Policy Benefits and Terms

Bupa By You health insurance

Full terms and conditions of everything covered under our health insurance options.
How to use this booklet

There are a number of different cover options available with Bupa By You health insurance and this booklet includes full details of them all.

To understand your personal cover, you should read this booklet alongside your Membership Certificate which is unique to you and anyone else covered by your policy.

Words in italics

Wherever you see words or phrases in italics, these have technical meanings which are set out in the glossary towards the end of this booklet.
How do I contact Bupa?
If you have queries about your cover or your Benefits we have provided a number you can call which you will find on your Membership Certificate.

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

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

How do I make a claim?
We have included a ‘Step by step guide to making a claim’ in Section 2 of this booklet. You can also call us on the number on your Membership Certificate and we can talk you through the process.

Bupa Anytime HealthLine
If you have any questions or worries about your health call our confidential Bupa Anytime HealthLine on 0345 601 3216*. Our qualified nursing team is on hand 24 hours a day, so whatever your health question or concern, they have the skills and practical, professional experience to help.

Bupa Anytime HealthLine is not regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Bupa By You: Policy Benefits and Terms
Effective from 1 June 2019

These are the Policy Benefits and Terms of Bupa By You. They apply to any Main Member whose Cover Start Date is on or after the ‘Effective from date’ and to any Dependents included in their policy from that Dependant’s Cover Start Date.

*Calls may be recorded and to maintain the quality of our Bupa Anytime HealthLine service a nursing manager may monitor some calls always respecting the confidentiality of the call.
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Section one: Eligible treatment, benefits and limitations

Benefits Table

This Benefits Table sets out the type of Benefits and charges we pay for Eligible Treatment, what we do not cover in relation to any particular Benefit, and some items where we have a discretion. The General Exclusions section sets out the areas we do not cover. This Table forms part of the Bupa By You Health Insurance Agreement.

Important Information

1. At the Cover Start Date you must have been registered continuously with a GP for a period of at least six months, or have access to and be able to provide your full medical records in English.

2. Your Membership Certificate sets out the details of the cover you have chosen. We do not pay for any Benefit or Discretion listed in this Table unless it is included on your Membership Certificate.

3. We only pay up to the limits stated on your Membership Certificate and subject to any excess stated on your Certificate. The limits may affect how much we pay for particular Benefits or to particular Treatment providers.

4. If your underwriting method shown on your Membership Certificate is:

- **Underwritten**: we do not pay for Treatment for any Special Conditions detailed on your Membership Certificate or any Pre-existing Conditions, see your Membership Certificate for more details including what we mean by Special Conditions.

- **Moratorium**: we do not pay for Treatment for Moratorium Conditions, see your Membership Certificate for more details including what we mean by Moratorium Conditions.

5. You should always call us before arranging or receiving Treatment to check that you will be covered. The number to call us on can be found on your Membership Certificate.

6. All Treatment must be carried out in a Recognised Facility in the UK, and provided by a Consultant, medical practitioner or healthcare professional who is recognised by us for the Treatment you need on the date you receive that Treatment, unless we specifically authorise otherwise in a particular case. You can ask us whether at the time of your Treatment:

- a facility is a Recognised Facility
- a practitioner is a Recognised Practitioner
a Consultant, medical practitioner or healthcare professional is recognised by us for remote consultations.
You can also access these details at finder.bupa.co.uk

7. If the Treatment you need is not available in the UK and would have been Eligible Treatment except for it not being available in the UK, we will pay you a contribution up to the cost that we would have paid to you to have the standard alternative Treatment available in the UK. Before the Treatment starts you must have our written confirmation that these criteria have been met and we need full clinical details from your Consultant, including confirmation that the Treatment is not available in the UK, before we can determine this. You will need to settle the claim direct to the medical provider or treatment facility yourself and submit your receipts to us before we reimburse you up to the level of the standard Treatment available in the UK. (See General Exclusion GE14 Experimental Drugs and Treatment.)

8. There must be a Consultant with overall responsibility for your Treatment, unless your GP, Consultant or our Direct Access service refers you for Out-patient Treatment by a Therapist, Mental Health and Wellbeing Therapist or other Recognised Practitioner.

9. We do not pay for Treatment of Chronic Conditions. However, we will pay for Eligible Treatment for a flare-up of acute symptoms of a Chronic Condition if the Treatment is likely to lead quickly to a complete recovery rather than prolonged Treatment.

See General Exclusion GE5 Chronic Conditions.

10. Information about cover for children: Some private hospitals do not provide services for children or have restricted services available for children, so Treatment may be offered at an NHS hospital. You can ask us about Recognised Facilities where paediatric services are available or you can find them on finder.bupa.co.uk

Where In-patient or Day-patient Eligible Treatment is required, children are likely to be treated in a general children’s ward. This is in line with good paediatric practice.
Benefit B1 Out-patient Treatment

**Benefit B1.1 Out-patient Consultations**

**Included Eligible Treatment**

*Consultants’ fees for Out-patient consultations as part of Eligible Treatment.*

Remote consultations by telephone or via any other remote medium with a *Consultant* recognised by *us* to carry out remote consultations.

**Excluded Treatment**

See General Exclusion GE5 *Chronic Conditions*

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**Benefit B1.2 Out-patient Therapies**

**Included Eligible Treatment**

*Therapists’ fees for Out-patient Eligible Treatment.*

Remote consultations by telephone or via any other remote medium with a *Therapist* or *Recognised Practitioner*, recognised by *us* to carry out remote consultations.

Provider charges for *Out-patient Treatment* which is related to and is an integral part of your *Out-patient Treatment*. *We* treat these charges as falling under this Benefit B1.2.

*Therapists’ fees for Out-patient Eligible Treatment* for short-term speech therapy when it is part of *Eligible Treatment*, eg after a stroke and takes place during or immediately following the *Eligible Treatment*. The speech therapy must be provided by a *Therapist* who is a member of the Royal College of Speech and Language Therapists.

**Excluded Treatment**

See General Exclusion GE23 *Speech Disorders*

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**Benefit B1.3 Diagnostic Tests**

**Included Eligible Treatment**

When requested by your *GP* or *Consultant* as part of *Out-patient Eligible Treatment*, *Recognised Facility* charges for diagnostic tests and their interpretation.

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**Benefit B1.4 MRI, CT and PET Scans**

When requested by your *Consultant* to help assess your *Acute Condition*, *Recognised Facility* charges for MRI, CT and PET scans and their interpretation.
Benefit B2 Treatment In Hospital

Benefit B2.1 Consultants’ Fees for Day-patient and In-patient Treatment and Out-patient Surgical Operations

Included Eligible Treatment
Consultant surgeons’ and Consultant anaesthetists’ fees for Eligible Surgical Operations. Consultant physicians’ fees for Eligible Treatment that does not include a Surgical Operation or Cancer Treatment.

While we do not pay for Treatment of Chronic Conditions, we will pay for Eligible Surgical Operations for a flare-up of acute symptoms of a Chronic Condition, if the Treatment is likely to lead quickly to a complete recovery rather than prolonged Treatment.

If your Treatment includes an Eligible Surgical Operation, we only pay Consultant physician’s fees if the attendance of the physician is medically necessary for the operation.

Where the Treatment is Eligible Treatment for Cancer, your Membership Certificate must state that Eligible Treatment for Cancer is included.

Excluded Treatment
See General Exclusion GE5 Chronic Conditions
See General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment

Discretionary Eligible Treatment
Discretion D2.1 Consultants’ Fees for Day-patient and In-patient Treatment
We may pay Consultants’ fees for Eligible Treatment in a Treatment facility that is not recognised by us when your proposed Treatment cannot take place in a Recognised Facility for medical reasons. However, you will need our agreement before the Treatment is received and we need full details from your Consultant before we can give our decision.
### Benefit B2.2 Dental/Oral Surgical Treatment

This benefit cannot be claimed at the same time as Benefit A3.1, Benefit A4.1 or Benefit A4.2 for the same Treatment

#### Included Eligible Treatment

An Eligible Surgical Operation carried out by a Consultant to:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an unexpected accidental injury
- treat a jaw bone cyst, but not if it is related to a cyst or abscess on the tooth root or any other tooth or gum disease or damage
- remove a complicated, buried or impacted tooth root, eg an impacted wisdom tooth, but not if the purpose is to facilitate dentures.

When this benefit is payable we pay on the same basis and up to the same limits as for other Eligible Treatment under Benefits B1, B2, B3, B6 and B7.

#### Excluded Treatment

See General Exclusion GE11 Dental/Oral Treatment

### Benefit B2.3 Dialysis

#### Included Eligible Treatment

Eligible Treatment for short-term kidney dialysis or peritoneal dialysis:

- if the dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of your body, or
- you need this immediately before or after a kidney transplant.

When this benefit is payable we pay on the same basis and up to the same limits as for other Eligible Treatment under Benefits B1, B2, B3, B6 and B7.

#### Excluded Treatment

See General Exclusion GE12 Dialysis

### Benefit B2.4 Eyesight

#### Included Eligible Treatment

Eligible Treatment for your eyesight if it is needed as a result of an injury or an Acute Condition, such as a detached retina.

Eligible Treatment for cataract surgery using ultrasonic emulsification.

When this benefit is payable we pay on the same basis and up to the same limits as for other Eligible Treatment under Benefits B1, B2, B3, B6 and B7.

#### Excluded Treatment

See General Exclusion GE15 Eyesight
Benefit B2.5 Pregnancy and Childbirth

Included Eligible Treatment

*Eligible Treatment* of the following conditions:
- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth
- hydatidiform mole (abnormal cell growth in the womb)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions.

*Eligible Treatment* of the member (mother) that relates to pregnancy or childbirth but only if:
- the *Treatment* is required due to a flare-up of the medical condition, and
- the *Treatment* is likely to lead quickly to a complete recovery or to you being restored fully to your state of health prior to the flare-up of the condition without you needing to receive prolonged *Treatment*.

When this benefit is payable we pay on the same basis and up to the same limits as for other *Eligible Treatment* under Benefits B1, B2, B3, B6 and B7.

Excluded Treatment

See General Exclusion GE20 Pregnancy and Childbirth
Benefit B2.6 Cosmetic or Reconstructive Treatment

Included Eligible Treatment
An Eligible Surgical Operation for an excision of a lesion if any of the following criteria are met:
- a biopsy or clinical appearance indicates that disease is present
- the lesion obstructs one of your special senses (vision/ smell/ hearing) or causes pressure on other organs, or
- the lesion stops you from performing the Activities of Daily Living.

Before any Treatment starts you must have our confirmation that one of the above criteria has been met and we need full clinical details from your Consultant before we can determine this. If benefits are payable they are dealt with in the same way as for other Eligible Treatment under Benefits B1, B2, B3, B6 and B7.

Eligible Treatment for one course/one set of Eligible Surgical Operations to restore the appearance of the specific part of your body that has been directly affected:
- by an accident, or
- if your Benefits include cover for Cancer Treatment, as a direct result of surgery for Cancer.

When all the following apply:
- the accident or the Cancer surgery takes place during your current continuous period of being a member under this scheme and/or a member of another Bupa scheme and/or beneficiary under a trust administered by Bupa eligible to receive benefits for this type of Treatment provided there has been no break in your being a member of this scheme and/or member and/or beneficiary as applicable and
- this is part of the original Eligible Treatment resulting from the accident or Cancer surgery.

Before any Treatment starts you must have our confirmation that the above criteria have been met and we need full clinical details from your Consultant before we can determine this. When this benefit is payable we pay on the same basis and up to the same limits as for other Eligible Treatment under Benefits B1, B2, B3, B6 and B7 and for Cancer Treatment B4.

We do not pay for more than the one course/one set of Eligible Surgical Operations or for repeat cosmetic procedures.

Excluded Treatment
See General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment
Benefit B3 Recognised Facility Charges

**Benefit B3.1 Out-patient Surgical Operations**

*Included Eligible Treatment*

*Recognised Facility* charges for *Out-patient Eligible Surgical Operations*. This includes theatre use, equipment, *Common Drugs*, *Advanced Therapies*, *Specialist Drugs* and surgical dressings used during the operation.

**Discretionary Eligible Treatment**

*Discretion D3 Non-Recognised Facilities*

*We may pay facility charges for Eligible Treatment in a Treatment facility that is not recognised by us when your proposed Treatment cannot take place in a Recognised Facility for medical reasons. However, you will need our agreement before the Treatment is received and we need full details from your Consultant before we can give our decision.*

**Benefit B3.2 Day-patient and In-patient Treatment**

*Included Eligible Treatment*

*Recognised Facility* charges for *Day-patient and In-patient Treatment* including *Eligible Surgical Operations*.

**Benefit B3.2.1 Accommodation**

*Included Eligible Treatment*

*Recognised Facility* accommodation including your meals and refreshments while you are receiving *Eligible Treatment*.

**Excluded Treatment**

*Exclusion of Accommodation*

*We do not pay for:*

- personal items such as telephone calls, newspapers, personal laundry, or guest meals and refreshments
- accommodation charges for an overnight stay or a bed if:
  - the charge is for an overnight stay for Treatment that would normally be carried out as *Out-patient* or *Day-patient Treatment*
  - the charge is for the use of a bed for Treatment that would normally be *Out-patient Treatment*
- the accommodation itself if it is primarily used for:
  - convalescence, rehabilitation, supervision or other purposes which are not *Eligible Treatment*
  - general nursing care or other services which could be provided in a nursing home or other establishment which is not a *Recognised Facility*
  - services from a *Therapist, Complementary Therapy Practitioner* or *Mental Health and Wellbeing Therapist*. 
Benefit B3.2.2 Parent Accommodation

Included Eligible Treatment
Accommodation for one parent, each night they need to stay in the Recognised Facility with their child.
The child must be a member receiving In-patient Eligible Treatment and the amount will count towards any limits applicable to the child’s relevant Benefit.

Excluded Treatment
Exclusion of Parent Accommodation
We do not pay if the child is aged 16 or over.

Benefit B3.2.3 Theatre Charges, Nursing Care, Drugs and Surgical Dressings

Included Eligible Treatment
When essential for Day-patient Treatment or In-patient Treatment, operating theatre and nursing care charges, Common Drugs, Advanced Therapies, Specialist Drugs and surgical dressings.

Excluded Treatment
Exclusion of Extra Nursing Services
We do not pay for extra nursing services in addition to those that the Recognised Facility would usually provide for normal patient care, without extra charge.

Benefit B3.2.4 Intensive Care

Included Eligible Treatment
Intensive care only if it is an essential part of your Eligible Treatment where intensive care is required routinely by patients undergoing the same Treatment or unforeseen circumstances arise from a medical or surgical procedure.
You must be receiving private Eligible Treatment in a Recognised Facility equipped with a Critical Care Unit and intensive care must be carried out in that unit.
If you want to transfer your care from an NHS hospital to a private Recognised Facility, we only pay if all of the following conditions are met:
- you have been discharged from an NHS Critical Care Unit to an NHS general ward for more than 24 hours
- it is agreed by both your referring and receiving Consultants that it is clinically safe and appropriate to transfer your care, and
- we have confirmed that your Treatment is Eligible Treatment.
We need full clinical details from your Consultant before we can give our decision.
**Excluded Treatment**
Exclusion of Intensive Care

*We do not pay for any intensive care, or any other Treatment in a Critical Care Unit, if it is not routinely required as a medically essential part of the Eligible Treatment being carried out.*

See General Exclusion GE17 Intensive Care

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**Benefit B3.2.7 Prostheses and Appliances**

**Included Eligible Treatment**

*Recognised Facility charges* for the provision of a Prosthesis or Appliance reasonably necessary as part of *Eligible Treatment* as a *Day-patient* or *In-patient* for a *Benefit* listed in your *Membership Certificate*.

By Prosthesis and Appliance *we mean any of those on our lists of prostheses and appliances for the relevant *Benefit* and type of *Treatment* at the time of the *Eligible Treatment*. The lists will change from time to time. Details are available on request or at [bupa.co.uk/prostheses-and-appliances](http://bupa.co.uk/prostheses-and-appliances)

**Excluded Treatment**

*Exclusion of Prostheses and Appliances*

*We do not pay for any further *Treatment* which is associated with or related to a Prosthesis or Appliance such as its maintenance, refitting or replacement.*

See General Exclusion GE19 Physical aids and Devices

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**Benefit B4 Cancer Treatment**

**Benefit B4.1 Cancer Cover**

In addition to Benefits B4.1.1 to B4.1.5, fees and charges for *Eligible Treatment* for *Cancer* are paid on the same basis as *Eligible Treatment* for other conditions as set out in Benefits B1.4, B2, B3, B6 and B7.

**Benefit B4.1.1 Out-patient Consultations for Cancer**

**Included Eligible Treatment**

*Consultants’ fees for Out-patient consultations* as part of *Eligible Treatment* for *Cancer*.

Remote consultations by telephone or via any other remote medium with a *Consultant* recognised by *us* to carry out remote consultations.

**Benefit B4.1.2 Out-patient Therapies and Treatment for Cancer**

**Included Eligible Treatment**

*Therapists’ fees for Out-patient Eligible Treatment* for *Cancer*.

Remote consultations by telephone or via any other remote medium with a *Therapist* or *Recognised Practitioner* recognised by *us* to carry out remote consultations.
### Benefit B4.1.3 Out-patient Diagnostic Tests for Cancer

#### Included Eligible Treatment
When requested by your GP or Consultant as part of Out-patient Eligible Treatment for Cancer, we pay Recognised Facility charges for diagnostic tests and their interpretation.

If you are being treated for Cancer, and your Consultant has:
- demonstrated that you are at high risk of recurring Cancer, due to having triple negative breast Cancer, strong family history and/or through the use of a validated risk scoring system in line with NICE guidelines, and
- recommended that you receive a genetically-based test to evaluate future risk of developing further Cancers,

we pay for this test as well as Eligible Treatment for the recommended prophylactic surgery when it is recommended by your Consultant. Before you have any tests, procedures or Treatment you must have our written confirmation that the above criteria have been met and we will need full clinical details from your Consultant before we can determine this.

#### Excluded Treatment
See General Exclusion GE21 Screening, Monitoring and Preventive Treatment

### Benefit B4.1.4 Out-patient Cancer Drugs

#### Included Eligible Treatment
We pay Recognised Facility charges for Common Drugs, Advanced Therapies and Specialist Drugs, related specifically to planning and providing Out-patient Eligible Treatment for Cancer.

#### Excluded Treatment
See General Exclusions GE13 Drugs and Dressings for Out-patient or Take-Home Use and Complementary and Alternative Products and GE14 Experimental Drugs and Treatment
Benefit B4.1.5 Experimental Drug Treatment for Cancer

Included Eligible Treatment
We pay for experimental drug *Treatment* for *Cancer* subject to the following criteria:

- the use of this drug *Treatment* follows an unsuccessful initial licensed *Treatment* where available, and
- you speak regularly to our nurse, as we may reasonably require in order to allow us to effectively monitor your *Treatment* and provide support, and
- the drug *Treatment* has been agreed by a multidisciplinary team that meets the NHS Cancer Action Team standards defined in The Characteristics of an Effective Multidisciplinary Team (MDT),

or

- when your *Consultant* provides us with one of the following:
  - evidence that the drug *Treatment* has been found to have likely benefit on your condition through a predictive genetic test where appropriate/available, or
  - evidence there is a European Medicines Agency (EMA) licence for the drug used to treat your condition and the drug is used within its licensed protocol, or
  - evidence that at least one NHS/National Comprehensive Cancer Network (NCCN)/European Society for Medical Oncology (ESMO) protocol exists, other than as part of research/clinical trials protocol, for your exact condition (ie the specific indication including tumour type, staging and phase of *Treatment* if relevant), or
  - a published positive opinion on the Orphan Drug EMA Register for your exact condition (ie the specific indication including tumour type, staging and phase of *Treatment* if relevant), or
  - Phase III clinical trial results showing clinical efficacy and safety for the drug *Treatment* published in a peer-reviewed journal.

Before starting this type of *Treatment* you must have our confirmation that the above criteria have been met and we need full clinical details from your *Consultant* before we can determine this.

Excluded Treatment
See General Exclusion GE14 Experimental Drugs and Treatment
## Benefit B4.2 NHS Cancer Cover Plus

### Included Eligible Treatment

We pay for Eligible Treatment for Cancer if:

- the radiotherapy, chemotherapy or Surgical Operation you need to treat your Cancer is not available to you on the NHS, and
- you receive your Treatment for Cancer in a Recognised Facility.

Where the conditions set out above do apply, we pay for your Eligible Treatment for Cancer as set out in Benefit B4.1.

### Discretion D4.2 NHS Cancer Cover Plus

When you are receiving NHS Treatment for Cancer we may pay for certain tests, procedures or Treatment that are for or directly related to your NHS Treatment (details of the tests, procedures or Treatment that may be covered are available upon request).

You must have our written agreement before you have such tests, procedures or Treatment and we need full details from your NHS Consultant before we can make our decision.

If we decide to pay, we must be satisfied that the Treatment and related Consultants’ fees for Out-patient consultations relevant to the tests, procedures or Treatment are:

- a medically essential part of your NHS Treatment for Cancer
- carried out in a Recognised Facility
- requested by your NHS consultant oncologist to help determine, assess or refine your Treatment plan
- not available to you on the NHS.

Where we pay for such tests, procedures or Treatment that is not radiotherapy, chemotherapy or a Surgical Operation, this does not constitute a transfer of your Treatment from the NHS to us.
Benefit B5 Mental Health Treatment

We pay for Mental Health Treatment as set out in this Benefit B5. Your Mental Health Treatment must be provided by a Consultant psychiatrist or a Mental Health and Wellbeing Therapist.

We do not pay for Treatment of dementia, behavioural or developmental problems.

Cover is subject to the limits shown on your Membership Certificate.

Benefit B5.1 Out-patient Mental Health Treatment

Included Eligible Treatment
We pay Consultant psychiatrists’ and Mental Health and Wellbeing Therapists’ fees and Recognised Facility charges for Mental Health Treatment as listed below.

Benefit B5.1.1 Out-patient Consultations and Treatment

Included Eligible Treatment
Consultant psychiatrists’ fees for Out-patient consultations as part of Eligible Treatment of a Mental Health Condition and for Out-patient Mental Health Treatment. Remote consultations by telephone or via any other remote medium with a Consultant psychiatrist recognised by us to carry out remote consultations.

Benefit B5.1.2 Out-patient Mental Health and Wellbeing Therapies

Included Eligible Treatment
Mental Health and Wellbeing Therapists’ fees for Out-patient Mental Health Treatment. Remote consultations by telephone or via any other remote medium with a Mental Health and Wellbeing Therapist recognised by us to carry out remote consultations.

Benefit B5.1.3 Diagnostic Tests

Included Eligible Treatment
When requested by your GP or Consultant to help determine or assess your condition as part of Out-patient Mental Health Treatment, Recognised Facility charges for diagnostic tests and interpretation of the results.

We pay for eligible diagnostic tests to rule out attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) when a Mental Health Condition is suspected. You must have our confirmation before any diagnostic tests are carried out that the above criteria has been met and we need full clinical details from your Consultant before we can determine this.

Excluded Treatment
MRI, CT and PET Scans are not paid under this Benefit – see Benefit B1.4
See General Exclusion GE18 Learning Difficulties, Behavioural and Developmental Problems.
Benefit B5.2 Day-patient and In-patient Mental Health Treatment

Included Eligible Treatment

Consultant psychiatrists’ fees and Recognised Facility charges for Mental Health Day-patient Treatment and In-patient Mental Health Treatment.

We pay the type of Recognised Facility charges referred to in Benefit B3.2. Your Membership Certificate shows the maximum number of days that we will pay for in relation to Mental Health Day-patient Treatment and In-patient Mental Health Treatment.

We only pay for one addiction Treatment programme in your lifetime of being covered under a Bupa health insurance policy and/or a beneficiary of a Bupa administered trust. This applies to all Bupa health insurance policies and/or Bupa administered trusts that you have been covered under and/or a beneficiary of in the past or may be in the future, whether your being covered under a health insurance policy and/or your being a beneficiary under a trust is continuous or not. By addiction Treatment programme we mean a period of Eligible Treatment carried out as In-patient Mental Health Treatment and/or Mental Health Day-patient Treatment for the Treatment of substance related addictions or substance misuse, including detoxification programmes.

Benefit B5.3 Treatment otherwise excluded by General Exclusions

We pay for Mental Health Treatment of mental health symptoms related to or arising from a condition for which Treatment is otherwise excluded by the following General Exclusions in the ‘General Exclusions: What is not covered’ section of this membership guide:

General Exclusion GE1 Ageing, Menopause and Puberty
General Exclusion GE2 AIDS/HIV
General Exclusion GE3 Allergies or Allergic Disorders
General Exclusion GE4 Birth Control, Conception, Sexual Problems and Gender Reassignment
General Exclusion GE5 Chronic Conditions
General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment
General Exclusion GE10 Deafness
General Exclusion GE12 Dialysis
General Exclusion GE15 Eyesight
General Exclusion GE18 Learning Difficulties, Behavioural and Developmental Problems
General Exclusion GE20 Pregnancy and Childbirth
General Exclusion GE21 Screening, Monitoring and Preventive Treatment
General Exclusion GE22 Sleep Problems and Disorders
General Exclusion GE23 Speech Disorders
Benefit B6 Home Nursing after Private Eligible Treatment as an In-Patient

**Included Eligible Treatment**
Home nursing where:
- it is *Eligible Treatment*
- it is needed for medical reasons and not domestic or social reasons
- it starts immediately after you leave a *Recognised Facility*
- it is necessary so that without it you would have to remain in the *Recognised Facility*
- it is provided by a nurse in your own home and
- it is carried out under the supervision of your *Consultant*.

The nurse must be a qualified nurse on the register of the Nursing and Midwifery Council.

You must have *our* written confirmation before the home nursing starts that the above criteria have been met and *we* need full clinical details from your *Consultant* before *we* can determine this.

**Excluded Treatment**
Exclusion of Home Nursing
*We* do not pay for home nursing provided by a community psychiatric nurse.

Benefit B7 Private Ambulance Charges

**Included Eligible Treatment**
Travel by private road ambulance if you need private *Day-patient* or *In-patient Eligible Treatment* and an ambulance is medically necessary for travel:
- from your home, place of work, or an airport or sea port, to a *Recognised Facility*
- between Recognised Facilities if you are moved for *In-patient Treatment*
- from a *Recognised Facility* to home.
Benefit B8 AIDS/HIV

Included Eligible Treatment
We will pay for Eligible Treatment related to or arising from AIDS or HIV or any condition related to or resulting from AIDS or HIV where the person claiming:

- became infected five years or more after their Moratorium Start Date or Effective Underwriting Date (as applicable), or
- has been covered for this type of Treatment under a Bupa private medical insurance scheme since July 1987 (or earlier) without a break in cover.

When this benefit is payable we pay on the same basis and up to the same limits as for other Eligible Treatment under Benefits B1, B2, B3, B6 and B7.

Excluded Treatment
Exclusion of AIDS/HIV
We do not pay for Treatment related to or arising from AIDS or HIV or any condition related to or resulting from AIDS or HIV in any other circumstances.
See General Exclusion GE2 AIDS/HIV

Benefit B9 Active Cover/Fit And Active Cover

Included Eligible Treatment
You should call us to find out if your condition is a Muscle, Joint or Bone Condition.
We pay for Eligible Treatment you require after your Muscle, Joint or Bone Condition has been diagnosed and that is for or related to the diagnosed Muscle, Joint or Bone Condition.

We pay for Eligible Treatment for a Muscle, Joint or Bone Condition on the same basis as set out in Benefits B1, B2, B3, B6, B7 and CB1 for Acute Conditions.

Excluded Treatment
We do not pay for any Treatment that is not related to a Muscle, Joint or Bone Condition under this benefit.
Benefit B10 Fitness Check

Included Eligible Treatment
We will pay for one Fitness Check to be undertaken at a Bupa Health Centre for you each Year.

The Fitness Check is an assessment of cardiovascular fitness, including a:
- range of tests
- fitness consultation with an exercise physiologist
- cardio-respiratory report, and
- health and fitness report with action plan.

Further details are available from us on request.

Please note: A Fitness Check is not appropriate for people with certain medical conditions or who are currently taking particular medications. You should contact us before booking a Fitness Check to confirm that you are able to undergo it. We can provide information about those people who should not undergo a Fitness Check.

Benefits CB NHS Cash Benefits

Benefit CB1 NHS Cash Benefit for NHS In-patient Treatment

Included Eligible Treatment
If you receive free NHS In-patient Treatment which we would have covered for private In-patient Treatment, we pay NHS Cash Benefit for each night you are in the NHS hospital.

Excluded Treatment
We do not pay for any additional charges by the hospital (eg for amenities) where your Treatment is provided free under the NHS.

Except for NHS Cash Benefit for Eligible Treatment for oral chemotherapy in Benefit CB3 we do not pay this Benefit CB1 at the same time as any other NHS Cash Benefit for NHS In-patient Treatment.
**Benefit CB2 NHS Cash Benefit for NHS In-patient Cancer Treatment**

**Included Eligible Treatment**
If you receive free *NHS In-patient Treatment* for radiotherapy, chemotherapy or a *Surgical Operation* for *Cancer Treatment* when it follows a diagnosis of *Cancer* (including blood transfusions and marrow transplants) which we would have covered for private *In-patient Treatment*, we pay *NHS Cash Benefit* for each night of *NHS In-patient* stay.

**Excluded Treatment**
*We* do not pay for any additional charges by the hospital (eg for amenities) where your *Treatment* is provided free under the *NHS*.
Except for *NHS Cash Benefit* for *Eligible Treatment* for oral chemotherapy in Benefit CB3 we do not pay this Benefit CB2 at the same time as any other *NHS Cash Benefit* for *NHS In-patient Treatment*.

**Benefit CB3 NHS Cash Benefit for NHS Out-patient, Day-patient and Home Cancer Treatment**

**Included Eligible Treatment**
If you receive free *NHS Treatment* carried out as an *Out-patient, Day-patient*, or in your home which *we* would have covered for private *Out-patient or In-patient Treatment*, *we* pay *NHS Cash Benefit* for:

- radiotherapy: for each day radiotherapy is received in a hospital
- chemotherapy: for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy
- a *Surgical Operation*: on the day of your operation.

For *Eligible Treatment* for oral chemotherapy *we* pay this Benefit CB3 at the same time as another *NHS Cash Benefit* you may be eligible for on the same day.

**Excluded Treatment**
Except for *NHS Cash Benefit* for *Eligible Treatment* for oral chemotherapy this Benefit CB3 is:

- not payable at the same time as any other *NHS Cash Benefit* for *NHS Treatment*
- only payable once, even if you have more than one *Eligible Treatment* on the same day.
Benefits A Add-ons

At renewal if these Add-ons no longer meet your current needs, you can change or cancel them without cancelling your main product. If you do change or cancel any of these benefits your ability to claim for them will also change. It may also change your total monthly and annual payment for cover.

**Benefit A1 Complementary Therapies Cover**

**Included Eligible Treatment**
*We* pay *Complementary Therapy Practitioners’* fees up to the maximum annual benefit limit shown on your *Membership Certificate*.

**Excluded Treatment**
*We* do not pay for any complementary or alternative products, preparations or remedies.

See General Exclusion GE13 Drugs and Dressings for *Out-patient* or Take-Home Use and Complementary and Alternative Products

**Benefit A2 Cancer Assist**

**Included Eligible Treatment**
*We* will pay the cash amount shown on your *Membership Certificate* if you are diagnosed with *Cancer* whilst this Benefit applies to you.

The Benefit will only be paid:
- upon a new diagnosis of *Cancer* made after your *Cover Start Date*
- once in any *Year*.

**Benefit A3 Health Expenses Cover**

**Included Eligible Treatment**
*Your* *Membership Certificate* shows whether you have Health Expenses Cover 20 or Health Expenses Cover 10. *We* pay the *Benefits* below up to the maximum annual limit shown on your *Membership Certificate*. 
Benefit A3.1 Dental Cash Benefit

This benefit cannot be claimed at the same time as Benefit A4.1, Benefit A4.2 or Benefit B2.2 for the same Treatment.

Included Eligible Treatment

We pay for Dental Injury Treatment, Emergency Dental Treatment or Routine Dental Treatment which you receive during a Year.

Excluded Treatment

We do not pay for:
- costs relating to any services covered by a dental payment plan and any amounts payable for a dental payment plan. (A dental payment plan is an insurance policy with regular ongoing payment which covers Treatment that you may require)
- tooth cleaning and whitening materials purchased for home use
- any medications, whether or not they are prescribed for you.

Benefit A3.2 Optical Cash Benefit

Included Eligible Treatment

We pay for the following optical goods and services, which you receive during a Year:
- glasses with prescribed lenses, contact lenses and routine sight tests when provided by an Optician
- Treatment and consultations related to corrective laser eye Treatment carried out by an ophthalmic surgeon who is a Consultant.

Excluded Treatment

We do not pay for any of the following optical goods and services:
- industrial spectacles if they have not been prescribed for you
- sunglasses without prescribed lenses
- lens solutions, cleaning materials and other optical accessories.

Benefit A3.3 Prescriptions Cash Benefit

We pay for prescription charges you incur during a Year in relation to prescriptions provided by your GP or Dental Professional.
**Benefit A4 Dental Cover**

**Included Eligible Treatment**
Your Membership Certificate shows whether you have Dental Cover 20 or Dental Cover 10.

**Excluded Treatment**
We do not pay for:
- any Pre-existing Condition
- Orthodontic Treatment
- Surgical Implants or any Dental Treatment involving or making use of or in any way related to Surgical Implants
- mouthguards
- any Dental Treatment not normally provided by Dental Professionals in the UK
- the replacement of a prosthetic appliance (any artificial aid used to restore dentition):
  - which has been lost or stolen
  - which could have been repaired according to generally accepted dental standards (except dentures)
  - within five years of it having been fitted
- any Dental Treatment resulting from or related to any injury sustained whilst participating in a physical contact sport such as rugby or boxing
- any Dental Treatment or care resulting from or related to a deliberately self-inflicted injury
- self-administered drugs such as antibiotics and painkillers or prescription charges.

**Benefit A4.1 Dental Cover 20**

This benefit cannot be claimed at the same time as Benefit A3.1 or Benefit B2.2 for the same Treatment

**Included Eligible Treatment**
We pay the proportion shown on your Membership Certificate of the amount you pay (up to the maximum annual benefit limit also shown on your Membership Certificate) for:
- Dental Treatment
- Dental Injury Treatment
- Emergency Dental Treatment
- Routine Dental Treatment

which you receive in a Year.

We pay for Emergency Dental Treatment carried out during your initial appointment for the dental emergency.
Excluded Treatment
We do not pay for any Dental Injury Treatment arising as a direct or indirect result of an external impact which occurred before the date you started your current continuous period of cover for this Benefit A4.1 or outside the UK.

Discretionary Eligible Treatment
Discretion A4.1 Dental Cover 20
We may pay for Emergency Dental Treatment for the same dental emergency carried out at a subsequent appointment but we only pay if the Treatment is medically essential in order to complete the Emergency Dental Treatment started in the initial appointment.

Benefit A4.2 Dental Cover 10
This benefit cannot be claimed at the same time as Benefit A3.1 or Benefit B2.2 for the same Treatment

Included Eligible Treatment
We pay for Dental Treatment or Routine Dental Treatment that you receive under the NHS during a Year up to the same amount as the NHS Band 1, 2 or 3 charge applicable to that type of Treatment at the time you receive that Treatment.
If you wish to claim charges you have paid for Dental Treatment or Routine Dental Treatment that you have received privately rather than under the NHS, we will pay up to the NHS Band charge that is applicable to the Treatment you have received had you received the same Treatment under the NHS.

Benefit A4.3 Oral Cancer Treatment (for Dental Cover 20 and Dental Cover 10)

Included Eligible Treatment
For Oral Cancer Treatment we pay on the same basis as set out in Benefit 4.1.

Excluded Treatment
We do not pay for any Oral Cancer Treatment received by you if the oral Cancer was diagnosed before the date you started your current continuous period of cover for this Benefit A4.3 (or any Bupa dental scheme which included cover for those types of Treatment).
General Discretions

Discretion GD1 Treatment at Home
We may pay for Eligible Treatment at home. You must have our agreement before the Treatment starts and we need full details from your Consultant.

The following must apply:
- your Consultant must recommend that you receive the Treatment at home and must remain in overall charge of your Treatment
- if you did not have the Treatment at home then, for medical reasons, it would be necessary for you to receive the Treatment in a Recognised Facility
- the Treatment must be provided by a medical Treatment provider on our list for the type of Treatment at home you need. These providers and the type of Treatment we recognise them for may change from time to time. You can ask us whether a Treatment provider is on our list and the type of Treatment we recognise them for or you can access these details at finder.bupa.co.uk

Excluded Treatment
Exclusion of Treatment at Home
We do not pay for any fees or charges for Treatment at home which has not been provided by the medical Treatment provider we recognise.

Discretion GD2 Rehabilitation
We may pay for Eligible Treatment for rehabilitation up to a maximum of 21 consecutive days to restore health or mobility or to allow you to live an independent life, eg after a stroke. The rehabilitation must:
- be an integral part of the In-patient Treatment and take place in a Recognised Facility
- start within 42 days from and including the date you first receive that In-patient Treatment
- be part of a personalised programme involving at least two different medical therapies and
- your Consultant must confirm to us that you are physically and mentally able to start the rehabilitation programme within the defined timescales.

You must have our agreement before the rehabilitation starts and we need full details from your Consultant before we can give our decision.

Excluded Treatment
See General Exclusion GE8 Convalescence, Rehabilitation and General Nursing Care
**Discretion GD3 Temporary Relief of Symptoms of a terminal disease**
*We may pay for Treatment* in the case of a terminal disease or illness, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the continuing management of the condition.

**Excluded Treatment**
See General Exclusion GE24 Temporary Relief of Symptoms

**Discretion GD4 Experimental Drugs or Treatment**
*We may pay for Treatment* (including drugs) or procedures that we normally consider to be experimental or unproved based on established medical practice in the **UK**. However, you must have **our** agreement before the Treatment or procedure starts and we need full details from your **Consultant**.

**Included Treatment**
See Benefit B4.1.5 Experimental Drug Treatment for Cancer

**Excluded Treatment**
See General Exclusion GE14 Experimental Drugs and Treatment

**General Exclusions: What is not covered**

**General Exclusion GE1 Ageing, Menopause and Puberty**

**Excluded Treatment**
*Treatment* to relieve symptoms commonly associated with any bodily change arising from a physiological or natural cause, such as ageing, menopause or puberty and not due to any underlying disease, illness or injury.

**General Exclusion GE2 AIDS/HIV**

**Excluded Treatment**
*Treatment* for, related to or arising from AIDS or HIV or any condition related to or resulting from AIDS or HIV.

**Specified Benefits where the Exclusion does not apply**
See Benefit B8 AIDS/HIV

**General Exclusion GE3 Allergies or Allergic Disorders**

**Excluded Treatment**
*Treatment* to desensitise or neutralise any allergic condition or disorder.
### General Exclusion GE4 Birth Control, Conception, Sexual Problems and Gender Reassignment

**Excluded Treatment**

*Treatment* for or arising from:
- any type of contraception, sterilisation, termination of pregnancy
- any other type of sexual problem including impotence, whatever the cause
- assisted reproduction (eg IVF investigations or *Treatment*), surrogacy, harvesting donor eggs or donor insemination
- solely, the *Treatment* of infertility
- gender reassignment,

or any condition arising from any of these. Also see General Exclusion GE20 Pregnancy and Childbirth.

### General Exclusion GE5 Chronic Conditions

**Excluded Treatment**

*Treatment of Chronic Conditions.*

Where it is not clear that a condition is a *Chronic Condition* and we have paid for its *Treatment*, that does not mean that we will continue paying when we have more information which, in our reasonable view, confirms that it is a *Chronic Condition*. You can ask us if a condition is covered.

*We do not consider Cancer as a Chronic Condition. We explain what we pay for Treatment of Cancer in Benefit B4 Cancer Treatment in the Benefits Table section of this booklet.*

Also see General Exclusion GE24 Temporary Relief of Symptoms.

### General Exclusion GE6 Complications from Excluded Conditions/Treatment and Experimental Treatment

**Excluded Treatment**

*Treatment* or increased *Treatment* costs arising from complications caused by a condition which is not covered under your *Benefits*.

*Treatment* costs arising from complications caused by experimental *Treatment* or *Treatment* required as a result of experimental *Treatment*.
General Exclusion GE7 Contamination, Wars, Riots and Terrorist Acts

Excluded Treatment

*Treatment* for any condition arising directly or indirectly from:
- war, riots, terrorist acts causing chemical, biological, radioactive or nuclear contamination, civil disturbances, acts against any foreign hostility where war has not been declared, or any similar cause, or
- chemical, biological, radioactive or nuclear contamination, or combustion of chemicals or nuclear fuel or any similar event.

General Exclusion GE8 Convalescence, Rehabilitation and General Nursing Care

Excluded Treatment

Accommodation if its usual primary use is for:
- convalescence, rehabilitation, supervision or any purpose other than providing *Eligible Treatment*
- general nursing care or other services which could be provided in a nursing home or any other establishment which is not a *Recognised Facility*
- services from a *Therapist, Complementary Medicine Practitioner* or *Mental Health and Wellbeing Therapist*.

Specified Benefits where the Exclusion does not apply

In relation to *Treatment*, see General Discretion GD2 Rehabilitation

General Exclusion GE9 Cosmetic, Reconstructive or Weight Loss Treatment

Excluded Treatment

*Treatment* to change your appearance, whether or not it is needed for medical or psychological reasons, such as:
- breast enlargement, reduction or other *Treatment* to change the shape or appearance of breasts, including gynaecomastia (the enlargement of breasts in males)
- any *Treatment* or surgery for or with the intention, directly or indirectly, of removing healthy tissue or surplus or fat tissue, including surgery related to obesity/morbid obesity
- scar revision or *Treatment* of keloid scars.

Also see General Exclusion GE21 Screening, Monitoring and Preventive *Treatment*.

Specified Benefits where the Exclusion does not apply

See Benefit B2.6 Cosmetic or Reconstructive Treatment

General Exclusion GE10 Deafness

Excluded Treatment

*Treatment* for or arising from deafness caused by congenital abnormality, maturing or ageing.
General Exclusion GE11 Dental/Oral Treatment

Dental or oral *Treatment* including:

- routine examinations
- dental implants or dentures, the repair or replacement of damaged teeth, including crowns, bridges, dentures or other dental prosthesis
- management of, or any *Treatment* relating to, jaw shrinkage or loss, as a result of dental extractions or gum disease
- bone disease when related to gum disease or tooth disease or damage
- fillings (amalgam, composite anterior, composite posterior)
- X-rays
- scale and polish and chronic periodontal *Treatment*
- root canal *Treatment*
- surgical *Treatment* (extraction, surgical, extraction flap raised apicectomy, incising of abscess, simple gingivectomy)
- crowns and bridges (inlay/onlay, veneer, full gold crown, porcelain crown, porcelain bonded to metal crown, bridge, adhesive bridge, cast post and core, pre-fabricated post and core, re-fix or re-cement of existing crown, re-cement of adhesive bridge, re-cement of any other bridge)
- dentures – acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint).

**Please note:** this General Exclusion GE11 does NOT apply to Add-on *Benefits* A3 Health Expenses Cover and A4 Dental Cover.

Specified Benefits where the Exclusion does not apply

See Benefit B2.2 Dental/Oral Surgical Treatment

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General Exclusion GE12 Dialysis

**Excluded Treatment**

*Treatment* for or associated with kidney dialysis (haemodialysis), meaning the removal of waste matter from your blood by passing it through a kidney machine or dialyser. *Treatment* for or associated with peritoneal dialysis, meaning the removal of waste matter from your blood by introducing fluid into your abdomen which acts as a filter.

Specified Benefits where the Exclusion does not apply

See Benefit B2.3 Dialysis
**General Exclusion GE13 Drugs and Dressings for Out-patient or Take-Home Use and Complementary and Alternative Products**

**Excluded Treatment**
Any drugs or surgical dressings provided or prescribed for *Out-patient Treatment* or for you to take home with you on leaving hospital or a *Treatment* facility.
Any complementary or alternative therapy products or preparations, including but not limited to homeopathic remedies or substances, regardless of who prescribed or provided them or the type of *Treatment* or medical condition they are used or prescribed for. Also see General Exclusion GE14 Experimental drugs and *Treatment*.

**Specified Benefits where the Exclusion does not apply**
See Benefit B4.1.4 Out-patient Cancer Drugs

**General Exclusion GE14 Experimental Drugs and Treatment**

**Excluded Treatment**
*Treatment* or procedures which *we* reasonably consider to be experimental or unproved based on established medical practice in the *United Kingdom*, such as drugs outside the terms of their licence or procedures which have not been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence).

**Specified Benefits where the Exclusion does not apply**
See Benefit B4.1.5 Experimental Drug Treatment for Cancer
See General Discretion GD4 Experimental Drugs or Treatment

**General Exclusion GE15 Eyesight**

**Excluded Treatment**
*Treatment* to correct your eyesight, for example, for long or short sight or failing eyesight due to ageing, including spectacles or contact lenses.
*Treatment* for laser-assisted cataract surgery.

**Please note:** this general exclusion GE15 does NOT apply to Add-on *Benefits* A3.2 Optical Cash Benefit.

**Specified Benefits where the Exclusion does not apply**
See Benefit B2.4 Eyesight
### General Exclusion GE16 Epidemic/Pandemic

**Excluded Treatment**

*Treatment* for or arising from any epidemic disease and/or pandemic disease.

An epidemic is where there are more cases of a disease than would be expected for that disease in that area at that time. A pandemic is the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world.

### General Exclusion GE17 Intensive Care

**Excluded Treatment**

Intensive care carried out in a unit or facility which is not a *Critical Care Unit*, or any Intensive Care following:

- an unplanned or an emergency admission to an *NHS* hospital or facility
- a transfer (whether as an emergency or not) to an *NHS* hospital or facility even if from a private *Recognised Facility*
- a transfer from an *NHS Critical Care Unit* to a private *Critical Care Unit*.

**Specified Benefits where the Exclusion does not apply**

See Benefit B3.2.4 Intensive Care

### General Exclusion GE18 Learning Difficulties, Behavioural and Developmental Problems

**Excluded Treatment**

*Treatment* related to learning difficulties, such as dyslexia, or behavioural problems, such as attention deficit hyperactivity disorder (ADHD) and Autistic Spectrum Disorder (ASD), or developmental problems, such as shortness of stature.

**Specified Benefit where the Exclusion does not apply**

See Benefit B5.1.3 Diagnostic Tests (in relation to mental health conditions).

### General Exclusion GE19 Physical Aids and Devices

**Excluded Treatment**

*We do not pay for supplying or fitting physical aids and devices (eg hearing aids, crutches, walking sticks, etc).*

**Specified Benefits where the Exclusion does not apply**

See Benefit B3.2.7 Prostheses and Appliances
General Exclusion GE20 Pregnancy and Childbirth

Excluded Treatment

*Treatment* for:
- pregnancy, including *Treatment* of an embryo or foetus
- childbirth and delivery of a baby
- termination of pregnancy, or any condition arising from termination of pregnancy.

Also see General Exclusions GE4 Birth Control, Conception, Sexual Problems and Gender Reassignment, GE21 Screening, Monitoring and Preventive Treatment and GE5 Chronic Conditions.

Specified Benefits where the Exclusion does not apply

See Benefit B2.5 Pregnancy and Childbirth

General Exclusion GE21 Screening, Monitoring and Preventive Treatment

Excluded Treatment

Health checks or health screening. Health screening is where you may or may not be aware you are at risk of, or are affected by, a disease or its complications but are asked questions or have tests, which may lead to your needing further tests or *Treatment*. Routine tests, or monitoring of medical conditions, including:
- routine antenatal care or screening for and monitoring of medical conditions of the mother or foetus during pregnancy
- routine checks or monitoring of *Chronic Conditions* such as diabetes mellitus or hypertension
- tests or procedures which, in *our* reasonable opinion based on established clinical and medical practice, are carried out for screening or monitoring purposes, such as endoscopies when no symptoms are present or investigations into recurrent miscarriage
- preventive *Treatment*, procedures or medical services
- medication reviews and appointments where you have had no change in your usual symptoms.

Also see General Exclusions GE5 Chronic Conditions and GE20 Pregnancy and Childbirth.

Specified Benefit where the Exclusion does not apply

See Benefit B4.1.3 Out-patient Diagnostic Tests for Cancer
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<tr>
<th>General Exclusion GE22 Sleep Problems and Disorders</th>
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<tr>
<td><strong>Excluded Treatment</strong></td>
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<tr>
<td><em>Treatment</em> for or arising from sleep problems or disorders such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep).*</td>
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<th>General Exclusion GE23 Speech Disorders</th>
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<td><strong>Excluded Treatment</strong></td>
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<tr>
<td><em>Treatment</em> for or relating to any speech disorder, such as stammering.*</td>
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<th>Specified Benefit where the Exclusion does not apply</th>
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<td>See Benefit B3.2.6 Therapies</td>
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<td><em>Treatment</em>, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the continuing management of a condition.*</td>
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<th>Specified Discretion where the Exclusion does not apply</th>
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<tr>
<td>See General Discretion GD3 Temporary Relief of Symptoms of a terminal disease</td>
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Section two: Policy Terms
Bupa By You Health Insurance

We are Bupa Insurance Limited and you are the Main Member named on the Membership Certificate we provide which refers to these Policy Terms.

Your Membership Certificate (which is personal to you and your Dependents), the Benefits Table and these Policy Terms (including the Glossary), together form our Bupa By You Health Insurance Agreement with you. If you have bought Bupa By You Travel and Emergency Medical Cover then your membership guide for the Travel and Emergency Medical Cover also forms part of our Agreement with you. It is important that you read these documents together to understand your cover.

Some words and phrases we use are in italics. These have technical meanings which are set out in the glossary at the end of these Terms.

Eligibility

To be eligible for this cover the Main Member and Dependents must:

- be Resident in the UK and have been Resident there for at least six months;
- at the Cover Start Date have been registered continuously with a GP for a period of at least six months, or have access to and be able to provide your full medical records in English and;
- not receive payment for taking part in sports.
1 Cover for you and your dependants

1.1.1 Only you as the Bupa Main Member have legal rights under this Agreement, although your Dependants also have access to our complaints process (please see ‘Making a complaint’ in the ‘Protecting your information and rights’ section of this booklet).

1.1.2 Your Membership Certificate names any Dependants you have asked us to cover. Where we refer to “you” in these Terms, Benefits Table and on your Membership Certificate in relation to the cover or a claim that will include your Dependants, where relevant.

1.1.3 The details of the cover you have chosen, whether NHS Cash Benefits apply, any personal restrictions or exclusions, excess payments, and your Cover Start Date and Cover End Date, are listed on your Membership Certificate.

1.1.4 The Benefits we provide and some requirements are described in our Benefits Table. Benefits mentioned in these Terms or the Benefits Table, but not listed on your Membership Certificate, do not apply to you or your Dependants.

1.1.5 The Benefits Table also details conditions, Treatment, charges and costs we do not cover and some items where we have a discretion.

1.1.6 Your Membership Certificate will state whether your cover is Underwritten or Moratorium (and explain what that means).

1.1.7 You must pay subscriptions (including Insurance Premium Tax (IPT)) in advance throughout your membership. Bupa Insurance Services Limited acts as our agent for arranging and administering your policy. Subscriptions are collected by Bupa Insurance Services Limited as our agent for the purpose of receiving, holding and refunding subscriptions and claims monies. If the IPT rate changes or any new taxes or charges are introduced, we will change the amount of the subscriptions you have to pay.

1.2 You will have a contract with the Consultant/medical practitioner/healthcare professional and/or clinic/ hospital for private medical Treatment and you are responsible for paying for them. If your Treatment is covered, we will pay the amount covered. We usually pay direct although occasionally we may pay you. Any amount not covered is your responsibility. We will write to tell the Main Member when there is an amount for you to pay in relation to any claim (for example, if you have an excess amount to pay) and who payment should be made to.
1.3 We only pay Benefits for Treatment you receive while you are covered under the policy and we only pay Benefits in accordance with the cover that applies to you on the date the Treatment takes place. We do not pay for any Treatment, including any Treatment we have pre-authorised, that takes place on or after the date your cover ends.

1.4 We do not have to pay a claim if you or a Dependant break any of the terms and conditions of membership, which are related to the claim. If there is reasonable evidence that you or a Dependant did not take reasonable care in answering our questions (by this we mean giving false information or keeping necessary information from us) then if this was:

- intentional, we may treat your or (if applicable) your Dependant’s cover as if it never existed and refuse to pay all claims
- careless, then depending on what we would have done if you or they had answered our questions correctly, we may treat your or (if applicable) your Dependant’s cover as if it never existed and refuse to pay all claims (in which case you may need to repay any claims we have paid and we will return any subscriptions you have paid in respect of your or (if applicable) your Dependant’s cover), change your or their cover, or we could reduce any claim payment.

1.5 Your agreement is for one year’s insurance. However, your cover will renew automatically each Year, subject to 1.6.1 to 1.6.4 below, as long as you continue to pay your subscriptions and any other charges, unless we decide to close Bupa By You Health Insurance.

If this applies, we will write to tell you at least 28 days before your Renewal Date.

1.6.1 You can end your cover (which will also end the cover for your Dependents) or the inclusion of any of your Dependents at any time by calling us on 0345 609 0777 (we may record or monitor our calls) or writing to us: Bupa, Bupa Place, 102 The Quays, Salford M50 3SP. For those with hearing or speech difficulties who use a text phone, call us on 0345 606 6863. We will refund any subscriptions which relate to a period after the cover ends.

1.6.2 Your cover, and that of all your Dependents, will automatically end if

- you do not pay your subscriptions, or any other payment you have to make in respect of the cover, on or before the date they are due. In the event of your membership terminating as a result of your failing to pay subscriptions in respect of your membership, on the due date, we may at our sole discretion permit your membership and that of your Dependents to continue, on condition that the overdue subscriptions payable in respect of your membership
are received by us within 30 days of the due date

- you stop being Resident in the UK, or
- we do not have the correct address for you, and we are unable to confirm your correct address after using reasonable efforts to do so, then we will cancel your policy at renewal as we will not be able to confirm that you still require cover
- you die.

1.6.3 A Dependant’s individual cover will automatically end if:

you tell us not to renew the cover of that Dependant

- the Dependant stops being Resident in the UK
- the Dependant dies
- in relation to Add On Benefit A3 Health Expenses Cover only, the child Dependant:
  - reaches the age of 18 and is not in full time education
  - is over 18 and ceases to be in full time education, or reaches the age of 21, or
  - stops being Resident at your address.

It is your responsibility to tell us if this happens.

1.6.4 We can end a person’s membership in the circumstances set out in 1.4 above.

1.7 We can change these Terms, the amount of your subscriptions, any discount or preferential rates and the cover available to you and your Dependents or other terms of your membership, at your Renewal Date.

If your ‘Underwriting method’ on your Membership Certificate is ‘Underwritten’ we will not add any personal exclusions or restrictions to your cover for medical conditions that:

- start after your Effective Underwriting Date, so long as you gave us all the information we asked for before the Effective Underwriting Date
- start before your Effective Underwriting Date, where you gave us all the information we asked for and we accepted the condition.

If your ‘Underwriting method’ on your Membership Certificate is ‘Moratorium’ we will not add any personal exclusions or restrictions to your cover for medical conditions that start before your Moratorium Start Date where the requirements specified on your Membership Certificate have been met for that condition to be covered.

If we do make any changes, we will write to tell you at least 28 days before the Renewal Date. If you do not accept any of the changes you can cancel your Bupa By You health insurance policy within the later of:

- 28 days of the date on which the change takes effect, or
- 28 days of Bupa telling you about the change.

If you do end your membership within the 28 days we will treat the changes as not having been made.
1.8 At your Renewal Date you can ask us to:

- add, remove or change an excess, as explained on your Membership Certificate
- remove any Add Ons you have chosen
- change any of your cover options.

You may add Dependants to your cover at any time.

We will consider your request and we may not agree or, for an increase in cover, we may add restrictions before we agree. These changes may affect the subscriptions you have to pay.

Changes are not effective until we have confirmed them in writing.

You may tell us that you want your partner to have the authority to ask us to make changes.

1.9 You must call or write to tell us if you change your address or you stop (or any of your Dependants stops) being Resident in the UK.

1.10 We will send all correspondence and membership documents to the Main Member. When you send us documents, we cannot return the originals to you. However, we will send you copies if you ask us to do so at the time you give us the documents.

1.11.1 We may post any official communication (a notice) to you under your Agreement at the contact details we hold. Our communication will be effective on the second business day after posting.

1.11.2 Any official communication or request you send to us will only be effective when we receive it. We may agree that you can send us official communications or requests by email.

1.12 This Agreement is governed by English law.

1.13 This Agreement is, and our marketing and other communications will be, in English. We will communicate with you in English throughout the period of the Agreement.

1.14 Private Healthcare Information Network

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

2 Claiming

2.1 Step by step guide to making a claim

Step 1 Find out if the Direct Access service is available to you

For certain medical conditions you can call us directly for a referral to a Consultant or Therapist, usually without seeing your GP, and we call this our Direct Access service. For details about cover for Direct Access and how it works please see paragraph 2.2 ‘Direct Access service’ on page 45.
Step 2 If Direct Access is not available (or if you prefer) – visit your GP for an open referral

Your GP will assess if you need to go to see a Consultant. If they decide that you do and:

- your Benefits include cover for Out-patient consultations, diagnostic tests and therapies before hospital Treatment, ask your GP for an ‘open referral’ (unless a paediatric referral is required – see ‘Referrals for children’ below). This allows us to offer you a choice of nearby Recognised Practitioners covered under your Benefits. Some GPs may prefer to give a ‘named referral’ to a certain Consultant, however, you should call us before you make an appointment to confirm that we recognise them under your cover, to avoid your being liable to pay.

- your Benefits do not cover Out-patient consultations, diagnostic tests or therapies before a diagnosis of your condition and hospital Treatment, you will need to choose whether to pay yourself for a private Out-patient consultation, diagnostic test or therapy or use the NHS. If you decide to pay yourself call us and we can talk through your options and help you find a Recognised Practitioner covered under your Benefits in case you should go on to need hospital Treatment.

Referrals for children: It is not always possible for us to find you a paediatric Consultant so when a paediatric referral is required we ask that you obtain a named referral from your GP.

Step 3 Call us

Call the number on your Membership Certificate and we will talk you through your options. We will explain which nearby Consultants, facilities and healthcare professionals are covered under your Benefits and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us.

If your Consultant recommends further tests or Treatment, it is important you check back with us to obtain further pre-authorisation.

We strongly advise you to call us before arranging or receiving any Treatment to pre-authorise it, as you will be responsible for paying any fees or charges that are not covered under your Benefits.

Claims checklist

To help us make the claims process as simple and swift as possible, please have the following information close to hand when you call us:

- your Bupa membership number
- the condition you are suffering from
- details of when your symptoms first began
- details of when you first consulted your GP about your condition
- details of the Treatment that has been recommended.
2.2 Direct Access service
Our Direct Access service can help provide a fast and convenient way for you to access Eligible Treatment for certain medical conditions without the need for a GP referral. Age limits apply to who can use the service. Further details about the Direct Access service, including the age limits that apply, can be found on bupa.co.uk/direct-access or you can call us.

Please note:
- if your Membership Certificate shows your underwriting method as ‘Underwritten’, before a referral for Treatment can be made through our Direct Access service you may need to provide us with certain information to establish that your condition is not a Pre-existing Condition – please see paragraph 2.5 and 2.6 on pages 46 and 47 for full details.
- if your Membership Certificate shows your underwriting method as ‘Moratorium’, before using the Direct Access service you will need to follow the standard process for claiming to establish that your condition is not a moratorium condition – please see paragraphs 2.4 and 2.6 on pages 46 and 47 for full details.
- if an individual Out-patient limit applies to your cover as shown on your Membership Certificate and you have used all your Out-patient limit for the Year, you can still use the Direct Access service but any Out-patient consultations, diagnostic tests or therapies you are referred for would not be covered under your Benefits.
- if your Benefits do not cover Out-patient consultations, diagnostic tests and therapies before diagnosis of your condition and hospital Treatment, you can still use the Direct Access service, but any Out-patient consultations or therapies the Direct Access service may refer you for would not be covered under your Benefits.

The charge for any telephone assessments required as part of our Direct Access process will not:
- erode your Out-patient benefit limit if you have one, nor
- be subject to your excess if one applies to your cover.

If you go on to receive and claim for Eligible Treatment following referral by our Direct Access service, that Treatment will be treated as a normal claim under your cover.

General information on claiming
2.3.1 Treatment costs are only covered when:
- the person with responsibility is a Consultant. The only exception to this is where a GP, Consultant or our Direct Access service refers you for Out-patient Treatment by a Therapist, Mental Health and Wellbeing Therapist or Complementary Therapy Practitioner.
on the date you receive Treatment the Consultant, medical practitioner or other healthcare professional and the facility where the Treatment is given, are recognised by us for treating the condition you have and for providing the type of Treatment you need.

2.3.2 Any Treatment must be provided in the UK.

2.4 If you need to make a claim and your Membership Certificate says that your underwriting method is ‘Moratorium’: before you arrange any consultation or Treatment you must call us and we will send you a pre-treatment form to complete with details of the history of the relevant medical condition including information you will need to get from your GP or Consultant. They may charge you a fee for this which we do not pay. Once we receive all the information we need, we will say whether your proposed Treatment, medical provider, healthcare professional or Treatment facility will be eligible under your cover.

If you wish to make a claim, we will tell you whether you will need to complete a claim form.

2.4.1 If you do not need to complete a claim form, we will treat your submission of your pre-treatment form to us as your claim once we are notified that you have received your consultation or Treatment. In most cases we will be notified that you have received your consultation or Treatment by your Consultant or the provider of your Treatment.

2.4.2 If you do need to complete a claim form, you will need to return the fully completed claim form to us as soon as possible and, in any event, within six months of receiving the Treatment for which you are claiming unless this was not reasonably possible.

2.5 If you need to make a claim and your Membership Certificate shows your underwriting method is ‘Underwritten’: it is important that you complete and send us the Application Form for you and/or for your Dependents if the special conditions section of your Membership Certificate states that we require you to do so. Until you have completed this we won’t be able to confirm exactly what your policy covers you and/or your Dependents for, meaning your claims might take longer for us to process or you might not be eligible to claim for Treatment you need.

2.5.1 When you call your helpline to pre-authorise your Treatment we will confirm if the Treatment is eligible under your cover and if so the Benefits available to you and, if you wish to make a claim, tell you whether you need to complete a claim form.

2.5.2 If you do not need to complete a claim form, we will treat your call to us as your claim once we are notified that you have received your consultation or Treatment. In most cases we will be notified that you
have received your consultation or Treatment by your Consultant or the provider of your Treatment.

2.5.3 If you do need to complete a claim form, you will need to return the fully completed claim form to us as soon as possible and, in any event, within six months of receiving the Treatment for which you are claiming unless this was not reasonably possible.

2.6 Providing us with information

You must provide us with the information we reasonably need to assess your claim. For example, we may ask you for:

- medical reports and other information about the proposed Treatment
- an independent medical examination, at our expense
- original accounts and invoices in connection with your claim (including any related to Treatment costs covered by your excess – if any). We cannot accept photocopies of accounts or invoices or originals that have been altered.

You can, of course, refuse to supply any of this material, but if you do not provide us with information we reasonably request, we will be unable to assess or pay your claim.

2.6.1 When you need a medical report from your GP or Consultant, we can request this for you. You can ask us to get the report without your seeing it before it is sent to us, though you can always change your mind by contacting your doctor before the report is sent to us, when you will have the opportunity to ask your doctor to change the report or to allow you to add your comments, or you can refuse to agree to its release.

2.6.2 Alternatively, you can tell us that you want to see the report before it is sent to us, in which case you will have 21 days, after we tell you that we have requested the report to contact your doctor to make arrangements to see it. If you do not contact your doctor within the 21 days, you will have authorised them to disclose the report to us directly without further notice to you. If you contact your doctor to see the report, you must then give them written consent before it can be released. You will have the opportunity to ask your doctor to change the report or to allow you to add your comments, or you can refuse to agree to its release.

2.6.3 If you do refuse consent to the release of the report to us, we may be unable to proceed with your claim.
2.6.4 Whether or not you indicate that you wish to see the report before it is sent, you can always ask your doctor to let you see a copy of the report, so long as you ask within six months of the report being sent to *us*. Your doctor is entitled to withhold some or all of the information contained in the report if, in their opinion, this information (a) might cause serious harm to your physical or mental health or that of another person, or (b) it would reveal the identity of another person without their consent (other than a healthcare professional in their professional capacity in relation to your care).

2.6.5 *We* may make a contribution to the costs of any medical report that we have requested on your behalf. This will be confirmed at point of telephone consent. If *we* do make a contribution, you will be responsible for any amount above this. Please note that if *we* request a medical report regarding a claim that is confirmed to relate to a *Pre-existing Condition*, *we* will not make any contribution.

2.7 Claiming for NHS Cash Benefits:
If your *Membership Certificate* says you are entitled to *NHS Cash Benefits*, call the helpline to check your *Benefits*. We will confirm your *Benefits* and tell you whether you need to complete a claim form. You must send *us* either:
- your completed claim form if you need to complete one – please note that for *NHS Cash Benefits* you will need to take your claim form with you to the hospital and ask them to complete the hospital sections, or
- If you do not need a claim form, a covering letter giving your name, address and membership number together with your original invoices and receipts.

2.8 If you claim for *Treatment* because of an injury or medical condition caused by someone else you must tell *us* this as soon as possible. If you claim compensation from the person at fault you must:
- tell *us* and tell the insurance company or solicitor of the person at fault that you are having private *Treatment* and wish to recover the costs as part of your claim
- add to your claim the costs we have paid, interest on those costs and our administration costs
- keep *us* informed of the progress of the claim
- and pay to *us* any amount reflecting the costs we have paid (and any associated interest and administration costs) which you recover.

2.9 Please note, you can only claim for eligible private medical costs once. This means if you have two policies that provide private medical cover, the cost of your *Eligible Treatment* may be split between *Bupa* and the other insurance company. You will be asked to provide *us* with full details of any other insurance policy at the time of claim.
2.10 **Case Management:** If we believe you are having *Eligible Treatment* that could benefit from *our* case management support, we will provide a case manager to help you navigate through your healthcare experience. Your case manager will contact you by phone and will work with you to understand your individual needs and the best way to help you. This can include discussing options available to you, liaising with healthcare professionals and helping you get the most from your policy.

3. **Paying a claim**

3.1 Usually, we will pay the providers of your *Treatment* directly. Otherwise, we will pay the *Main Member*. We will pay claims for *NHS Cash Benefits* to the *Main Member*.

3.2 If you wish to withdraw your claim, you should call the helpline to tell *us* as soon as possible. You will be unable to withdraw if we have already paid the claim. If you do withdraw your claim, you will be responsible for paying the costs of that *Treatment*.

3.3 In exceptional circumstances, we may agree to pay for the costs of *Treatment* to which you are not entitled under your cover. If we do, this payment will count towards the maximum amount we will pay under your related cover. Making these payments does not oblige *us* to make them in the future.

3.4.1 Your *Membership Certificate* will say if you have agreed with *us* an excess payment.

3.4.2 Having an excess means that you have to pay part of any *Treatment* costs that we would otherwise pay. An excess applies to the first amount of any claim.

3.4.3 Any excess applies per person per policy *Year*. It resets at each *Renewal Date* even if your *Treatment* is continuing. So your excess could apply twice to a single course of *Treatment* if the *Treatment* begins in one *Year* and continues into the next.

You are responsible for paying any excess. *We* will write to you to say who you should pay.

3.4.4 You should always make a claim for *Treatment* costs even if *we* will not pay the claim because of your excess. Otherwise, the amount will not be counted towards your excess and you may lose out should you need to claim next time.

3.4.5 Unless *we* say otherwise on your *Membership Certificate*:
   - we apply the excess limits in the order in which *we* process claims
   - the excess does not apply to cash benefits
   - when you claim for *Treatment* costs where a benefit limit applies, your excess payment will not count towards your total benefit limit for that *Benefit*.
### 3.4.6 Example of how an annual fixed excess works

Check your Membership Certificate to see if an excess applies to your Benefits. The following is an example only and assumes that all costs are Eligible Treatment costs and:

- an excess of £100 a Year
- an Out-patient benefit limit of £500 a Year.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patient benefit limit for the Year</td>
<td>£500</td>
</tr>
<tr>
<td>You incur costs for Out-patient physiotherapy</td>
<td>£250</td>
</tr>
<tr>
<td>We pay your Therapist</td>
<td>£150</td>
</tr>
<tr>
<td>We notify you of excess amount you pay direct to your Therapist</td>
<td>£100</td>
</tr>
<tr>
<td>Your remaining Out-patient benefit limit for the rest of the Year</td>
<td>£350</td>
</tr>
<tr>
<td>Your remaining excess for the rest of the Year</td>
<td>£0</td>
</tr>
</tbody>
</table>

### 4. Changes to lists

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

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

The lists we apply these criteria to include the following:

- Advanced Therapies
- Appliances
- Consultant Fees Schedule
- Critical Care Units
- Fee-Assured Consultants
- Medical Treatment providers
- Muscle, Joint or Bone Conditions
- Prostheses
- Recognised Facilities
- Recognised Practitioners
- Schedule of Procedures
- Specialist Drugs
5. Glossary

In this glossary we define the words and phrases which are in italics in the Bupa By You Health Insurance Policy Terms, the Benefits Table and your Membership Certificate.

<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of Daily Living</td>
<td>functional mobility, bathing/showering, dressing, self-feeding, personal hygiene/grooming, fulfilment of work or educational responsibilities.</td>
</tr>
<tr>
<td>Acute Condition</td>
<td>a disease, illness or injury that is likely to respond quickly to <em>Treatment</em> 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.</td>
</tr>
<tr>
<td>Advanced Therapies</td>
<td>new and innovative targeted/bespoke therapies using advanced materials and methods which at the time of your <em>Eligible Treatment</em> are included on our list of Advanced Therapies available on request and at bupa.co.uk/policyinformation. The Advanced Therapies on the list will change from time to time.</td>
</tr>
<tr>
<td>Application form</td>
<td>the questionnaire we provide to you when you and/or your <em>Dependants</em> first take out or are added as a <em>Dependant</em> to a policy with <em>us</em> which requires you and/or your <em>Dependants</em> to disclose details of your/their health, medical history and lifestyle. If you no longer have the application form, you may call <em>us</em> to request a replacement.</td>
</tr>
<tr>
<td>Benefits</td>
<td>the Benefits explained in the Bupa Benefits Table. The Benefits which relate to your cover are those specified on your <em>Membership Certificate</em> for which you are individually entitled.</td>
</tr>
<tr>
<td>Bupa</td>
<td>Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: Bupa, 1 Angel Court, London EC2R 7HJ. Bupa provides the cover.</td>
</tr>
<tr>
<td>Cancer</td>
<td>a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.</td>
</tr>
<tr>
<td>Word/phrase</td>
<td>Meaning</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Chronic Condition</strong></td>
<td>a disease, illness or injury which has one or more of the following characteristics:</td>
</tr>
<tr>
<td></td>
<td>▪ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests</td>
</tr>
<tr>
<td></td>
<td>▪ it needs ongoing or long-term control or relief of symptoms</td>
</tr>
<tr>
<td></td>
<td>▪ it requires your rehabilitation or for you to be specially trained to cope with it</td>
</tr>
<tr>
<td></td>
<td>▪ it continues indefinitely</td>
</tr>
<tr>
<td></td>
<td>▪ it has no known cure</td>
</tr>
<tr>
<td></td>
<td>▪ it comes back or is likely to come back.</td>
</tr>
<tr>
<td><strong>Common Drugs</strong></td>
<td>commonly used medicines, such as antibiotics and painkillers that, in our reasonable opinion based on established clinical and medical practice, should be used as part of your Eligible Treatment.</td>
</tr>
<tr>
<td><strong>Complementary Therapy</strong></td>
<td>an acupuncturist, chiropractor or osteopath who is on our Recognised Practitioner list. The practitioners on the list will change from time to time. You can ask us if a practitioner is a Recognised Practitioner and the type of Treatment we recognise them for.</td>
</tr>
<tr>
<td><strong>Consultant</strong></td>
<td>a registered medical or dental practitioner who, at the time you receive your Treatment is on our recognised consultant list for the relevant Benefit and type of Treatment.</td>
</tr>
<tr>
<td></td>
<td>The practitioners on the list will change from time to time. You can ask us whether a medical or dental practitioner is on our list and the type of Treatment we recognise them for or you can access these details at finder.bupa.co.uk</td>
</tr>
<tr>
<td><strong>Consultant fees schedule</strong></td>
<td>the schedule we use for providing Benefits setting out the benefit limits for Consultants’ fees based on:</td>
</tr>
<tr>
<td></td>
<td>▪ the type of Treatment carried out</td>
</tr>
<tr>
<td></td>
<td>▪ for Surgical Operations, the type and complexity of the Surgical Operation according to the Schedule of Procedures – the benefits available for Consultant surgeons and Consultant anaesthetists may differ for the same Surgical Operation</td>
</tr>
<tr>
<td></td>
<td>▪ the recognition status of the Consultant, and</td>
</tr>
<tr>
<td></td>
<td>▪ where the Treatment is carried out both in terms of the Treatment facility and the location.</td>
</tr>
<tr>
<td></td>
<td>The schedule will change from time to time. Details of the schedule can be found at bupa.co.uk/codes</td>
</tr>
<tr>
<td><strong>Cover End Date</strong></td>
<td>the date on which your current period of cover under the policy ends, shown as ‘Cover end date’ on your Membership Certificate.</td>
</tr>
<tr>
<td>Word/phrase</td>
<td>Meaning</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cover Start Date</td>
<td>the date on which your current period of cover under the policy starts, shown as ‘Cover start date’ on your Membership Certificate.</td>
</tr>
<tr>
<td>Critical Care Unit</td>
<td>any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is on our list of Critical Care Units and recognised by us for the type of intensive care that you require at the time you receive your Treatment. The units on the list and the type of intensive care that we recognise a unit for will change from time to time. You can ask us whether a Critical Care Unit is on our list and the type of Treatment we recognise it for.</td>
</tr>
<tr>
<td>Day-patient</td>
<td>a patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.</td>
</tr>
<tr>
<td>Dental Injury Treatment</td>
<td>Dental Treatment required as a direct result of injury caused by an external impact.</td>
</tr>
<tr>
<td>Dental Professional</td>
<td>a Dental Professional who is registered with the General Dental Council.</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>the following Dental Treatment carried out by a Dental Professional:</td>
</tr>
<tr>
<td></td>
<td>- fillings (amalgam, composite anterior, composite posterior)</td>
</tr>
<tr>
<td></td>
<td>- root canal Treatment</td>
</tr>
<tr>
<td></td>
<td>- surgical Treatment (extraction, surgical extraction (flap raised), apicectomy, incising of abscess, simple gingivectomy)</td>
</tr>
<tr>
<td></td>
<td>- crowns and bridges (inlay/onlay, veneer, full gold crown, porcelain crown, porcelain bonded to metal crown, bridge, adhesive bridge, cast post and core, pre-fabricated post and core, re-fix or re-cement of existing crown, re-cement of adhesive bridge, re-cement of any other bridge)</td>
</tr>
<tr>
<td></td>
<td>- dentures – acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint), including in each case anaesthetics fees.</td>
</tr>
<tr>
<td>Dependant</td>
<td>your partner and any child of yours or your partner’s who is named on your Membership Certificate. Your partner can be your husband or wife, civil partner, or the person you live with in a relationship similar to that of a marriage or civil partnership.</td>
</tr>
<tr>
<td>Word/phrase</td>
<td>Meaning</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Effective Underwriting Date</td>
<td>the date you/your Dependant started your/their continuous period of cover under the policy, shown as your/their ‘Effective underwriting date’ on your Membership Certificate. This may be the date you/they originally joined Bupa or, if you/they transferred your/their cover from a Previous Policy the date of underwriting by the insurer or administrator for your/their Previous Policy.</td>
</tr>
<tr>
<td>Eligible Surgical Operation</td>
<td>Eligible Treatment carried out as a Surgical Operation.</td>
</tr>
</tbody>
</table>
| Eligible Treatment       | Treatment of:  
  - an Acute Condition or  
  - a Mental Health Condition  
  together with the products and equipment used as part of the Treatment that:  
    - are consistent with generally accepted standards of medical practice and representative of best practice in the medical profession in the UK  
    - are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided  
    - are demonstrated through scientific evidence to be effective in improving health outcomes, and  
    - are not provided or used primarily for the expediency of you or your Consultant or other healthcare professional  
  and the Treatment, services or charges are not excluded under your Benefits. |
<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dental Treatment</td>
<td>the following temporary <em>Dental Treatment</em> carried out by a <em>Dental Professional</em>, where urgently required to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health:</td>
</tr>
<tr>
<td></td>
<td>- examinations</td>
</tr>
<tr>
<td></td>
<td>- X-rays</td>
</tr>
<tr>
<td></td>
<td>- extractions</td>
</tr>
<tr>
<td></td>
<td>- root canal extirpation</td>
</tr>
<tr>
<td></td>
<td>- initial relief <em>Treatment</em> of dental or gingival infection</td>
</tr>
<tr>
<td></td>
<td>- temporary filling, or provision of permanent filling if a temporary filling is not required</td>
</tr>
<tr>
<td></td>
<td>- construction of temporary crown/bridge/veneer</td>
</tr>
<tr>
<td></td>
<td>- re-cement of crown/inlay/bridge/veneer</td>
</tr>
<tr>
<td></td>
<td>- temporary post and core, repair or replacement of orthodontic appliance</td>
</tr>
<tr>
<td></td>
<td>- repair or adjustment to denture</td>
</tr>
<tr>
<td></td>
<td>- other temporary emergency dental treatment as determined by the <em>Dental Professional</em> eg stopping bleeding, re-fixing orthodontic retainer wire.</td>
</tr>
<tr>
<td>Fee-Assured Consultants</td>
<td>a <em>Consultant</em> who, at the time you receive your <em>Treatment</em>, is recognised by <em>us</em> as a fee-assured consultant. You can contact <em>us</em> to find out if a <em>Consultant</em> is a fee-assured consultant or use finder.bupa.co.uk</td>
</tr>
<tr>
<td>GP</td>
<td>a doctor who, at the time he/she refers you for your consultation or <em>Treatment</em>, is on the UK General Medical Council’s General Practitioner Register.</td>
</tr>
<tr>
<td>In-patient</td>
<td>a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.</td>
</tr>
<tr>
<td>Main Member</td>
<td>the person named as the Main Member on the <em>Membership Certificate</em> who is eligible to be covered in his or her own right rather than as a <em>Dependant</em>.</td>
</tr>
<tr>
<td>Membership Certificate</td>
<td>the most recent membership certificate that <em>we</em> issue to the <em>Main Member</em> for your/your <em>Dependant(s)</em> (if any) current continuous period of cover under the policy.</td>
</tr>
<tr>
<td><strong>Word/phrase</strong></td>
<td><strong>Meaning</strong></td>
</tr>
<tr>
<td>---------------------------------</td>
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</tr>
</tbody>
</table>
| Mental Health and Wellbeing Therapist | - 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 Psychoanalytical Council  
- a counsellor accredited with British Association for Counselling and Psychotherapy  
- a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies, who is on our Recognised Practitioner list. The practitioners on the list will change from time to time. You can ask us whether a practitioner is on our list and the type of Treatment we recognise them for or you can access these details at finder.bupa.co.uk |
<p>| Mental Health Condition | a condition which is a mental health condition according to a reasonable body of medical opinion, and/or which is diagnosed and treated and managed as a mental health condition by a Consultant psychiatrist or a Mental Health and Wellbeing Therapist. We do not pay for Treatment of dementia, behavioural or developmental problems once diagnosed. |
| Mental Health Day-patient Treatment | Mental Health Treatment which for medical reasons means a patient has to be admitted to a Recognised Facility because they need a period of clinically-supervised Mental Health Treatment as a day case but does not have to occupy a bed overnight and the Mental Health Treatment is provided on either an individual or group basis. |
| Mental Health Treatment | Eligible Treatment of a Mental Health Condition as set out in Benefit B5 Mental Health Treatment. |
| Moratorium Start Date | the date you/your Dependant started your/their continuous period of cover under the policy, shown as your/their ‘Moratorium start date’ on your Membership Certificate. This may be the date you/they originally joined Bupa or, if you/they transferred your/their cover to Bupa from a Previous Policy the date identified by the insurer or administrator of your/their Previous Policy for determining moratorium conditions under your/their Previous Scheme. |</p>
<table>
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<tr>
<th>Word/phrase</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>Muscle, Joint or Bone Condition</td>
<td>a musculoskeletal condition which at the time your current period of cover began is included on the list of such conditions used by us for the purpose of providing Benefits. You should call us before you have Treatment to confirm if your condition is covered. Details of the list are available on request.</td>
</tr>
</tbody>
</table>
| NHS                         | the National Health Service operated in Great Britain and Northern Ireland, or  
                                  | the healthcare scheme that is operated by the relevant authorities of the Channel Islands, or  
                                  | the healthcare scheme that is operated by the relevant authorities of the Isle of Man. |
| NHS Band                    | any of bands 1, 2 or 3 specified by the NHS in England in relation to the classification of, and fees payable for, dental services provided to NHS patients in England.                                      |
| NHS Cash Benefit            | the cash payment we may make if you or a Dependant have received free NHS Treatment which could have been covered by us as private Treatment.                                                               |
| Optician                    | an ophthalmic Optician or optometrist registered with the General Optical Council.                                                                                                                  |
| Oral Cancer Treatment       | Treatment for Cancer of the oral cavity, lips, tongue and/or pharynx provided by a Consultant.                                                                                                           |
| Orthodontic Treatment       | Dental Treatment provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.                                                                    |
| Out-patient                 | a patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a Day-patient or an In-patient.                                                                            |
| Pre-existing Condition      | any disease, illness or injury for which in the seven years before your Effective Underwriting Date:  
                                  | you have received medication, advice or Treatment, or  
<pre><code>                              | you have experienced symptoms, whether the condition was diagnosed or not. |
</code></pre>
<table>
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<tr>
<th>Word/phrase</th>
<th>Meaning</th>
</tr>
</thead>
</table>
| Previous Policy  | another Bupa private medical insurance policy or Bupa administered healthcare trust  
|                  | a private medical insurance policy or medical healthcare trust provided or administered by another insurer that we specifically agree will be treated as a previous policy for the purpose of assessing your Moratorium Start Date, Effective Underwriting Date or continuous periods of cover as applicable, provided that:  
|                  | - you have provided us with evidence of your continuous cover under the previous policy, and  
|                  | - there is no break in your cover between the previous policy and this policy.  
| Recognised Facility | the hospitals or Treatment facilities, centres or units that are:  
|                  | - on our list for the medical condition you have  
|                  | - carrying out the type of Treatment you need, and  
|                  | - covered by your Membership Certificate.  
| Recognised practitioner | a healthcare practitioner who at the time of your Treatment:  
|                  | - is recognised by us for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of Treatment you need, and  
|                  | - is in our list of recognised practitioners that applies to your Benefits.  
| Renewal Date     | each anniversary of your Cover Start Date, or  
|                  | common renewal date. Cover is generally renewed annually. Depending on the month in which you first join the scheme, your initial period of cover may not be a full 12 months and your Benefits and your subscriptions may change at the common renewal date.  
|                  | If you are unsure which applies to you, you can call us or look in your eligibility information leaflet.  
| Resident         | where your current, permanent address is.  

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Section two: *Policy Terms*
<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
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</thead>
</table>
| Routine Dental Treatment | the following dental services carried out by a *Dental Professional*:  
  - routine examination/check-up  
  - X-rays  
  - scale and polish consultations, including simple scale and polish and chronic periodontal *Treatment*. |
| Schedule of Procedures  | the schedule we use for providing *Benefits* which classifies *Surgical Operations* according to their type and complexity. The schedule will change from time to time. Not all procedures listed in the schedule are covered under *Bupa* schemes. Further information on the schedule is available on request. |
| Specialist Drugs        | drugs and medicines to be used as part of your *Eligible Treatment*, which are not *Common Drugs* and are at the time of your *Treatment* included on *our* list of Specialist Drugs that applies to your *Benefits*. The drugs on the list will change from time to time. You can ask *us* whether a drug or medicine is on *our* list and the type of *Treatment* we recognise them for or you can access these details at [bupa.co.uk/policyinformation](http://bupa.co.uk/policyinformation) |
| Surgical Implant        | any implant inserted into the jaw bone for the support or retention of crowns, bridges or dentures.                                                                                                        |
| Surgical Operation      | a surgical procedure or complex investigative/diagnostic procedure. This includes, if it is carried out as *In-patient Treatment*:  
  - all medically necessary *Treatment* related to the procedure  
  - all consultations carried out from the time you are admitted to a facility until the time you are discharged, or  
  if it is carried out as *Out-patient Treatment*, the following if it is integral to the operation:  
  - all medically necessary *Treatment* related to the operation  
  - any consultation on the same day. |
<table>
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<tr>
<th>Word/phrase</th>
<th>Meaning</th>
</tr>
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</table>
| **Therapist**    | - a chartered physiotherapist  
|                  | - a British Association of Occupational Therapists registered occupational therapist  
|                  | - a British and Irish Orthoptic Society registered orthoptist  
|                  | - a Royal College of Speech and Language Therapists registered speech and language therapist  
|                  | - a Society of Chiropodists and Podiatrists registered podiatrist, or  
|                  | - a British Dietetic Association registered dietitian  
|                  | who is Health and Care Professions Council registered and is on our list of Recognised Practitioners.                                                                                                                         |
|                  | The therapists on the list will change from time to time. You can ask us whether a therapist is a Recognised Practitioner and the type of Treatment We recognise them for or you can access these details at finder.bupa.co.uk |
| **Treatment**    | surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.                                                                                                       |
| **UK/United Kingdom** | Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.                                                                                                                                                     |
| **We/our/us**    | Bupa.                                                                                                                                                                                                                             |
| **Year**         | for each period of your cover, 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 are a Dependant joining an existing policy then depending on the month in which you first join the policy, your initial period of cover may not be a full 12 months and your cover and your subscriptions may change at the Renewal Date. |
Section three: Protecting your information and rights

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

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

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office: 1 Angel Court, London EC2R 7HJ

Getting in touch
The Bupa helpline is always the first number to call if you need help or support.
You can call us on 0345 609 0777*.
The Staff at Bupa are trained and supervised to provide our customers and members with information only on Bupa’s own insurance products and health related services.

2 Cancellation
You may cancel your membership for any reason by calling us on 0800 010 383* or writing to us within the later of 21 days of receipt of your policy documents (including your Membership Certificate) we send you confirming your cover, or your Cover Start Date. During this period, if you have not made any claims, we will refund all of your subscriptions paid for that Year. After this period of time you can end your cover at anytime, we will refund any subscriptions you have paid relating to the period after your cover ends.

You may cancel any of your Dependents’ membership for any reason by calling us on 0800 010 383* or writing to us within the later of 21 days of receipt of your policy documents (including your Membership Certificate) we send you confirming their cover,

*We may record or monitor our calls.
or their *Cover Start Date*. During this period, as long as no claims have been made in respect of their cover, we will refund all of your subscriptions paid in respect of that *dependant’s cover* for that *Year*. After this period of time you can end their cover at anytime, we will refund any subscriptions you have paid relating to the period after their cover ends.

Please note: cancelling or ending your and/or any *Dependant’s* membership will also cancel or end your and/or their cover for:

- any Benefit A Add-on and/or Bupa By You Travel Insurance you and/or they may have included under your/their cover.

Benefit A Add-ons: You may cancel your and/or any of your *Dependants’ cover* for any Benefits A Add-ons for any reason by calling us on 0800 010 383* or writing to us within the later of 21 days of:

- receipt of your policy documents (including your *Membership Certificate*) we send you confirming your and/or their cover for the Benefits A Add-on you are cancelling, or
- your and/or their *Cover Start Date* for the Benefit A Add-on you are cancelling.

During this period, as long as no claims have been made in respect of your and/or their cover for the Benefits A Add-on you are cancelling, we will refund all of your subscriptions paid in respect of your and/or their cover for that *Year* that relate to that Benefits A Add-on. After this period of time you can end your and/or their cover for any Benefit A Add-on at any time, we will refund any subscriptions you have paid that relate your and/or their cover for that Benefit A Add-on for the period after your and/or their cover for that Benefit A Add-on ends.

Bupa by You Travel and Emergency Medical Cover: please refer to your separate Bupa By You Travel and Emergency Medical Cover policy wording booklet for cancellation details.

Please also refer to section 2, sub sections 1.6.2 and 1.6.3.

### 3 Statement of demands and needs

This policy is generally suitable for someone who is looking to cover the cost of a range of health expenses. We have not provided you with any advice regarding this policy. If you have purchased through a non- *Bupa* financial adviser then please refer to the demands and needs statement that they have provided you with.

Please read your *Membership Certificate* and this Policy Benefits and Terms booklet to ensure this policy meets your needs.

*We may record or monitor our calls.*
4 Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use and protect it. It also provides information about your rights. Further details can be found in our Full Privacy Notice available at bupa.co.uk/privacy.

If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Privacy team on +44 (0) 1784 893706. Alternatively you can email the team at dataprotection@bupa.com or write to Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.

Information about Bupa

In this privacy notice, references to ‘we’ or ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is comprised 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.

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (‘you’, ‘your’), via any channel (eg email, website, telephone, app etc).

Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of...
performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties’ legitimate interests or it is required or permitted by applicable law.

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

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

Sharing your information
We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.
Transfers outside of the European Economic Area (EEA)

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area (‘EEA’), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

Data Protection Contacts

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

You also have a right to make a complaint to your local privacy supervisory authority. Bupa’s main establishment is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

5 Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

If Bupa, or any representative of Bupa, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you.

If you are a member of a company or corporate scheme please call your dedicated Bupa helpline, this will be detailed on your membership certificate.

For any other complaint our member services department is always the first number to call if you need help or support or if you have any comments or complaints. You can contact us in several ways:
By phone: 0345 609 0777*
In writing: Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP
By email: customerrelations@bupa.com

Please be aware that the information you send to this email address may not be secure unless you send your email through Egress.

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

Via our website: bupa.co.uk/members/member-feedback

How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we will write to you to confirm this. Where we are unable to resolve your complaint within this time, we will promptly write to you to acknowledge receipt. We will then continue to investigate your complaint and aim to send you our final written decision within four weeks from the day of receipt. If we are unable to resolve your complaint within four weeks following receipt, we will write to you to confirm that we are still investigating it.

Within eight weeks of receiving your complaint we will either send you a final written decision explaining the results of our investigation or we will send you a letter advising that we have been unable to reach a decision at this time.

If you remain unhappy with our response, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: Exchange Tower, London E14 9SR or contact them via email at complaint.info@financial-ombudsman.org.uk or call them on 0800 023 4567 calls to this number are now free on mobile phones and landlines or 0300 123 9123 (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

For more information you can visit www.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 what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact us.

Your complaint will be dealt with confidentially and will not affect how we treat you in the future.

*We may record or monitor our calls.
Whilst we are bound by the decision of the Financial Ombudsman Service, you are not.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For Bupa, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit http://ec.europa.eu/consumers/odr/

6 The Financial Services Compensation Scheme (FSCS)

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

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

7 Financial crime and sanctions

Financial crime

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

Sanctions

Bupa, through your policy, shall not provide cover or be liable to pay any claim where this would expose Bupa to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where Bupa transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.
Bupa health insurance is provided by:
Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are arranged and administered by:

You can check the Financial Services Register by visiting: https://register.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768.
Registered office: 1 Angel Court, London EC2R 7HJ
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