

Your membership guide

Bupa Dental Choice

Sponsor pay group from 1 June 2017

Please retain



About this guide

Welcome to your Bupa Dental Choice membership guide.

At Bupa, we know that insurance can be hard to follow. That's why we've made this guide as simple as possible. You'll find individual chapters that deal with each aspect of your Bupa cover, including a step-by-step guide to making a claim.

Please make sure that you keep this guide somewhere safe. You'll need it when you come to claim.

If any of the terms or language used leave you confused – don't worry, we've also included a glossary featuring clear definitions of words that are in **bold** and *italics* in the text.

How does the membership guide work with my membership certificate?

Your membership certificate lists the cover option you have chosen. This membership guide explains the benefits available to you for that level of cover. Please read this membership guide together with your membership certificate as together they set out full details of how your dental insurance works.

How do I contact Bupa?

We're always on hand to help.

For any queries about your cover please call us on 0800 237 777*.

You can also write to us at Bupa, Anchorage Quays, Salford Quays, Salford M50 3XL

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.

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

*We may record or monitor our calls.

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Introduction

Bupa Dental Choice group pay is a group insurance scheme governed by an **agreement** (the '**Agreement**') between **your sponsor** and Bupa Insurance Limited ('**Bupa**'). The terms and conditions of **your** membership have therefore been agreed between **your sponsor** and **Bupa** and there is no legal contract between you and **Bupa** covering your membership.

You need to read these rules in conjunction with the Bupa Dental Choice table of benefits, **your** application form and **your** membership certificate. Together these documents set out the details of **your** membership and that of **your eligible dependants** (if any) of the Bupa Dental Choice **scheme** (the '**scheme**') subject to any variations agreed between **Bupa** and the **sponsor**.

Please note: Words in the membership guide that are in **bold** and **italic** have special meanings and are defined in the Glossary of terms.

How your membership works

Enrolment

Your date of enrolment in the scheme will be the **effective date** on your first membership certificate for your current continuous period of membership of the **scheme** under the **Agreement** between the **sponsor** and **Bupa**.

The membership of each of **your eligible dependants** will start on the date on which they commenced their current continuous period of membership of the **scheme** under the **Agreement** between the **sponsor** and **Bupa**. Their membership may continue for as long as **you** remain a member of the **scheme**, subject to the terms of the **Agreement**. However, a child included as an **eligible dependant** shall cease to be an **eligible dependant**:

- on the **annual renewal date** following their 24th birthday or
- as from the date of their marriage

whichever is earlier.

The **scheme** is a group insurance scheme between **Bupa** and the **sponsor**. The terms and conditions of **your** membership and that of **your eligible dependants** have, therefore, been agreed between **Bupa** and the **sponsor** only and there is no contractual **agreement** between **you** and **Bupa** covering **your** membership of the **scheme**. Only **Bupa** and the **sponsor** may enforce the **Agreement**, although **Bupa** will allow **you** and **your eligible dependants** complete access to the complaints process set out on page 30.

Renewal

Bupa Dental Choice is an annual contract. Renewal of **your** membership of the **scheme** and that of **your eligible dependants** shall be subject to the **sponsor** renewing **your** membership and theirs under and in accordance with the **Agreement** between **Bupa** and the **sponsor**.

Payment Subscriptions

The **sponsor** shall pay subscriptions to **Bupa** in respect of **your** membership of the **scheme** and that of **your eligible dependants** (if applicable), together with the amount of any Insurance Premium Tax or any other taxes which may from time to time be payable in respect of **your** membership, as and when they are due.

Subscriptions are collected by Bupa Insurance Services Limited who act as **our** agent for the purpose of receiving and holding premiums, making claims and refunds. Your subscriptions are protected by an **agreement** between **us** and Bupa Insurance Services Limited.

Termination

The **sponsor** may terminate **your** membership of the **scheme** or that of **your eligible dependants** at any time by notifying **Bupa** in writing.

Bupa may terminate with immediate effect the membership of the **scheme** of any person, which includes **you**, by notifying **you** or the **sponsor** in writing, in the event that the person has in **Bupa's** reasonable opinion misled **Bupa**, or attempted to do so, regarding any material information which **you** or they were required in good faith, or reasonably requested by **Bupa**, to provide in connection with **your** or their membership.

Your membership of this **scheme** and that of **your eligible dependants** will immediately come to an end if:

- **you** cease to be habitually resident in the **United Kingdom** unless and to the extent otherwise agreed between **Bupa** and the **sponsor** in connection with **you** working overseas, or
- the **sponsor** fails to renew **your** membership, or
- the **sponsor** fails to pay on or before its due date the subscriptions, Insurance Premium Tax or any other tax which may from time to time be due in respect of **you** and **your eligible dependants** or any other person covered by the **scheme** under the **Agreement** between **Bupa** and the **sponsor**, or
- the **Agreement** between **Bupa** and the **sponsor** under which **you** were enrolled as a member of the **scheme** terminates.

In the event of your membership terminating as a result of ceasing to be employed by sponsor, or the company, association or organisation ceases to be a sponsor, Bupa will give you the opportunity to join an alternative Bupa Dental **scheme**, where available, and subject to amendment from time to time. If you transfer within one month, we will not add any special restrictions or exclusions to your cover under the new **scheme**, that are personal to you, other than these which apply to you under this **scheme**.

Alterations to the agreement

Terms and conditions of **your** membership of the **scheme** and that of **your eligible dependants** may be changed from time to time in accordance with the Agreement between the **sponsor** and **Bupa**.

We have the right to make changes to the terms and conditions of your cover on any annual anniversary date after your policy has started, or end the scheme. We may also make changes mid-year if required due to applicable law, regulation or taxation. If we do make any changes to the terms and conditions of your membership we will write to tell you at least 28 days before the change takes effect, or if changes are required more quickly, as early as possible before the change takes effect.

General

The terms and conditions of **your** membership and that of **your eligible dependants** shall be governed by English law and all matters regarding **your** membership and theirs shall be subject to the exclusive jurisdiction of the courts of the **United Kingdom**.

Bupa will not return, and may dispose of, any documents submitted in support of any application or claim made in connection with **your** membership or that of **your eligible dependant** unless requested to the contrary in writing at the time of submission.

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

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

You must notify **Bupa** in writing as soon as is reasonably practicable of any claim or right of action **you** or any of **your eligible dependants** have against any third party in connection with circumstances which may give, or has given, rise to a claim against **Bupa** for the payment of **benefits**.

Benefits are paid on condition that **you** and **your eligible dependants** take all steps which **Bupa** may reasonably require, for the purpose of reimbursing **Bupa**, to recover from a third party any sums paid to you by **Bupa**.

At the time a claim is made for the payment of **benefits** and/or as soon as is reasonably practicable you must inform **Bupa** in writing if **you** or any of **your eligible dependants** have any other insurance cover in respect of the costs and expenses for which the claim against **Bupa** is being made. **Bupa** will not be responsible to pay **benefits** in excess of its rateable proportion if any other insurance cover exists in respect of the costs and expenses for which the claim against **Bupa** is being made.

Any notice or communication which is given under or in connection with this scheme shall be in writing and shall be sent by pre-paid post, recorded delivery, fax or delivered personally in the case of **Bupa** to Bupa's administrative address at Anchorage Quay, Salford Quays, Salford M50 3XL, and in your case or the case of the **sponsor** to **your** address, or the **sponsor's** address, as the case may be, last notified in writing to **Bupa**. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, or three days after posting if sent by pre-paid post, or if sent by fax when clearly received in full.

Use of your membership information

To enable **us** to provide **your benefits we** will share relevant details about **your** cover with appropriate parts of the Bupa Group.

Claiming

Before your treatment

Before you have any treatment, it's important to check your policy and what you're covered for.

Always call us first if:

- you think your treatment will cost more than £500
- you think you may need treatment for oral cancer
- you're unsure what you're covered for.

Call to check on **0800 237 777**[†]

[†]We may record or monitor our calls.

After your treatment

What happens about paying?

How you pay for your treatment depends on which centre you visit:

In a Bupa dental centre

We'll usually be able to settle your claim for you, so there's no need to pay unless there are any costs that fall outside the limits of your cover.

Remember to take your membership number with you and give it to the receptionist.

In any other dental centre

You'll need to pay for your treatment yourself and claim some or all of it back, depending on the limits of your cover.

1. Remember to get a receipt as you'll need this to make your claim. Your receipt must show: name and contact details of the dentist, date of treatment, name of the person who has had the treatment.
2. You can make your claim online or by post. Either way, make sure you include: your Bupa membership number, your receipt and the bank account you would like your authorised claim to be paid into.

Online

- Visit **bupa.co.uk/dental/finance-and-insurance/make-claim**
- Scan and upload your receipt
- Submit your claim

By post

- Download a claim form at **bupa.co.uk/dental/finance-and-insurance/make-claim**
- Fill in the form and post it, along with your receipt, to:
**Bupa Dental, Anchorage Quay,
Salford Quays, Salford
M50 3XL.**

3. As long as we have all the information we need from you, you can expect your claim to be processed within seven to ten days. Your money will be paid directly into your bank account or by cheque depending on which payment method you've chosen. For overseas treatment, we'll convert the cost into Pounds Sterling using the conversion rate that was correct on the day you had your treatment.

You are recommended to ensure that **Bupa** is given advance notice of any intended **treatment**. This gives **Bupa** an opportunity of advising the person intending to receive the **treatment** whether the expected claim is likely to be eligible for **benefits**. If **you** or any of **your eligible dependants** wish to obtain any firm undertaking or commitment from Bupa on entitlement to **benefits** in advance of expenditure being incurred, **Bupa** must first be provided with full written details from the **dental professional** providing the **dental treatment** or specialist registered medical practitioner providing any **oral cancer treatment**.

You must provide **Bupa** with full details of any **treatment** that is likely to cost more than £500, before receiving such treatment unless the **treatment** is **emergency dental treatment**. All claims for oral cancer should be pre-authorized by calling the Bupa Dental helpline number on 0800 237 777*. *Please also see the 'Oral cancer treatment rules on benefits' section.*

Payment of **benefits** is conditional upon **your sponsor** having paid all subscriptions due on or before the date of the **treatment** for which you are claiming benefits, and neither the **sponsor, you** or any **eligible dependant** are in breach of any material term or condition.

Claims should be submitted to **Bupa** as soon as is reasonably practicable. Payment of **benefits** is conditional upon **Bupa** receiving:

- a written claim for payment within six months from the date of the completion of the **treatment** (where reasonably possible), in such manner as may reasonably be prescribed by **Bupa** and notified to **you** from time to time
- such proof of entitlement to receive the **benefits** claimed as **Bupa** may reasonably request (including but not limited to (i) any dental reports and other information, and (ii) the results of an independent dental examination which **Bupa** may require **you** to undergo at its expense)
- copies or uploads of **your** original itemised receipts/fully paid invoices, scans or clear photographs are accepted
- if we ask you, you must provide written confirmation from **you** and/or any or **your eligible dependants** as to whether or not, to the best of **your** or their knowledge and belief, the **benefits** claimed may be recoverable from another person or insurance company

Should a claim be made for the payment of **benefits** in respect of the cost of **emergency dental treatment** received outside the **United Kingdom**, the amount of any **benefits** to be paid to **you** shall be calculated by **Bupa** using the average of currency exchange rates applicable on the date on which the claim is paid. In any event, the amount of **benefits** payable by **Bupa** for the cost of such **emergency dental treatment** shall be limited to the cost that would have been reasonably and customarily charged if the **emergency dental treatment** had been received in the **United Kingdom** and subject to the benefit limits set out in the table of benefits.

*We may record or monitor our calls.

General rules on benefits

Bupa agrees to pay **benefits** in respect of **dental treatment** received by **you** and each of **your eligible dependants** in accordance with the terms and conditions of **your** membership current when the **dental treatment** was received provided that whoever receives the **dental treatment** does so during their period of membership.

We only pay for the **dental treatment** and **oral cancer treatment** specified in the Bupa Dental Choice benefits section of the membership guide.

Benefits are only payable by us to the extent that the fees and expenses incurred for **dental treatment and oral cancer treatment** are up to an amount which is reasonable and customary and up to the maximum benefit limits set out in your membership certificate. By reasonable and customary we mean the amount you are charged by dental professionals and what you are charged for have to be in line with what the majority of our other members are charged for similar treatment or services.

Bupa will only pay **benefits** for necessary **dental treatment** provided by a **dental professional** or **oral cancer treatment** provided by a recognised practitioner.

Bupa will pay **benefits** to **you** only, not to any **eligible dependants**.

Benefits are payable by **Bupa** only to reimburse fees and expenses actually incurred by **you** or **your eligible dependants**.

Orthodontic treatment is only available when it is grade 4-5 on the IOTN (Index of Orthodontic Treatment Need) scale and is **clinically necessary**. It must be carried out by an orthodontic specialist who is registered with the General Dental Council.

Any benefits paid by **Bupa** for **dental treatment** to which **you** or any of **your eligible dependants** are not strictly entitled shall count towards your annual maximum benefits available under the scheme, but **Bupa** shall not, by making any such payment, be responsible to pay future benefits in respect of such **dental treatment**.

Surgical Implants must be carried out by a specialist who is registered with the General Dental Council.

Oral Cancer rules on benefits

Being referred for treatment and Bupa dental recognised medical practitioners and recognised facilities.

Your consultation or **treatment** must follow an initial referral by a **dental professional** or **GP** after you have seen the **dental professional** or **GP** in person.

However, for **day-patient treatment** or **in-patient treatment** provided by a **consultant** such referral is not required in the case of a medical emergency.

Your cover for **oral cancer treatment** costs depends on you using certain recognised practitioners and partnership facilities. These are specified in the benefit schedule for **oral cancer treatment** on page 21.

Please note: The medical practitioners other healthcare professionals and facilities **you** use can affect the level **we** pay **you**.

Your treatment costs are only covered when the person who has overall responsibility for your **oral cancer treatment** is a **consultant**. If the person who has overall responsibility for **your treatment** is not a **consultant**, then none of your **oral cancer treatment** costs are covered.

Important: Always call **us** before arranging any **treatment** to check **your benefits** and whether the chosen medical practitioner or other healthcare professional or recognised facility is recognised by **us** for treating the medical condition **you** have and for providing the type of **treatment you** need. Any **treatment costs you** incur that are not covered under **your benefits** are **your** responsibility.

Exclusions on benefits

Benefits are not payable for:

- **cosmetic treatment**
- **orthodontic treatment** that is grade 1-3 on the IOTN (Index of Orthodontic Treatment Need) scale or which is not **clinically necessary**
- **surgical implants** where they are to be used for the correction of pre-existing gaps that occurred prior to the start date of your policy (including any gaps which have previously been corrected with the use of a bridge or crowns)
- mouthguards required for **physical contact sports**
- the replacement of a removable **prosthetic appliance** which has been lost or stolen
- the replacement of a **prosthetic appliance** which could have been repaired according to generally accepted dental standards
- the replacement of a **prosthetic appliance** within five years (except dentures) or it having been fitted
- any **dental treatment** resulting from or related to any injury sustained whilst participating in **physical contact sports**
- any **dental treatment** resulting from or related to a self-inflicted injury

- any **dental treatment** required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power
- any **dental treatment** which in **Bupa's** reasonable opinion based on established dental and medical practice in the **United Kingdom**, is experimental or unproven, except where **dental treatment** is obtained overseas in which case the reasonable opinion will be based on established dental and medical practice in that jurisdiction. **Bupa** may, at its sole discretion, make payments in the event that you or any of your **eligible dependants** requires such **dental treatment**. No costs and expenses for experimental or unproven **dental treatment** will be reimbursed unless incurred with **Bupa's** prior written approval.
- self-administered drugs such as antibiotics and painkillers or prescription charges
- any **oral cancer treatment** received by you or any of your **eligible dependants** if the oral cancer was diagnosed:
 - before the person with the oral cancer began their current continuous period of membership of the scheme (or any Bupa Dental Choice **scheme** which included cover for those types of treatment)
 - during the first six months of their current continuous period of membership of the **scheme**
- any **oral cancer treatment** if the person receiving the treatment has not been referred to the specialist registered medical practitioner by their GP or **dental professional**
- any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred before the date of enrolment of the **scheme**
- dental procedures carried out in hospital, for example wisdom teeth extractions
- dental consumables such as toothbrushes, mouthwash and dental floss
- treatment care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- **dental injury treatment** required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking.

Important: Other than **cash benefit for hospital stay**, the Bupa Dental Choice scheme is not intended to provide cover for **in-patient treatment** or **day-patient treatment**, such as wisdom tooth extraction. The benefit limits set out in the benefits section including the benefits schedule provides cover based on the cost of **dental treatment** provided in a dental surgery only. **Consultants** and hospital fees will only be covered for **oral cancer treatment**. Please read the benefits section including the benefits schedule carefully for full details of the **benefits** for each type of **dental treatment**.

Bupa Dental Choice Benefits

There are four main sections to this part of the membership guide:

Section 1: Annual benefit limits and benefit schedule for *routine dental treatment, emergency dental treatment and dental injury treatment*

Section 2: Benefit schedule for oral cancer treatment, *UK* only

Section 3: Annual benefit limit for cash benefit for hospital stay, *UK* only

Section 4: NHS treatment

Section 1: Annual benefit limits and benefit schedule for routine dental treatment, emergency dental treatment and dental injury treatment

Use this section to understand the financial limits of your chosen level of cover for:

- *emergency dental treatment*
- *dental injury treatment* and
- *routine dental treatment*

Table One – Overall annual benefit limits

This shows the total amount of benefits we pay up to in each policy year depending on which level of cover you have chosen.

If you have a partner included on your cover: we will pay up to the limits below for you and your partner individually.

If you have children included on your cover: we will pay up to the limits below for your children collectively and not per child.

	Core	Classic	Premier	Platinum	Prestige
NHS treatment	No annual benefit limits – paid in full				
Emergency dental treatment (includes worldwide cover)	100% reimbursement for NHS treatment	up to £800	up to £800	up to £800	up to £800
Dental injury treatment (includes worldwide cover)		up to £1,000	up to £2,000	up to £3,000	up to £4,000
Routine dental treatment (includes worldwide cover)		up to £1,000	up to £1,500	up to £2,500	up to £3,000

Table Two – Benefit limits for individual routine dental treatments

This shows the maximum we will pay per policy for each individual *routine dental treatment*. **Important: please remember that all of benefits below are subject to your annual benefit limits which we will never exceed.**

	Classic	Premier	Platinum	Prestige
Dental examinations				
New patient examination maximum of one per policy year	up to £25.00 each	up to £40.00 each	up to £55.00 each	up to £70.00 each
Basic examination maximum of two per policy year	up to £13.00 each	up to £25.00 each	up to £40.00 each	up to £52.00 each
Preventative treatments				
Small X-rays (bitewing) maximum of four per policy year	up to £6.00 each	up to £8.00 each	up to £10.00 each	up to £12.00 each
Medium X-rays (intra oral) maximum of four per policy year	up to £9.00 each	up to £14.00 each	up to £18.00 each	up to £20.00 each
Panoral (OPG) maximum of one per policy year	up to £14.00 each	up to £25.00 each	up to £28.00 each	up to £32.00 each
Fissure sealants per policy year	up to £20.00 each	up to £25.00 each	up to £30.00 each	up to £35.00 each
Topical fluoride solution per policy year	up to £30.00 each	up to £35.00 each	up to £40.00 each	up to £45.00 each
Scale and polish				
Scale and polish maximum of four per policy year	up to £17.00 each	up to £30.00 each	up to £50.00 each	up to £60.00 each
Complex scaling/chronic periodontal (1 to 4 teeth) each visit	up to £35.00	up to £45.00	up to £60.00	up to £62.00
Complex scaling/chronic periodontal (5 to 9 teeth) each visit	up to £45.00	up to £56.00	up to £70.00	up to £72.00
Complex scaling/chronic periodontal (10 to 16 teeth) each visit	up to £50.00	up to £65.00	up to £75.00	up to £78.00
Complex scaling/ chronic periodontal (17 or more teeth) each visit	up to £55.00	up to £75.00	up to £85.00	up to £90.00

	Classic	Premier	Platinum	Prestige
Amalgam fillings (silver)				
Amalgam (one surface) each, per policy year	up to £16.00	up to £25.00	up to £45.00	up to £52.00
Amalgam (two surfaces) each, per policy year	up to £20.00	up to £35.00	up to £55.00	up to £62.00
Amalgam (three surfaces) each, per policy year	up to £25.00	up to £45.00	up to £60.00	up to £72.00
Composite fillings (white)				
Composite – anterior (one surface) each, per policy year	up to £20.00	up to £43.00	up to £65.00	up to £70.00
Composite – anterior (two surfaces or more) each, per policy year	up to £30.00	up to £50.00	up to £75.00	up to £112.00
Composite – posterior (one surface) each, per policy year	up to £22.00	up to £45.00	up to £70.00	up to £74.00
Composite – posterior (two surfaces or more) each, per policy year	up to £30.00	up to £60.00	up to £80.00	up to £110.00
Root canal treatment				
Root canal – 1 each, per policy year	up to £50.00	up to £80.00	up to £160.00	up to £200.00
Root canal – 2 each, per policy year	up to £75.00	up to £150.00	up to £180.00	up to £250.00
Root canal – 3 each, per policy year	up to £100.00	up to £175.00	up to £225.00	up to £300.00
Surgical treatment				
Dental implants (implants and abutment) each, per policy year	up to £200.00	up to £225.00	up to £250.00	up to £275.00
Extraction (per tooth) each, per policy year	up to £15.00	up to £30.00	up to £50.00	up to £70.00

	Classic	Premier	Platinum	Prestige
Surgical treatment (continued)				
Surgical extraction (flap raised) each, per policy year	up to £50.00	up to £55.00	up to £75.00	up to £100.00
Incising of abscess each, per policy year	up to £9.00	up to £22.00	up to £28.00	up to £35.00
Apicectomy each, per policy year	up to £58.00	up to £140.00	up to £170.00	up to £190.00
Restorative				
Inlay each, per policy year	up to £123.00	up to £175.00	up to £260.00	up to £350.00
Veneer each, per policy year	up to £91.00	up to £165.00	up to £250.00	up to £350.00
Full gold crown each, per policy year	up to £120.00	up to £225.00	up to £320.00	up to £410.00
Porcelain crown each, per policy year	up to £110.00	up to £217.00	up to £300.00	up to £380.00
Porcelain bonded to metal crown each, per policy year	up to £130.00	up to £255.00	up to £300.00	up to £500.00
Post for crown/cast post and core each, per policy year	up to £35.00	up to £56.00	up to £90.00	up to £100.00
Refix or re-cement crown each, per policy year	up to £20.00	up to £22.00	up to £25.00	up to £55.00
Conventional bridge/bridge (per unit) each, per policy year	up to £220.00	up to £280.00	up to £400.00	up to £500.00
Pre-fabricated post and core each, per policy year	up to £20.00	up to £25.00	up to £30.00	up to £40.00
Adhesive bridge each, per policy year	up to £200.00	up to £300.00	up to £375.00	up to £425.00
Re-cement bridge each, per policy year	up to £25.00	up to £30.00	up to £30.00	up to £55.00

	Classic	Premier	Platinum	Prestige
Dentures				
Acrylic partial upper or lower denture each, per policy year	up to £150.00	up to £250.00	up to £275.00	up to £350.00
Acrylic partial upper and lower denture each, per policy year	up to £220.00	up to £450.00	up to £500.00	up to £600.00
Metal partial upper or lower denture each, per policy year	up to £225.00	up to £380.00	up to £500.00	up to £550.00
Metal partial upper and lower denture each, per policy year	up to £375.00	up to £650.00	up to £720.00	up to £720.00
Acrylic full upper or lower denture each, per policy year	up to £150.00	up to £275.00	up to £300.00	up to £350.00
Acrylic full denture each, per policy year	up to £250.00	up to £500.00	up to £550.00	up to £650.00
Reline denture each, per policy year	up to £35.00	up to £40.00	up to £50.00	up to £55.00
Addition of tooth each, per policy year	up to £25.00	up to £40.00	up to £50.00	up to £65.00
Repair denture each, per policy year	up to £25.00	up to £30.00	up to £35.00	up to £45.00
Occlusal splint each, per policy year	up to £82.00.00	up to £150.00	up to £175.00	up to £200.00
Anaesthetics fees				
Anaesthetics fees each, per policy year	up to £50.00	up to £60.00	up to £70.00	up to £80.00
Orthodontic cover				
Orthodontic treatment IOTN (Index of Orthodontic Treatment Need)	up to £400.00	up to £450.00	up to £550.00	up to £650.00

Section 2: Benefit table for oral cancer treatment: UK only

We pay benefit for the types of **oral cancer treatment** and up to the benefit limits shown in this benefit table for **you** and each of your **eligible dependants** individually.

Important: you are not covered for **oral cancer treatment** under the Core level.

Type of cover	Cover	Limits for each member (subject to rules on benefits)
Oral cancer treatment in hospital		
Consultants' fees	Yes	<p>Partnership consultants, including anaesthetists, in a partnership facility – paid in full.</p> <p>Consultants, excluding anaesthetists, who are not partnership consultants, in a partnership facility – up to the limits of the consultant fees schedule.</p> <p>Consultant anaesthetists who are not partnership consultants in a partnership facility – paid in full.</p>
Parent accommodation	Yes	Partnership facility charges for one parent for each night they need to stay with an eligible dependant child up to age 16.
Facility charges for surgical operations carried out as out-patient treatment	Yes	Partnership facility – paid in full.
Facility charges for day-patient treatment and in-patient treatment	Yes	Partnership facility – paid in full.

Type of cover	Cover	Limits for each member (subject to rules on benefits)
Oral cancer treatment as an out-patient		
Out-patient consultations, therapies and diagnostic tests	Yes	For out-patient consultations: <ul style="list-style-type: none"> ▪ partnership consultants paid in full ▪ consultants who are not partnership consultants – up to the limits in the consultant fees schedule ▪ therapists’ fees – paid in full ▪ partnership facility charges for diagnostic tests – paid in full
Out-patient MRI, CT and PET scans	Yes	Partnership facility – paid in full
Out-patient cancer drugs	Yes*	Partnership facility charges – paid in full
Additional benefits for oral cancer treatment		
Treatment at home	Discretionary	If we agree, we pay in full for the charges that we agree to pay on your behalf

*We pay recognised facility charges for common drugs, advanced therapies and specialist drugs that are related specifically to planning and carrying out out-patient treatment for cancer. We do not pay for any complementary, homeopathic or alternative products, preparations or remedies (or substances) for treatment of cancer regardless of who they are prescribed or provided by or the type of treatment or medical condition they are used or prescribed for.

Section 3: Annual benefit limit for cash benefit for hospital stay: UK only

Annual benefit limit table 2

This benefit limit table for **cash benefit for hospital stay** applies to **routine dental treatment, emergency dental treatment** and **dental injury treatment**.

For you, your partner and your dependant children

We pay **cash benefit for hospital stay** up to monetary limits shown in this benefit schedule for **you, your partner** and **your** dependant children (if **eligible dependants**) individually according to your **scale of cover** and also subject to your annual benefit limits for **routine dental treatment, emergency dental treatment** and **dental injury treatment**.

Type of cover	Classic	Premier	Platinum	Prestige
Cash benefit for hospital stay	£50 a night up to £1,000 each year			

Section 4: About NHS treatment

If **you** receive eligible **dental treatment** within the NHS, **we** will reimburse **you** for your **dental treatment** costs up to a maximum of the relevant **NHS Band** charge for the **dental treatment you** received.

Band 1: Includes an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish, and planning for further treatment. (All treatment covered by NHS Band 1 at the date of publication of this membership guide.)

Band 2: Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions). (As above)

Band 3: Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges. (As above)

Please note: for **dental treatment** within a two month period, **you** may claim a maximum of the highest applicable NHS Band rate. (If **your** treatment is NHS dental treatment, **we** expect that **you** should only be charged once by your dentist, so **you** should be reimbursed in full (although we can't guarantee this)).

This means that if **you** receive treatment, and then **you** need further treatment within two months which is from:

- the same or a lower NHS Band, **we** will reimburse **you** for the first treatment **you** received in full (but we won't pay anything for the second treatment)
- a higher NHS Band, we would reimburse **you** for a total of the highest applicable NHS Band rate.

After two months, if **you** need more **dental treatment**, this would be treated as a new claim and we would reimburse **you** for the relevant NHS Band charge up to NHS limits.

Please note: that **we** will pay the same amount for treatment which is carried out on the NHS and privately, even if the cost of **your** private treatment is more than the relevant NHS Band charge.

Glossary

Words and phrases printed in bold and italic in these rules and benefits have the meanings set out below.

Word/phrase	Meaning
Agreement	the agreement between the sponsor and us under which you have cover for your benefits.
Annual renewal date	Your renewal date will be the common renewal date for the group. You will have been advised of this when you joined the Bupa Dental Choice group scheme .
Benefits	The fees and expenses that each individual member is covered for under the Agreement , subject to all the terms and conditions, including the exclusions, of the Agreement .
Bupa	Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered Office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover.
Bupa Dental Plus Network	<ul style="list-style-type: none">■ a dental treatment facility or centre that, at the time you receive your eligible treatment, is in our network centre list that applies to your benefits and is recognised by us for carrying out the type of treatment you need■ any other establishment which we may decide to treat as a network centre for the purpose of the scheme. <p>Bupa Dental Plus Network centres may not be owned, or managed by Bupa, but have been through a Bupa quality assessment process to help us guarantee clinical quality in line with the standards set by the General Medical Council. The list of network centres may change from time to time but the current list can be found at finder.bupa.co.uk</p>
Cash benefit for hospital stay	Cash benefit we pay when you receive routine dental treatment , emergency dental treatment or dental injury treatment which is provided in a UK hospital as in-patient treatment .
Clinically necessary	Dental treatment that is required in the reasonable clinical opinion of a dental professional .

Word/phrase	Meaning
Consultant	<p>A registered medical or dental practitioner who at the time you receive your treatment:</p> <ul style="list-style-type: none"> ■ is recognised by us as a consultant and has received written confirmation from us of this, unless we recognised them as being a consultant before 30 June 1996 ■ is recognised by us both for treating the medical condition you have and for providing the treatment you need ■ is in our list of consultants that applies to your benefits. <p>You can contact us to find out if a medical practitioner is recognised by us as a consultant and the type of treatment we recognise for them.</p>
Consultant fees schedule	<p>The schedule used by Bupa for the purpose of providing benefits which sets out the benefit limits for consultants fees based on:</p> <ul style="list-style-type: none"> ■ the type of treatment carried out ■ for surgical operations, the type and complexity of the surgical operation according to the schedule of procedures – the benefits available for consultant surgeons and consultant anaesthetist may differ for the same surgical operation ■ the Bupa recognition status of the consultant, and ■ where the treatment is carried out both in terms of the treatment facility and the location. <p>The schedule may change from time to time. Details of the schedule are available on request.</p>
Cosmetic treatment	<p>Any dental treatment of a cosmetic nature or which is not necessary for the maintenance of dental fitness.</p>
Day-patient treatment	<p>Dental treatment which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight.</p>
Dental treatment	<p>Any dental treatment or examination provided by a dental professional.</p>
Dental injury treatment	<p>Dental treatment carried out in the UK or overseas which is required as a direct result of injury caused by an external impact.</p>

Word/phrase	Meaning
Dental professional	Any dental practitioner who is registered with the General Dental Council at the time you receive your dental treatment; and for the purpose of routine dental treatment, emergency dental treatment or dental injury treatment received outside the United Kingdom . Dental professional shall be deemed to include any person of equivalent status and professional standing who is lawfully permitted to practise dentistry in the country in which the routine, emergency dental treatment or dental injury treatment was received.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Effective date	The 'effective from' date shown on your membership certificate.
Eligible dependant	Your partner , and/or any dependant child of yours , who for the time being is a member of the scheme , and named on your membership certificate.
Emergency dental treatment	<p>The following temporary dental treatment carried out by a dental professional, which is urgently required in order 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 treatment 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 emergency dental treatment as determined by the dental professional eg stopping bleeding, re-fixing orthodontic retainer wire. <p>We may review claims for emergency dental treatment and may request additional information in order to ensure the claim is eligible.</p>
GP	A doctor who, at the time he/she refers for your consultation or Treatment, is on the UK General Medical Council's General Practitioner Register.

Word/phrase	Meaning
In-patient treatment	Dental treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.
Main member	The person who is covered under the agreement by virtue of being eligible in his or her own right rather than as a eligible dependant .
NHS treatment	Any course of treatment carried out on the NHS in the United Kingdom under Bands 1, 2 or 3 in relation to the classification of, and fees payable for dental services provided to NHS patients in England.
Oral cancer treatment	Any oral cancer treatment provided by a specialist registered medical practitioner for treating cancer of the oral cavity, lips, tongue and pharynx.
Orthodontic treatment	Any dental treatment provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.
Out-patient treatment	Dental treatment given at a hospital, consulting room or out-patient clinic where you do not go in for day-patient treatment or in-patient treatment .
Partner	Your husband or wife, or the person you live with in a relationship similar to that of a husband or wife, whether same sex or not.
Partnership consultant	Consultant who at the time you receive your treatment is recognised by us as a partnership consultant. You can contact us to find out if a consultant is a partnership consultant.
Partnership facility	<ul style="list-style-type: none"> ■ a hospital or a treatment facility, centre or unit that, at the time you receive your eligible treatment, is in our partnership facility list that applies to your benefits and is recognised by us for both: <ul style="list-style-type: none"> – treating the medical condition you have, and – carrying out the type of treatment you need ■ any other establishment which we may decide to treat as a partnership facility for the purpose of the scheme. <p>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of treatment we recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of treatment we recognise them for are available on request.</p>

Word/phrase	Meaning
Prosthetic appliance	Any artificial aid used in the restoration of a patient's dentition.
Physical contact sports	Rugby, hockey, boxing, wrestling, lacrosse, ice hockey or any other sport where it is common practice to wear mouth or gum protection.
Recognised practitioner	A healthcare practitioner who at the time of your treatment : <ul style="list-style-type: none"> ■ is recognised by us for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and ■ is in our list of recognised practitioners that applies to your benefits.
Routine dental treatment	Dental treatment which is necessary to maintain your dental fitness and which as a matter of necessity must be provided by a dental professional .
Scale of cover	Your cover option at the time you receive your dental treatment , being either Core, Classic, Premier, Platinum or Prestige and as shown on your current membership certificate.
Schedule of procedures	The schedule used by Bupa for the purpose of providing benefits which classifies surgical operations according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under Bupa schemes. Further information on the schedule is available on request.
Scheme	the cover we provide as shown on your membership certificate together with this membership guide subject to the terms and conditions of the agreement .
Sponsor	The company, association or organisation for whom Bupa has for the time being agreed to operate the Bupa Dental Choice group scheme for the time being of which you are a member.
Surgical implant	Any implant inserted into the jaw bone which is used for the support or retention of crowns, bridges or dentures.
Surgical operation	A surgical procedure or complex investigative/diagnostic procedure including all medically necessary treatment related to the procedure and all consultations carried out from the time you are admitted to a partnership facility until the time you are discharged, or if it is carried out as out-patient treatment , all medically necessary treatment related to the operation and any consultation on the same day which is integral to the operation.

Word/phrase	Meaning
Therapist	<ul style="list-style-type: none"> ■ a chartered physiotherapist ■ a British Association of Occupational Therapists registered occupational therapist ■ a British and Irish Orthoptic Society registered orthoptist, or ■ a Royal College of Speech and Language Therapists registered speech and language therapist <p>who is Health Professions Council Registered and is a recognised practitioner. You can contact us to find out if a practitioner is a recognised practitioner and the type of treatment we recognise them for.</p>
Treatment	Any dental treatment or oral cancer treatment
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
We/our/us	Bupa.
Year	In relation to you and each of your eligible dependants , a period starting on the effective from date or an annual renewal date and ending on the day immediately prior to the next annual renewal date .
You/your	This means the main member only.

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: **0800 237 777[†]**

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.

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.

[†]We may record or monitor our calls.

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/>**

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**

Privacy notice

Personal information

In providing you with our services, Bupa may handle your personal information. Personal information is information about you from which you can be identified, such as your name and contact details. Depending on what services you receive from us, this may include sensitive personal information such as medical information.

By providing your data and/or information, or by using the Bupa website or other online or digital platforms, you consent to the use of your data and information as described or referred to in this privacy notice and the cookie policy. The provisions of Bupa's social media terms and conditions may also apply. If we make a change to any of the ways in which we process personal information, we will update this notice on bupa.co.uk/privacy so please check back regularly for updates. You can also email dataprotection@bupa.com and ask us to send you the latest version at any time.

Confidential and Medical information

The confidentiality of your personal information is of paramount concern to Bupa and we comply with UK data protection law and all the applicable medical confidentiality guidelines issued by professional bodies such as the General Medical Council and the Nursing and Midwifery Council.

Your confidential medical information will only be disclosed to those involved with your treatment or care, or in accordance with UK law and guidelines from professional bodies, or for the purposes of clinical audit (unless you object). If you receive services from Bupa and that service transfers to a new provider, we may share your personal and confidential medical information with the new provider.

Securing information

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect. All Bupa staff have a legal duty to respect the confidentiality of your information, and access to your confidential information is restricted only to those who have a reasonable need to access it.

When using a Bupa website, if the URL of a web page starts with HTTPS, or you see a locked/green padlock symbol, your data should be encrypted when it is sent from your computer to our server. However, we cannot ensure the security of your data when it is being transmitted to our website or other digital sites from other pages. All transmission of personal information and other data is done at your own risk.

Information submitted to Bupa through a website is normally unprotected until it reaches us. In addition, users are also requested not to send confidential details or credit card numbers, for example, by email.

Information we may hold about you

The information we hold about you may include the following:

- basic details such as name, address, contact details and next of kin
- details of contact we have had with you such as referrals and quotes
- details of services you have received
- patient experience feedback and treatment outcome information you provide
- information about complaints and incidents
- notes and reports about your health and any treatment and care you have received or need, including about clinic and hospital visits and medicines administered
- information from customer surveys, competitions and marketing activities
- recordings of calls we receive or make
- other information we receive from other sources, including from your use of websites and other digital platforms we (or our group companies) operate or the other services we provide, information from business partners, advertising networks, analytics providers, or information provided by other companies who have obtained your permission to share information about you

When we collect your information

Information about you is collected when:

- you apply for a quote or policy
- you enter into a contract with Bupa for the provision of services, and when you use those services
- you submit a query to us, for example by email, telephone or social media, including where you reference the Bupa group of companies in a public social media post
- you participate in any marketing activity

We may also collect personal information about you from other people when:

- you are named in an application form or as a dependant under an individual or corporate scheme
- we process an application or claim (where we may carry out credit or fraud checks), or when we obtain medical reports

- we liaise with your family, employer, health professional or other treatment or benefit provider. We may only share information in this way where you have provided your consent or in circumstances where you are incapable of giving consent, or we are unable or it is not reasonable to seek your permission, or we are required to by law or in accordance with guidance from professional bodies
- you use a third party application to provide information to one of our mobile applications or websites.

When we process claims or investigate complaints on your behalf, Bupa may also request and obtain further details from your treatment provider. The information may be sought either at the time of processing or subsequently, for the purposes of ensuring the accuracy of information and the quality of treatment and care. Please note it is a term and condition of your policy that Bupa may obtain medical and billing information from your treatment provider relating to claims or complaints you may make.

Using your information

We use your personal information to provide you with our services, and to improve and extend our services. This may include:

- responding to your queries, including providing quotes
- supporting your medical treatment or care and other benefits
- internal record keeping and administration
- responding to requests where we have a legal or regulatory obligation to do so
- checking the accuracy of information about you, and the quality of your treatment or care, including auditing medical and billing information for insurance claims
- supporting your doctor, nurse, carer or other healthcare professional
- assessing the type and quality of care you have received and any concerns or complaints you raise, so that these can be properly investigated
- using your contact information to send you service related information
- using your contact information to send promotional material about new products, special offers or other information we think you may find interesting (see 'Keeping you informed' below for more information)
- using your contact information to give you an opportunity to complete a customer satisfaction survey
- using your contact information to conduct and analyse market research

Sharing information

Information about you may be shared by the companies in the Bupa group for all the purposes identified under 'Using your information' to enable us to manage our relationship with you as a Bupa customer and update and improve our records. We may also share information in aggregated form with the companies in the Bupa group.

Bupa works with other individuals and organisations to provide our services to you, and this may involve them handling your personal information. This handling of your personal information may be done outside of the European Economic Area in countries with different data protection laws. In that case we ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

We do not share your personal information with anyone outside of the Bupa group to use for their own purposes, except:

- when we have your permission
- when we are permitted or obliged to do so by law. For example, we are required to provide information to organisations such as the National Registries (eg The Cancer Registry) and to notify the government of certain infectious diseases such as TB and meningitis (but not HIV/Aids)
- if we are under a duty to disclose or share personal data in order to enforce or apply our terms of use (of our website or any part of it) or terms and conditions of supply of any relevant products or services and other agreements
- to protect the rights, property, or safety of Bupa, our customers, or others
- in order to detect, prevent and help with the prosecution of financial crime. For example we may share information with fraud prevention or law enforcement agencies, and other organisations. If we suspect fraudulent activity we may inform the person or organisation who administers or funds your Bupa services
- if there are other exceptional circumstances, and we are unable or it is not appropriate to seek your permission.

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member.

You may also receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information, only for the administration of the scheme or services, with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents. We won't share the details of your health condition, illness, injury or treatment with the employer without your permission.

In the event that we (or any member(s) of our group) sell or buy any business or assets, we may disclose your personal data to the prospective seller or buyer of such business or assets.

Keeping information

We will only keep your personal information for as long as is necessary and in accordance with UK law.

Keeping you informed

The Bupa group would like to keep you informed of the Bupa group's products and services that we consider may be of interest to you (via mail, email, phone or SMS). When we collect your information, we will ask you if you would like us to keep you updated in this way. We may use your personal information to:

- decide which services which we think are relevant to you
- decide which media, including social media platforms, would best be utilised to reach the customers who wish to receive marketing materials
- contact you with details of our products and services, including displaying interest-based adverts via social media.

If you do not wish to receive marketing information about our products and services, or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team on the details shown below.

Accessing information

If you have any data protection queries, please contact the Bupa UK Information Governance team:

Email: dataprotection@bupa.com

Write: **4 Pine Trees, Chertsey Lane, Staines-upon-Thames TW18 3DZ**

You should also contact the Bupa UK Information Governance team to request a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information. We may charge a small amount for providing you with a copy of your personal information. We may also ask you to provide additional documentation to confirm your identity or, if you are seeking to access personal information of another individual, proof of their consent or your legal right to receive their personal information.

Updating this Privacy Notice

We review and update this notice regularly. The latest copy of this notice and the trading companies that comprise the Bupa group can be found on [**bupa.co.uk/privacy**](https://bupa.co.uk/privacy)

Notes

Notes



Bupa dental insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are 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 No. 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: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

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