

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 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.

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.

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Section one: Eligible treatment, benefits and limitations

Benefits Table

The 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. The Table forms part of the Bupa By You Health Insurance Agreement.

Important Information

1. At the *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 Certificate sets out the details of the cover you have chosen. We do not pay for any Benefit or Discretion listed in the Table unless it is included on your Certificate.
3. We only pay up to the limits stated on your 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. We do not pay for any Special Conditions detailed on your Certificate, or any *Pre-existing Conditions* or Moratorium Conditions. What this means is explained on your Certificate.
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 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 on the date you receive *Treatment*, unless we specifically authorise otherwise in a particular case. You can ask us whether a facility or practitioner is recognised or you can access these details at **finder.bupa.co.uk** You can also find out whether a *Consultant*, medical practitioner or healthcare professional is recognised by us for remote consultations.
7. All *Treatment* must be carried out in a *Recognised Facility* in the UK, the Channel Islands or the Isle of Man, and provided by a *Consultant*, medical practitioner or healthcare professional who is recognised by us on the date you receive *Treatment*, unless we specifically authorise otherwise in a particular case. You can ask us whether a facility or practitioner is recognised or you can access these details at **finder.bupa.co.uk** You can also find out whether a *Consultant*, medical practitioner or healthcare professional is recognised by us for remote consultations.
8. There must be a *Consultant* with overall responsibility for your *Treatment*, unless your *GP* or *Consultant* refers you for, or we authorise, *Out-patient Treatment* by a *Mental Health and Wellbeing Therapist* or *Complementary Medicine Practitioner*.

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.

While we do not pay for *Treatment of Chronic Conditions*, we will pay for *Eligible Treatment* for a flare-up of acute symptoms of a *Chronic Condition* (except a chronic mental health condition), if the *Treatment* is likely to lead quickly to a complete recovery rather than prolonged *Treatment*.

Remote consultations by telephone or via any other remote medium with a *Consultant* are covered if the *Consultant* is at the time of your *Treatment* recognised by us to carry out remote consultations.

Excluded Treatment

See General Exclusion GE5 *Chronic Conditions* and *Chronic Mental Health Conditions*

Discretionary Eligible Treatment

Discretion D1.1 *Out-patient Consultations*

We may pay a *Consultant* or *Recognised Facility* charge for the use of a consulting room for the consultation. If we decide not to pay, then you will have to pay this charge.

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*, *Mental Health and Wellbeing Therapist* or any other healthcare professional, are only covered if the healthcare professional is at the time of your *Treatment* recognised by us to carry out remote consultations.

Discretionary Eligible Treatment

Discretion D1.2 *Out-patient Therapies*

If your *Consultant* refers you to a practitioner who is not a *Therapist*, we may pay where the *Consultant* remains in overall charge of your care and the practitioner has applied for *Bupa* recognition, which we have not yet accepted or rejected.

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.

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

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*.

Although we do not pay for Cosmetic surgery, we do pay for an *Eligible Surgical Operation* required to restore your appearance as a direct result of an accident or *Cancer* surgery so long as the accident or the *Cancer* surgery was during your current continuous period of cover under this Agreement or under any other *Bupa* medical insurance provided without a break in your cover.

You must have *our* consent before receiving the *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 Certificate must state that *Eligible Treatment for Cancer* is included.

Excluded Treatment

See General Exclusion GE5 *Chronic Conditions* and Chronic Mental Health 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

Included Eligible Treatment

An *Eligible Surgical Operation* carried out by a *Consultant* to:

- put a natural tooth back into a jawbone after it is knocked out or dislodged in an unexpected accidental injury
- treat a jawbone 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.

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.

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.

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*.

Excluded Treatment

See General Exclusion GE20 Pregnancy and Childbirth



Discretionary Eligible Treatment

Discretion D2.5 Caesarean Section

We may pay for the delivery of a baby by caesarean section where the caesarean section needs to be provided because of an immediate threat to the life of the member (mother). We may pay for planned delivery of a baby by caesarean section where vaginal delivery by the member (mother) would be likely to result in her loss of life.

In both instances we need full clinical details from your *Consultant* before we can give our decision. For planned caesarean sections we need these details at least two weeks before the planned date of the caesarean section.

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* or *Complementary Therapy Practitioner*.

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 over the age of 16.

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

Benefit B3.2.5 Diagnostic Tests and MRI, CT and PET Scans

Included Eligible Treatment

When recommended by your *Consultant* as part of *Day-patient* or *In-patient Treatment*, we pay *Recognised Facility* charges for:

- diagnostic tests
- MRI, CT and PET Scans.

Benefit B3.2.6 Therapies

Included Eligible Treatment

Recognised Facility charges for *Eligible Treatment* provided by *Therapists*, when necessary as part of your *Day-patient* or *In-patient Treatment*.

Excluded Treatment

See General Exclusion GE23 Speech Disorders

Discretionary Eligible Treatment

Discretion D3.2.6 Therapies

We may pay for short-term speech therapy when it is part of *Eligible Treatment*, eg after a stroke. The speech therapy must be provided by a *Therapist*.

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 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 may change from time to time. Details are available on request or at 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

Benefit B4 Cancer Treatment

In addition to the items listed in B4.1 and B4.2 below, *Eligible Treatment* for *Cancer* is dealt with in the same way as *Eligible Treatment* for other conditions under *Benefits* B1, B2, B3, B6 and B7.

Benefit B4.1 Cancer Cover

Included Eligible Treatment

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

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

Discretionary Eligible Treatment

Discretion D4.1.1 *Out-patient* Consultations for *Cancer*

We may pay a *Consultant* or *Recognised Facility* charge for the use of a consulting room for an *Out-patient* consultation. If we decide not to pay, then you will have to pay this charge.

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

Included Eligible Treatment

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

Discretionary Eligible Treatment

Discretion D4.1.2 *Out-patient Therapies and Treatment* for *Cancer*

If your *Consultant* refers you to a practitioner who is not a *Therapist*, we may pay where the *Consultant* remains in overall charge of your care and the practitioner has applied for *Bupa* recognition, which we have not yet accepted or rejected.

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.

Excluded Treatment

See General Exclusion GE21 Screening, Monitoring and Preventive *Treatment*

Discretionary Eligible Treatment

Discretion D4.1.3 *Out-patient* Diagnostic Tests for *Cancer*

If you are being treated for *Cancer*, have strong direct family history of *Cancer* and your *Consultant* has recommended that you receive a genetically-based test to evaluate future risk of developing further *Cancers*, we may cover this test as well as the recommended prophylactic surgery.

You must have our agreement before you have these tests or surgery and we will need full details from your *Consultant* before we give our decision.

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 B4.2 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 C4.1.

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

Your cover is designed to provide help for short- or medium-term medical *Treatment* that restores you back to health. Mental health conditions are often long-term in nature and may change in nature over time.

We do recognise alcoholism, drug addiction, Anorexia Nervosa and Bulimia Nervosa as mental health conditions. You can ask *us* if another condition is covered.

Benefit B5.1 Out-patient Mental Health Treatment

Included Eligible Treatment

We pay *Consultants* and *Mental Health and Wellbeing Therapists'* fees and *Recognised Facility* charges for *Eligible Treatment* of a mental health condition as listed below.

Benefit B5.1.1 Out-patient Consultations and Treatment

Included Eligible Treatment

Consultants' fees for *Out-patient* consultations as part of *Eligible Treatment* of a mental health condition and for *Out-patient Eligible Treatment* for a mental health condition.

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

Included Eligible Treatment

Mental Health and Wellbeing Therapists' fees for Out-patient Eligible Treatment for a mental health condition.

Discretionary Eligible Treatment

Discretion D5.1.2 *Out-patient Mental Health and Wellbeing Therapies*

If your *Consultant* or *GP* refers you to a practitioner who is not a *Therapist*, we may pay where the *Consultant* or *GP* remains in overall charge of your care and the practitioner has applied for *Bupa* recognition, which we have not yet accepted or rejected.

Benefit B5.1.3 Diagnostic Tests

Included Eligible Treatment

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

Benefit B5.2 Day-patient and In-patient Mental Health Treatment

Included Eligible Treatment

Consultants' fees and *Recognised Facility* charges for *Day-patient* and *In-patient Eligible Treatment* of a mental health condition.

We pay the type of *Recognised Facility* charges referred to in Benefit B3.2

Your Certificate shows the maximum number of days that we will pay for in relation to *Day-patient* or *In-patient Eligible Treatment* for a mental health condition.

Benefit B6 Home Nursing after Private Eligible Treatment as an In-Patient

Benefit B6 Home Nursing after Private Eligible Treatment as an In-patient

Included Eligible Treatment

You must have our agreement before this *Treatment* starts and we need full details from your *Consultant*.

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
- 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.

Excluded Treatment

Exclusion of Home Nursing

We do not pay for home nursing provided by a community psychiatric nurse.

Benefit B7 Private Ambulance Charges

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

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 *Start Date*, 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.

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

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

Exclusion of *NHS Cash Benefit* for *NHS In-patient Treatment*

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

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* (including blood 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

Exclusion of *NHS Cash Benefit* for *NHS In-patient Cancer Treatment*

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

Also, we do not pay this Benefit 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.

We only pay one *NHS Cash Benefit* even if you have more than one *Treatment* on the same day or might have been entitled to the payment under separate Benefit categories.

Excluded Treatment

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

We do not pay this Benefit at the same time as any other *NHS Cash Benefit*. We only pay this Benefit once even if you have more than one *Eligible Treatment* on the same day.

Benefit CB4 Procedure Specific NHS Cash Benefits

Included Eligible Treatment

Other *NHS Cash Benefits* are available to you. These depend on the type of *Treatment* you need. For information on Procedure Specific *NHS Cash Benefits* please call us or go to bupa.co.uk/pscb These *NHS Cash Benefits* may change from time to time. None of them are payable at the same time as any other *NHS Cash Benefit*.

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 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 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 *Start Date* or the date this *Benefit* was added to your cover, whichever is later
- once in any *Year*.

Benefit A3 Health Expenses Cover

Included Eligible Treatment

Your 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 Certificate.

Benefit A3.1 Dental Cash Benefit

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

Included Eligible Treatment

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 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 self-inflicted injury
- self-administered drugs such as antibiotics and painkillers or prescription charges.

Benefit A4.1 Dental Cover 20

Included Eligible Treatment

We pay the proportion shown on your Certificate of the amount you pay (up to the maximum annual benefit limit also shown on your 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 your *Start Date* 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

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 you began your current continuous period of membership of the scheme (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 *In-patient Treatment* and take place in a *Recognised Facility*
- start within forty-two days from and including the date you first receive that *In-patient Treatment*.

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

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.

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*.

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

Specified Benefits where the Exclusion does not apply

See Benefit B8 AIDS/HIV

General Exclusion GE3 Allergies or Allergic Disorders

General Exclusion GE4 Birth Control, Conception, Sexual Problems and Sex Changes

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
- sex change or gender reassignment,

or any condition arising from any of these.

Also see General Exclusion GE20 Pregnancy and Childbirth.

General Exclusion GE5 Chronic Conditions and Chronic Mental Health Conditions

Excluded Treatment

Treatment of Chronic Conditions.

Any *Treatment* for a mental health condition if you are suffering from, or have suffered from, a chronic mental health condition. 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.

By a chronic mental health condition we mean one which either:

- meets the definition in the glossary of a *Chronic Condition*, or
- is a mental health condition, or is related to a mental health condition, for which we have paid *Benefits for Treatment* in three different membership years, which need not be consecutive. These payments may be under any *Bupa* schemes or *Bupa* administered plans you are or have been a member of. A “membership year” for this purpose means the period from the date you started cover/the renewal date under any scheme/plan to the day before the first/next renewal date for that scheme/plan, or to the date cover ended.

Also see General Exclusion GE24 Temporary Relief of Symptoms.

Specified Benefits where the Exclusion does not apply

See Benefit B1.1 *Out-patient* Consultations and *Treatment* and Benefit B2.1 Consultants' Fees for *Day-patient* and *In-patient Treatment*

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, civil disturbances, foreign hostility where war has not been declared, or any similar cause
- chemical, 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 Convalescence, Rehabilitation and General Nursing Care



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 B2.1 *Consultants' fees for Day-patient and In-patient Treatment*

General Exclusion GE10 Deafness

General Exclusion GE11 Dental/Oral Treatment

Excluded 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*

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).

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.

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), or developmental problems, such as shortness of stature.

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 Protheses 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 Sex Changes, GE21 Screening, Monitoring and Preventive *Treatment* and GE5 *Chronic Conditions* and Chronic Mental Health 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 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 Discretion where the Exclusion does not apply

See Discretion D4.1.4 *Out-patient* Diagnostic Tests for *Cancer*

General Exclusion GE22 Sleep Problems and Disorders**Excluded Treatment**

Treatment for or arising from sleep problems or disorders such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep).

General Exclusion GE23 Speech Disorders**Specified Discretion where the Exclusion does not apply**

See Discretion D3.2.6 Therapies

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

Treatment, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the continuing management of a condition.

Specified Discretion where the Exclusion does not apply

See General Discretion GD3 Temporary Relief of Symptoms of a terminal disease

Section two: Policy Terms Bupa By You Health Insurance

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

Your Certificate (which is personal to you and your *Dependants*), 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.

As well as this Policy Benefits and Terms booklet, *we* will give you a 'Getting you started' guide which describes how to contact *us* and how you can claim *Benefits*. This booklet and the guide are also available online at **bupa.co.uk/policyinformation**

Still have questions?

You should call the helpline if you are unsure of your *Benefits*: **0345 609 0777** or **01784 411 734**. *We* may record or monitor *our* calls.

For those with hearing or speech difficulties who use a textphone, call *us* on **0345 606 6863**.

Eligibility

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

- be resident in the *UK* and have been *resident* there for at least six months;
- at the *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 Certificate names any *Dependants* you have asked *us* to cover. Where *we* refer to “you” in these Terms, Benefits Table and on your 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 the Start and Renewal Date(s), are listed on your 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 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 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 tell you how *we* have dealt with a claim.

1.3 *We* only pay the *Benefits* that apply to you under a current policy on the date you received your *Treatment*. The fact that *we* have pre-authorised *Treatment* does not mean that *we* will pay if the policy does not continue.

1.4 *We* do not have to pay a claim if you break any of these Terms.



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 *Dependants*) or the inclusion of any of your *Dependants* at any time by calling us on **0345 609 0777** or **01784 411 734** (we may record or monitor our calls) or writing to us: **Bupa, Salford Quays, Salford M50 3XL**. For those with hearing or speech difficulties who use a textphone, 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 *Dependants*, will automatically end if:

- you do not pay your subscriptions on time
- you stop being *resident* in the *UK*, or
- 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 or refuse to pay a claim in full or part if there is reasonable evidence that you or a *dependant* did not take reasonable care in answering our questions. By this we mean giving false information or keeping necessary information from us if:

- intentional, we may end the cover or not pay a claim in full or part.
- careless, we may:
 - withdraw cover, refuse all claims and refund all of your subscriptions
 - change the cover
 - need to increase your subscription or we could reduce any claim payment by the same proportion.

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 *Dependants* or other terms of your membership, at your Renewal Date. We will not add any personal exclusions or restrictions to your cover for medical conditions that:

- start after your *Start Date*, so long as you gave *us* all the information we asked for before the *Start Date*
- start before your *Start Date*, where:
 - you gave *us* all the information we asked for and we accepted the condition, or
 - if your cover is Moratorium, the requirements specified on your 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 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.

2 Claiming

2.1 *Our* 'Getting you started' guide explains in detail how to make a claim.

2.2.1 *Treatment* costs are only covered when:

- the person with responsibility is a *Consultant*. The only exception to this is where a *GP* refers you (or *we* refer you if *we* have said that a *GP* referral is not required) 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.

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**

2.2.2 Any *Treatment* must be provided in the *UK*.

2.3 There are some conditions where a *GP* referral is not usually required and details of these are available from *us* on request. For information on these conditions please call member services or go to **bupa.co.uk/making-a-claim**

The list of conditions for which a *GP* referral is not usually required may be updated from time to time.

2.4 Your *GP* will advise if you need to see a *Consultant* or other healthcare professional and if so you will need a referral letter. *We* recommend that you ask your *GP* for an 'Open Referral letter' which will detail your symptoms, the body area affected and the type of specialist your *GP* advises, but will not name a specific *Consultant*, facility or healthcare professional. Alternatively, there is a form you can give to your *GP* to complete at **bupa.co.uk/open-referral**

If your *GP* does want to refer you to a specific *Consultant*, facility or healthcare professional, call *us* before you make an appointment to confirm that *we* recognise them, to avoid your being liable to pay.

2.5.1 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.

2.5.2 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 the doctor to change the report or to allow you to add your comments, or you can refuse to agree to its release.

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 the 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 the doctor written consent before it can be released.

2.5.3 If you do refuse consent to the release of the report to *us*, *we* may be unable to proceed with your claim.

2.5.4 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 that provided by a healthcare professional in their professional capacity in relation to your care).

2.5.5 *We* make a contribution to the costs of any *GP* report that *we* have requested on your behalf. The contribution level is available from [bupa.co.uk/policyinformation](https://www.bupa.co.uk/policyinformation). 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.



2.6 If your Certificate says that your underwriting method is moratorium, then 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.

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*.

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.

2.7 If your 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 Benefit* 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.

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 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 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.



4. 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 Certificate.

| Word/phrase | Meaning |
|---------------------------|--|
| <i>Acute Condition</i> | a disease, illness or injury that is likely to respond quickly to <i>Treatment</i> 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. |
| <i>Advanced Therapies</i> | new and innovative targeted/bespoke therapies using advanced materials and methods which at the time of your <i>Eligible Treatment</i> are included on our list of Advanced Therapies available on request and at bupa.co.uk/policyinformation The Advanced Therapies on the list may change from time to time. |
| <i>Benefits</i> | the Benefits explained in the Bupa Benefits Table. The Benefits which relate to your cover are those specified on your Certificate for which you are individually entitled. |
| <i>Bupa</i> | Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ . Bupa provides the cover. |
| <i>Cancer</i> | a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. |
| <i>Chronic Condition</i> | a disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none">■ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests■ it needs ongoing or long-term control or relief of symptoms■ it requires your rehabilitation or for you to be specially trained to cope with it■ it continues indefinitely■ it has no known cure■ it comes back or is likely to come back. |

| Word/phrase | Meaning |
|---|---|
| <i>Common Drugs</i> | 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 <i>Eligible Treatment</i> . |
| <i>Complementary Therapy Practitioner</i> | an acupuncturist, chiropractor or osteopath who is on our recognised practitioner list. The practitioners on the list may change from time to time. You can ask us if a practitioner is a recognised practitioner and the type of <i>Treatment</i> we recognise them for. |
| <i>Consultant</i> | <p>a registered medical or dental practitioner who, at the time you receive your <i>Treatment</i> is on our recognised Consultant list for the relevant Benefit and type of <i>Treatment</i>.</p> <p>The practitioners on the list may change from time to time. You can ask us whether a medical or dental practitioner is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at finder.bupa.co.uk</p> |
| <i>Consultant fees schedule</i> | <p>the schedule we use for providing <i>Benefits</i> setting out the benefit limits for Consultants' fees based on:</p> <ul style="list-style-type: none"> ■ the type of <i>Treatment</i> carried out ■ for <i>Surgical Operations</i>, the type and complexity of the <i>Surgical Operation</i> according to the <i>Schedule of Procedures</i> – the <i>Benefits</i> available for <i>consultant</i> surgeons and <i>consultant</i> anaesthetists may differ for the same <i>Surgical Operation</i> ■ the recognition status of the <i>Consultant</i>, and ■ where the <i>Treatment</i> is carried out both in terms of the <i>Treatment</i> facility and the location. <p>The schedule may change from time to time. Details of the schedule can be found at bupa.co.uk/codes</p> |
| <i>Critical Care Unit</i> | <p>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 <i>Treatment</i>.</p> <p>The units on the list and the type of intensive care that we recognise a unit for may change from time to time. You can ask us whether a Critical Care Unit is on our list and the type of <i>Treatment</i> we recognise it for.</p> |



| Word/phrase | Meaning |
|------------------------------------|---|
| <i>Day-patient</i> | 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. |
| <i>Dental Injury Treatment</i> | <i>Dental Treatment</i> required as a direct result of injury caused by an external impact. |
| <i>Dental Professional</i> | a Dental Professional who is registered with the General Dental Council. |
| <i>Dental Treatment</i> | the following Dental Treatment carried out by a <i>Dental Professional</i> : <ul style="list-style-type: none"> ■ fillings (amalgam, composite anterior, composite posterior) ■ root canal <i>Treatment</i> ■ surgical <i>Treatment</i> (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), including in each case anaesthetics fees. |
| <i>Dependant</i> | your partner and any child of yours or your partner's who is named on your 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. |
| <i>Eligible Surgical Operation</i> | <i>Eligible Treatment</i> carried out as a <i>Surgical Operation</i> . |

| Word/phrase | Meaning |
|-----------------------------------|---|
| <i>Eligible Treatment</i> | <p><i>Treatment</i> of an <i>Acute Condition</i> together with the products and equipment used as part of the <i>Treatment</i> that:</p> <ul style="list-style-type: none"> ■ are consistent with generally accepted standards of medical practice and representative of best practice in the medical profession in the <i>UK</i> ■ 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 <i>Consultant</i> or other healthcare professional. |
| <i>Emergency Dental Treatment</i> | <p>the following temporary <i>Dental Treatment</i> carried out by a <i>Dental Professional</i>, 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:</p> <ul style="list-style-type: none"> ■ examinations ■ X-rays ■ extractions ■ root canal extirpation ■ initial relief <i>Treatment</i> of dental or gingival infection ■ temporary filling, or provision of permanent filling if a temporary filling is not required ■ construction of temporary crown/bridge/veneer ■ re-cement of crown/inlay/bridge/veneer ■ temporary post and core, repair or replacement of orthodontic appliance ■ repair or adjustment to denture ■ other temporary <i>Emergency Dental Treatment</i> as determined by the <i>Dental Professional</i> eg stopping bleeding, re-fixing orthodontic retainer wire. |
| <i>Fee-Assured Consultants</i> | <p>a <i>Consultant</i> who, at the time you receive your <i>Treatment</i>, is recognised by us as a Fee-Assured Consultant. You can contact us to find out if a <i>Consultant</i> is a Fee-Assured Consultant or use finder.bupa.co.uk</p> |



| Word/phrase | Meaning |
|--|--|
| <i>GP</i> | a doctor who, at the time he/she refers you for your consultation or <i>Treatment</i> , is on the UK General Medical Council's General Practitioner Register. |
| <i>In-patient</i> | a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons. |
| <i>Main Member</i> | the person named as the Main Member on the Certificate who is eligible to be covered in his or her own right rather than as a <i>Dependant</i> . |
| <i>Mental Health and Wellbeing Therapist</i> | <ul style="list-style-type: none"> ■ 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 <i>Therapist</i> accredited with the British Association for Behavioural and Cognitive Psychotherapies, who is on <i>our</i> recognised practitioner list. <p>The practitioners on the list may change from time to time. You can ask us whether a practitioner is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at finder.bupa.co.uk</p> |
| <i>Muscle, Joint or Bone Condition</i> | 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 <i>Benefits</i> . You should call us before you have <i>Treatment</i> to confirm if your condition is covered. Details of the list are available on request. |
| <i>NHS</i> | <ul style="list-style-type: none"> ■ 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. |

| Word/phrase | Meaning |
|-------------------------------|---|
| <i>NHS Band</i> | any of bands 1, 2 or 3 specified by the <i>NHS</i> in England in relation to the classification of, and fees payable for, dental services provided to <i>NHS</i> patients in England. |
| <i>NHS Cash Benefit</i> | The cash payment we may make if you or a <i>Dependant</i> have received free <i>NHS Treatment</i> which could have been covered by us as private <i>Treatment</i> . |
| <i>Optician</i> | an ophthalmic Optician or optometrist registered with the General Optical Council. |
| <i>Oral Cancer Treatment</i> | <i>Treatment</i> for <i>Cancer</i> of the oral cavity, lips, tongue and/or pharynx provided by a <i>Consultant</i> . |
| <i>Orthodontic Treatment</i> | <i>Dental Treatment</i> provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth. |
| <i>Out-patient</i> | a patient who attends a hospital, consulting room, Out-patient clinic and is not admitted as a <i>Day-patient</i> or an <i>In-patient</i> . |
| <i>Pre-existing Condition</i> | any disease, illness or injury for which in the seven years before your <i>start date</i> : <ul style="list-style-type: none"> ■ you have received medication, advice or <i>Treatment</i>, or ■ you have experienced symptoms, whether the condition was diagnosed or not. |
| <i>Recognised Facility</i> | The hospitals or <i>Treatment</i> facilities, centres or units that are: <ul style="list-style-type: none"> ■ on <i>our</i> list for the medical condition you have ■ carrying out the type of <i>Treatment</i> you need, and ■ covered by your Certificate. <p>You can ask us whether a hospital, facility, centre or unit is on our list and the type(s) of <i>Treatment</i> we recognise them for or you can access these details at finder.bupa.co.uk</p> |
| <i>Resident</i> | where your current, permanent address is. |



| Word/phrase | Meaning |
|---------------------------------|--|
| <i>Routine Dental Treatment</i> | <p>the following dental services carried out by a <i>Dental Professional</i>:</p> <ul style="list-style-type: none"> ■ routine examination/check-up ■ X-rays ■ scale and polish consultations, including simple scale and polish and chronic periodontal <i>Treatment</i>. |
| <i>Schedule of Procedures</i> | <p>the schedule we use for providing <i>Benefits</i> which classifies <i>Surgical Operations</i> according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under <i>Bupa</i> schemes. Further information on the schedule is available on request.</p> |
| <i>Specialist Drugs</i> | <p>drugs and medicines to be used as part of your <i>Eligible Treatment</i>, which are not <i>Common Drugs</i> and are at the time of your <i>Treatment</i> included on our list of Specialist Drugs that applies to your <i>Benefits</i>. The drugs on the list may change from time to time. You can ask us whether a drug or medicine is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at bupa.co.uk/policyinformation</p> |
| <i>Start Date</i> | <p>the date you started your current continuous period of cover under the scheme as shown as 'effective underwriting date' on your membership certificate.</p> |
| <i>Surgical Implant</i> | <p>any implant inserted into the jaw bone for the support or retention of crowns, bridges or dentures.</p> |
| <i>Surgical Operation</i> | <p>a surgical procedure or complex investigative/diagnostic procedure. This includes, if it is carried out as <i>In-patient Treatment</i>:</p> <ul style="list-style-type: none"> ■ all medically necessary <i>Treatment</i> related to the procedure ■ all consultations carried out from the time you are admitted to a facility until the time you are discharged, or <p>if it is carried out as <i>Out-patient Treatment</i>, the following if it is integral to the operation:</p> <ul style="list-style-type: none"> ■ all medically necessary <i>Treatment</i> related to the operation ■ any consultation on the same day. |

| Word/phrase | Meaning |
|--------------------------|---|
| <i>Therapist</i> | <ul style="list-style-type: none"> ■ a chartered physiotherapist ■ a British Association of Occupational Therapists registered occupational <i>Therapist</i> ■ a British and Irish Orthoptic Society registered orthoptist ■ a Royal College of Speech and Language Therapists registered speech and language therapist ■ a Society of Chiropractors and Podiatrists registered podiatrist, or ■ British Dietetic Association registered dietitian who is Health and Care Professions Council registered and is on <i>our</i> list. <p>The Therapists on the list may change from time to time. You can ask us whether a Therapist is on our list and the type of <i>Treatment</i> we recognise them for or you can access these details at finder.bupa.co.uk</p> |
| <i>Treatment</i> | surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury. |
| <i>UK/United Kingdom</i> | Great Britain, Northern Ireland, the Channel Islands and the Isle of Man. |
| <i>We/our/us</i> | <i>Bupa.</i> |
| <i>Year</i> | <p>when you first become a member under the scheme, this is the period beginning on your <i>Start Date</i> and ending on the day before the Renewal Date.</p> <p>For continuing members this is the period beginning on the Renewal Date and ending on the day before the next Renewal Date.</p> |



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.

*We may record or monitor our calls.

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**. We may record or monitor our calls.

The Staff at *Bupa* are trained and supervised to provide our customers and members with information only on Bupa's own insurance products and health related services.

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 each year confirming your cover, the *start date* or renewal date of your policy. During this period, if you have not made any claims *we* will refund all of your subscriptions. After this period of time you can cancel 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 *dependants'* 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 each year confirming cover, the *start date* or renewal date of your policy.

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. After this period of time you can cancel their cover at anytime, we will refund any subscriptions you have paid relating to the period after their cover ends. Please also refer to section 2, sub sections 1.6.2 and 1.6.3.

3 Statement of demands and needs

This product is generally suitable for someone who is looking to cover the cost of a range of healthcare expenses.

We have not provided you with any advice about this product and how it meets your individual needs. If you have purchased through a Non-Bupa financial adviser then please refer to the statement of demands and needs that they have provided you with.

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**.

*We may record or monitor our calls.

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-notice**

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're committed to providing you with a first class service at all times and will make every effort to meet the high standards we've set. If you feel that we've 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, Salford Quays, Salford M50 3XL**

By email:
customerrelations@bupa.com

Please be aware information submitted to *us* via email is normally unsecure and may be copied, read or altered by others before it reaches *us*.

*We may record or monitor our calls.

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

Or via twitter: **@AskBupaUK**

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'll write to you to confirm this. Where we're unable to resolve your complaint within this time, we'll promptly write to you to acknowledge receipt. We'll 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're unable to resolve your complaint within four weeks following receipt, we'll write to you to confirm that we're still investigating it.

Within eight weeks of receiving your complaint we'll either send you a final written decision explaining the results of *our* investigation or we'll 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

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

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 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.

7 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



Notes



Notes



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 number 203332.

Bupa insurance policies are administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 312526.

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

Registered office: 1 Angel Court, London EC2R 7HJ

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