Your membership guide

Bupa Dental Plan

Sponsor pay group from 1 June 2017

Please retain.
About this guide

Welcome to your Bupa Dental Plan 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 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 Quay, 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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Bupa Dental Plan group pay is a group insurance scheme governed by an agreement (the ‘Agreement’) between your sponsor and Bupa Insurance Ltd (‘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 Plan 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 Plan 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.
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.

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 26.

Renewal

Bupa Dental Plan 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. 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 premiums and claims monies.
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:

a. 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
b. the sponsor fails to renew your membership, or
c. 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
d. 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 the 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 liable 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 a recognised 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-authorised by calling us 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 dental 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, dental injury treatment or routine 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, dental injury treatment or routine dental treatment shall be limited to the cost that would have been reasonably and customarily charged if the emergency dental treatment, dental injury treatment or routine 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_ current membership 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 Plan _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 on 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_.

_Ohodontic 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_.

Page 10 General rules on benefits
Oral Cancer rules on benefits

Being referred for treatment and Bupa recognised 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 17.

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 crown)
- 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) of 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 Plan 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 **recognised 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 note:** Other than cash benefit for hospital stay, the Bupa Dental Plan 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 Plan 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: About NHS treatment

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

Benefit limit table 1 on page 15 shows the benefits you and your eligible dependants can claim according to your scale of cover. It shows the maximum amount of benefits we pay up to each year for:

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

that you and your eligible dependants are covered for under the scheme.

Annual benefit limit for you, your partner and your dependant children

The annual benefit limits apply to you, your partner and your dependant children (if eligible dependants) individually according to your scale of cover for routine dental treatment, emergency dental treatment and dental injury treatment.
**Annual benefit limit table 1**

The amounts shown in this table are the total amounts of **benefits we** pay up to each year subject to the benefit schedule 1. They are not the amounts **we** pay for each type of service or treatment individually.

**Important Note:** 100% reimbursement for **NHS treatment** is included in all levels of cover.

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% reimbursement for NHS treatment. Reimbursement of private treatment up to the NHS Band limit applicable at the date of the treatment</td>
<td>up to £400</td>
<td>up to £600</td>
<td>up to £600</td>
<td>up to £1,000</td>
<td></td>
</tr>
<tr>
<td>Emergency dental treatment (includes worldwide cover)</td>
<td>up to £3,000</td>
<td>up to £5,000</td>
<td>up to £5,000</td>
<td>up to £5,000</td>
<td></td>
</tr>
<tr>
<td>Dental injury treatment (includes worldwide cover)</td>
<td>see benefit schedule 1. No annual maximum benefit limit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Benefit schedule 1**

Benefit schedule 1 shows the maximum amount of benefits we pay up to each year for each treatment or item claimed as part of routine dental treatment for you, your partner and eligible dependants.

We pay benefits up to the item and 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 subject to your annual benefit limit for routine dental treatment.

<table>
<thead>
<tr>
<th>Dental examinations</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examinations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>maximum of two per policy year</td>
<td>up to £25</td>
<td>up to £35</td>
<td>up to £50</td>
<td>up to £60</td>
</tr>
<tr>
<td><strong>X-rays</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>each year</td>
<td>up to £30</td>
<td>up to £40</td>
<td>up to £50</td>
<td>up to £60</td>
</tr>
<tr>
<td><strong>Scale and polish</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>maximum of two per policy year</td>
<td>up to £40</td>
<td>up to £50</td>
<td>up to £80</td>
<td>up to £90</td>
</tr>
<tr>
<td>(simple scale and polish procedures and chronic periodontal treatment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fillings and root canal treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(amalgam, composite anterior and composite posterior fillings) each year</td>
<td>up to £150</td>
<td>up to £250</td>
<td>up to £300</td>
<td>up to £350</td>
</tr>
<tr>
<td><strong>Extractions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Including extraction flap raised, apicectomy, incising of abscess, and simple gingivectomy treatments) each year</td>
<td>up to £100</td>
<td>up to £150</td>
<td>up to £200</td>
<td>up to £200</td>
</tr>
<tr>
<td><strong>Crowns, Bridgework</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 any other bridge, dentures (acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint)) and surgical implants each year</td>
<td>80 percent of costs up to £275</td>
<td>80 percent of costs up to £450</td>
<td>80 percent of costs up to £550</td>
<td>80 percent of costs up to £2,000</td>
</tr>
<tr>
<td><strong>Anaesthetist</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>each year</td>
<td>up to £30</td>
<td>up to £50</td>
<td>up to £60</td>
<td>up to £80</td>
</tr>
<tr>
<td><strong>NHS benefit limits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% reimbursement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Orthodontic cover**

<table>
<thead>
<tr>
<th>Orthodontic treatment</th>
<th>IOTN 4/5 (Index of Orthodontic Treatment Need)</th>
<th>up to £300</th>
<th>up to £400</th>
<th>up to £500</th>
<th>up to £600</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>each year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Benefit schedule 2**

This benefit schedule applies to **oral cancer treatment**.

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

You are not covered for **oral cancer treatment** under the Core level.

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

<table>
<thead>
<tr>
<th>Type of dental treatment</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash benefit for hospital stay</td>
<td>£50 a night up to £1,000 each year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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*.
Section 4: About NHS treatment

If you receive eligible dental treatment, we will reimburse you for the dental treatment costs you incur, 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.
Words and phrases printed in **bold** and *italic* in these rules and benefits have the meanings set out below.

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agreement</strong></td>
<td>the <em>agreement</em> between the <em>sponsor</em> and <em>us</em> under which you have cover for your benefits.</td>
</tr>
<tr>
<td><strong>Annual renewal date</strong></td>
<td>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 Plan group scheme.</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Bupa</strong></td>
<td>Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. Bupa provides the cover.</td>
</tr>
</tbody>
</table>
| **Bupa Dental Plus Network**| - 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. 
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](http://finder.bupa.co.uk) |
| **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*.                                                                                                      |
**Consultant**
A registered medical or dental practitioner who at the time *you* receive *your treatment*:
- 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.
*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.

**Consultant fees schedule**
The schedule used by Bupa for providing Benefits setting out the benefit limits for consultants’ fees based on:
- 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 anaesthetists 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.
The schedule may change from time to time. Details of the schedule are available on request.

**Cosmetic treatment**
Any dental treatment of a cosmetic nature or which is not necessary for the maintenance of dental fitness.

**Day-patient treatment**
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.

**Dental treatment**
Any dental treatment or examination provided by a dental professional.

**Dental injury treatment**
Dental treatment carried out in the UK or overseas which is required as a direct result of injury caused by an external impact.
<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental professional</strong></td>
<td>Any dental practitioner who is registered with the General Dental Council at the time you receive your <em>dental treatment</em>; and for the purpose of <em>routine dental treatment, emergency dental treatment</em> or <em>dental injury treatment</em> 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 <em>routine dental treatment, emergency dental treatment</em> or <em>dental injury treatment</em> was received.</td>
</tr>
<tr>
<td><strong>Diagnostic tests</strong></td>
<td>Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.</td>
</tr>
<tr>
<td><strong>Effective date</strong></td>
<td>The ‘effective from’ date shown on your membership certificate.</td>
</tr>
<tr>
<td><strong>Eligible dependant</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
| **Emergency dental treatment** | 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:  
  - 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.  
*We* may review claims for *emergency dental treatment* and may request additional information in order to ensure the claim is eligible. |
<p>| <strong>GP</strong>              | 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. |</p>
<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient treatment</td>
<td><em>Dental treatment</em> which, for medical reasons, means you have to stay in hospital overnight or for longer.</td>
</tr>
<tr>
<td>Main member</td>
<td>The person who is covered under the agreement by virtue of being eligible in his or her own right rather than as a <em>eligible dependant</em>.</td>
</tr>
<tr>
<td>NHS treatment</td>
<td>Any course of treatment carried out on the NHS in the <em>United Kingdom</em> under Bands 1, 2 or 3 in relation to the classification of, and fees payable for dental services provided to NHS patients in England.</td>
</tr>
<tr>
<td>Oral cancer treatment</td>
<td>Any <em>oral cancer treatment</em> provided by a specialist registered medical practitioner for treating cancer of the oral cavity, lips, tongue and pharynx.</td>
</tr>
<tr>
<td>Orthodontic treatment</td>
<td>Any <em>dental treatment</em> provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.</td>
</tr>
<tr>
<td>Out-patient treatment</td>
<td><em>Dental treatment</em> given at a hospital, consulting room or out-patient clinic where you do not go in for <em>day-patient treatment</em> or <em>in-patient treatment</em>.</td>
</tr>
<tr>
<td>Partner</td>
<td><em>Your</em> husband or wife, or the person <em>you</em> live with in a relationship similar to that of a husband or wife, whether same sex or not.</td>
</tr>
<tr>
<td>Partnership consultant</td>
<td><em>Consultant</em> who at the time you receive your <em>treatment</em> is recognised by <em>us</em> as a partnership consultant. You can contact <em>us</em> to find out if a <em>consultant</em> is a partnership consultant.</td>
</tr>
</tbody>
</table>
| Partnership facility     |  - 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:
  - 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.  
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>| 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.                                                                    |</p>
<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Meaning</th>
</tr>
</thead>
</table>
| Recognised practitioner | A healthcare practitioner who at the time of your treatment:  
- is recognised by us for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and  
- is in our list of recognised practitioners that applies to your benefits. |
<p>| 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, Level 1, Level 2, Level 3 or Level 4, 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 agreed to operate the Bupa Dental Plan group scheme 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. |</p>
<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Meaning</th>
</tr>
</thead>
</table>
| Therapist   | 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 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. |

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Any <strong>dental treatment</strong> or <strong>oral cancer treatment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom/UK</td>
<td>Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.</td>
</tr>
<tr>
<td>We/our/us</td>
<td><strong>Bupa.</strong></td>
</tr>
<tr>
<td>Year</td>
<td>In relation to you and each of your <strong>eligible dependants</strong>, a period starting on the effective from date or an <strong>annual renewal date</strong> and ending on the day immediately prior to the next <strong>annual renewal date</strong>.</td>
</tr>
<tr>
<td>You/your</td>
<td>This means the <strong>main member</strong> only.</td>
</tr>
</tbody>
</table>
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

*We may record or monitor our calls.
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/

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 – 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 and how we use and protect it. It also provides information about your rights. Further details can be found in our Full Privacy Notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Privacy team on +44 (0) 1784 893706. Alternatively you can email the team at dataprotection@bupa.com or write to Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ.

If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about Bupa

In this privacy notice, references to ‘we’ or ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioners Office, registration number Z6831692. Bupa is comprised of a number of trading companies, many of which also have their own data protection registrations. For company contact details, visit bupa.co.uk/legal-notices

Scope of our privacy notice

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

Ways in which we obtain personal information

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

Categories of personal information

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

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

Marketing and preferences

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

Processing for Profiling and Automated Decision Making

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

Sharing your information

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

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

How long we retain your personal information

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

Your rights

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

Data Protection Contacts

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

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

Financial crime

The company 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 this 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.