intensive care unit (NICU), paediatric intensive care unit (PICU) or special care baby unit (SCBU). You can search for a critical care unit at **finder.bupa.co.uk** or contact us.

Word or phrase	Meaning
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 who does not occupy a bed overnight.
Day-patient treatment	**Eligible treatment** you have as a **day patient**.
Dental professional	A dental professional who is registered with the General Dental Council (for example, a dentist or hygienist).
Dependant	Your **partner** or any child you or your **partner** is responsible for and who is covered under your policy 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.
Effective underwriting date	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 the 'Effective underwriting date' on your **membership certificate**. 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 provided by the insurer or administrator of your **previous policy**. If you're not sure of your effective underwriting date, contact us and we'll tell you it.
Eligible treatment	**Treatment** (including any products and equipment used as part of the **treatment**) of an **acute condition**, **cancer** or a **mental health condition**, that is: ■ consistent with generally accepted standards of medical practice and best practice in the medical profession in the **UK** (for example, as specified by the National Institute for Health and Care Excellence (NICE), or equivalent bodies in Scotland) ■ clinically appropriate, in terms of the facility or location where the services are provided and the type, frequency, extent and duration of **treatment** ■ demonstrated through scientific evidence to be effective in improving health outcomes ■ not provided or used mainly for the convenience or financial (or other) advantage of you, your **consultant** or another healthcare professional, and ■ not excluded from your **benefits**.
Facility access	The network of **recognised facilities** which you're covered for, as shown on your **membership certificate**.
Fee-assured consultant or healthcare professional	A **consultant** or other healthcare professional recognised by us, who is on 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 the costs are within your **allowances**. You can search for a fee-assured consultant or healthcare professional 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 (the sex they were assigned at birth) and the gender they identify with.

Word or phrase	Meaning
GP	A doctor who refers you for a consultation or **treatment** and who 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 for longer) for medical reasons.
Inpatient treatment	**Eligible treatment** you have as an **inpatient**.
Intensive care	**Treatment** that takes place in a **critical care unit**.
Main member	The person named as the main member on the **membership certificate**. The term main member doesn't include any **dependants**.
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 for your cover.
Mental health and wellbeing therapist	A healthcare professional recognised by us who is: ■ a psychologist registered with the Health and Care Professions Council ■ a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy, or the British Psychoanalytic Council ■ a counsellor accredited with the British Association for Counselling and Psychotherapy, or the National Counselling and Psychotherapy Society, or ■ a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies. You can search for a recognised mental health and wellbeing therapist at **finder.bupa.co.uk**.
Mental health condition	An illness or condition which a reasonable medical authority considers to be a mental health condition (for example anxiety or depression).
Mental health treatment	**Eligible treatment** for a **mental health condition** as set out in benefit 5 'Mental health treatment' in the 'What is covered' section of this guide.

Word or phrase	Meaning
Moratorium condition	Any condition, disease, illness or injury (including related conditions), whether diagnosed or not, which you: ■ asked for or received medical advice, **treatment** or medication for, or ■ had symptoms of or knew existed in the five years immediately before your **moratorium start date**. 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.
Moratorium start date	If you're covered by a moratorium policy, the moratorium start date is the date you started your continuous period of cover under the policy. This is the date shown as the 'Moratorium start date' on your **membership certificate**. If the moratorium start date isn't shown on your **membership certificate**, it will be your **cover start date** shown on the first **membership certificate** we sent you. If you had a moratorium underwriting policy with us or another insurer before joining this policy, and we have agreed to continue your cover from the start date of your **previous policy**, your moratorium start date will be your original moratorium start date from your **previous policy**. If you're not sure of your moratorium start date, contact us and we'll tell you it.
NHS	■ The National Health Service in Great Britain and Northern Ireland. ■ The healthcare system that is operated by the relevant authorities of the Channel Islands. ■ 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. This includes surgery and complex diagnostic procedures (such as an endoscopy) and all associated **treatment** that is medically necessary.
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**.
Participating facility	A hospital or a **treatment** facility, centre or unit that is on our participating facility list that applies to your policy, and is recognised by us for: ■ treating your medical condition, and ■ carrying out the type of **treatment** you need. 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 participating facility at **finder.bupa.co.uk**.
Partner	Your husband, wife, civil partner or the person you live with in a relationship.

Word or phrase	Meaning
Pre-existing condition	Any condition, disease, illness or injury (including related conditions), whether diagnosed or not, which you: ■ received medication, advice or **treatment** for, or ■ had symptoms of or knew you had before your **effective underwriting date**. 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.
Previous policy	Another health insurance policy or medical healthcare trust provided or administered by us or another insurer or healthcare trust that we agree will be treated as a previous policy for underwriting purposes as long as: ■ the person covered has shown us proof of their continuous cover under the previous policy, and ■ there's no interruption between the previous policy and their current policy.
Prostheses	Any prostheses which are on our list of prostheses 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 on 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	Either: ■ each anniversary of your **cover start date**, or ■ the common renewal date. This is where cover generally renews on the same date each **year** depending on the month you first join. If you have a common renewal date, your initial period of cover may not be a full 12 months and your **benefits** and premiums may change from the common renewal date. If you are not sure which applies to you, you can contact us.
Restorative dental treatment	Any clinically necessary dental **treatment**, recommended by your **dental professional**, that is needed to keep your teeth and gums healthy and free from pain (for example, fillings, root-canal treatment, crowns, dental bridges, and dentures). It doesn't include **treatment** for cosmetic reasons.
Schedule of procedures	The rates up to which we will pay **consultants** for treating our members. These rates are set out in our Schedule of Procedures and are based on the complexity of the procedure and the time and skill needed to perform it. 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. If a special condition applies, we'll send a **confirmation of special conditions** to the **main member** or to anyone covered under the policy who the special condition applies to (if they're aged 16 or over).

Word or phrase	Meaning
Specialist drugs	Drugs and medicines to be used as part of your **eligible treatment** which are not **common drugs** and which 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 (HCPC), and on our list of recognised therapists, who is: ■ a chartered physiotherapist ■ an occupational therapist registered with the British Association of Occupational Therapists ■ an orthoptist registered with the British and Irish Orthoptic Society ■ a speech and language therapist registered with the Royal College of Speech and Language Therapists ■ a podiatrist registered with the Society of Chiropodists and Podiatrists, or ■ a dietitian registered with the British Dietetic Association. You can search for a recognised therapist at **finder.bupa.co.uk**. The therapists on the list will change from time to time.
Treatment	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.
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 first year may not be a full 12 months. Your **benefits**, **allowances** and your premiums may change on the **renewal date**.

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 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, 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 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-notices**.

1. Who this privacy notice applies to
This privacy notice is for anyone who buys, uses or contacts 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 when you get in touch with us 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. What personal information we collect
We process the following categories of personal information about you and, if it applies, 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 allow 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. 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 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 we process. We normally process standard personal information because it is necessary so we can provide the services set out in a contract, it is in our or other people's legitimate interests or it is needed or allowed by law. We process special categories of information (also known 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 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 fairer service, as well as 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 (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 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. Cookies
When you use our websites and apps, we and third-party companies use cookies and similar technologies to collect information (for example, your browsing activity).

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. This may include transferring it 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 personal information
We keep your personal information in line with the periods set out in our Retention Policy. We will typically keep your personal information for seven years after you stop being our customer.

11. Your rights
You have rights to have access to your information and to ask us to correct, delete and restrict the use of it. 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.

12. Data-protection contacts
If you have any questions, comments, complaints or suggestions about this privacy 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 you can contact through their website at **ico.org.uk/make-a-complaint** or by calling 0303 123 1113.

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 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

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

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