

Your Bupa membership guide

Bupa Dental Cover

Please read and retain this membership guide in conjunction with your membership certificate for the full terms of your cover

The guide is effective from 1 January 2021



About this guide

How the membership guide works with your membership certificate

Your membership guide and membership certificate should be read and kept together. Your membership certificate contains details of everyone who is covered on the policy, the level of cover and the cover start date.

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

Statement of demands and needs

The cover provided under the membership of the policy is generally suitable for someone who is looking to cover the cost of a range of dental treatment expenses. **We** have not provided you with any advice about your cover and how it meets your individual needs. Please read your membership certificate and membership guide to make sure that this policy still meets your needs.

Definitions

Some of the words **we** use in this membership guide have specific meanings. In Section 5, 'Definitions', you'll find a definition for each of the terms used in **bold italic** throughout the guide. This will help you understand what **we** mean when **we** use these terms.

Contacting Bupa

Call

For any queries about your cover please call **us** on **0800 237 777**.
We may record or monitor our calls.



Email

For any queries about your cover please email **us** on **DentalMemberServices@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.

Write

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



If you have difficulties

For those with hearing or speech difficulties who use a Relay UK smartphone app or textphone, use the prefix **18001** followed by the phone number above. We also offer correspondence in Braille, large print or audio.

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1. Claiming

Before your dental treatment

Before you have any treatment, it's important to check your membership certificate and guide to understand what you're covered for. You will need to check your membership certificate for details of who is covered on the policy and the level of cover you have.

Always call *us* if oral cancer treatment is required, as this needs to be pre-authorized prior to receiving any treatment. Please refer to Section 3.6, 'Oral cancer treatment'.



Did you know?

You can see any dentist of your choice, whether it's for private or NHS treatment.

The policy covers you for dental treatment in the *UK*.

After your dental treatment

How you pay for your treatment depends on which dental practice you use.

When using any dental practice

You'll need to pay for your treatment and then claim some or all of it back, depending on the limits of your cover, within 12 months of your treatment date.

Following your appointment, you must ensure your receipt contains the following information:

- name of the person receiving the dental treatment;
- date the dental treatment took place;
- details of dental treatment received including the cost of each;
- the dental practice name, address and telephone number; and
- proof that you've paid for your dental treatment.

In selected Bupa-owned practices

No forms, no fuss claiming

When you visit participating **Bupa**-owned practices within **our** dental insurance network **we** don't expect you to pay up front and then claim back the cost of your treatment†. Instead, the practice submits the claim directly to **us**, and **we** take care of it without you needing to do anything further.

We call it 'no forms, no fuss claiming', and it means that if the treatment is covered under the policy, subject to your benefit limits you won't need to pay for the treatment.

No forms, no fuss claiming is not available in all **Bupa**-owned practices.

†Claims are forwarded by selected practices in the Bupa Dental Insurance Network as agent of Bupa Insurance Limited. Any claims for dental emergency, dental injury treatment and oral cancer cannot be processed by the dental practice and a claim form must be submitted. Also, all claims for NHS treatment in Scotland and Northern Ireland must be submitted using a claim form. For a claim form go to bupa.co.uk/dental/dental-insurance/make-claim or call on **0800 237 777**. We may record and monitor our calls.



Key information

To find out which practices offer these services, please visit finder.bupa.co.uk and search **Dental Insurance Network**.

Alternatively, you can telephone **us** on **0800 237 777**.

We may record and monitor our calls.

How to submit your claim

Key information

When submitting your claim, you must ensure your receipt contains:

- name of the person receiving the dental treatment;
- date the dental treatment took place;
- details of dental treatment received including the cost of each;
- the dental practice name, address and telephone number; and
- proof that you've paid for your dental treatment.

Online

Visit bupa.co.uk/dental/dental-insurance/make-claim

Excludes dental injury claims which will need to be submitted to **us** by post.

You will need to telephone **us** on **0800 237 777*** should you wish to claim for oral cancer treatment.



Post

Download a claim form at bupa.co.uk/dental/dental-insurance/make-claim

Fill in the form and post it, along with a copy of your receipt, to:

**Bupa dental insurance, Bupa Place,
102 The Quays, Salford M50 3SP**



Call

Alternatively, you can telephone **us** on **0800 237 777*** and **we** will post a claim form to you.



*We may record or monitor our calls.

What happens next

1. Claims should be submitted to **us** as soon as possible and within 12 months of the treatment date.



2. If **we** have all the information **we** need from you to process your claim, you can expect your claim to be processed within 7 to 10 working days.



3. Your money will be paid directly into your bank account.



Did you know?

You can submit all your dental claims online for any preventative, restorative and emergency dental treatment.



2. Bupa Dental Cover – Table of Cover

The tables show the maximum amount of benefits you can claim up to per person per policy year according to whether you have selected Dental Cover 10 or Dental Cover 20, as shown on your membership certificate.

Please also refer to Section 3 'Policy terms' for full details of what's covered, what's not covered and any limitations on cover by treatment type.

Preventative and Restorative benefits

	Dental Cover 10	Dental Cover 20	Waiting period
Preventative dental treatment UK only <i>For example: routine examinations, X-rays and a scale and polish (by your dentist or hygienist)</i>	up to NHS limits	up to £150 per policy year	there is no waiting period, you can claim for this benefit from your cover start date
Restorative dental treatment UK only <i>For example: fillings, root canal, extractions, crowns and bridge</i>	up to NHS limits	75%^^ up to £700 per policy year	four months from your cover start date when you first join the policy

^^75% towards the cost of your treatment up to your benefit limit.



Additional information about waiting periods

Waiting periods apply from your cover start date when you first join the policy. This is the period during which benefits are not payable.

The waiting period is not applied at renewal, i.e. the anniversary of your cover start date. If you switch cover between Dental Cover 10 and Dental Cover 20 at renewal, then the waiting period is not applied. However, if you switch between Dental Cover 10 and Dental Cover 20 within six months of joining the policy then any current waiting period would still apply.

If you are transferring from another Bupa dental insurance policy, we will provide immediate cover providing you had dental insurance via the previous policy for a minimum of six months.

Other dental benefits

	Dental Cover 10	Dental Cover 20	Waiting period
Emergency dental treatment UK only	no cover	up to £600 per policy year	14 days from your cover start date when you first join the policy
Dental injury treatment UK only	no cover	up to £5,000 per policy year	four months from your cover start date when you first join the policy
Oral cancer treatment UK only	paid in full when being referred for oral cancer treatment and using partnership consultants and partnership facilities		six months from your cover start date when you first join the policy

Did you know?

The cover start date is shown on your membership certificate. This is the date on which your current continuous period of cover starts under the policy.

3. Policy Terms

Key information

In this section **we** explain what's covered, what's not covered and whether there are any limitations on cover. It includes:

- 3.1 General policy conditions and exclusions
- 3.2 NHS treatment
- 3.3 Preventative and Restorative dental treatment
- 3.5 Emergency dental treatment
- 3.6 Dental injury treatment
- 3.7 Oral cancer treatment

3.1 General policy conditions and exclusions

Note: these conditions and exclusions apply to all sections of your policy.

- **We** agree to pay benefits for necessary dental treatment received by you in accordance with the terms and conditions of your membership.
- Benefits are only payable by **us** to reimburse fees and expenses actually incurred by you in respect of treatment provided by a **dental professional**. **We** will not pay benefits where treatment is not provided by a **dental professional**.
- Any fees you may incur with a third party to cover dental services via your dentist (ie a dental monthly payment plan) are not covered.
- **We** only pay for the dental treatment and oral cancer treatment specified in the 'Bupa Dental Cover – Table of Cover' section of this membership guide and as set out in the membership certificate.
- If you have not had a dental examination in the 24 months before you join the policy **we** will not pay for any restorative dental treatment that you receive or is planned at your first dental examination.
- Any treatment costs you incur that are not covered under your policy's benefits are your responsibility.

- Payment of benefits is conditional upon you having paid all premiums due for your membership and that of any **dependants** on or before the date of the treatment for which you are claiming benefits.
- **We** only pay benefits for eligible dental treatment you receive while you are covered under the policy. **We** do not pay for any treatment, including any treatment **we** have pre-authorized, that takes place on or after the date your cover ends.
- You can only claim for eligible dental costs once. If you have any other policy that provides dental cover, the costs of your treatment may be split between **us** and the other insurance company. You will be asked to provide **us** with full details of any other relevant insurance policy when you claim.
- **We** may contact your **dental professional** to request further information about your claim or dental treatment. **Our** own dentist will review this to advise **us** about the medical facts relating to your claim.
- Where you make a valid claim, **we** will reimburse you for that claim unless you choose to use 'no forms, no fuss claiming'.
- Claim advices will be sent addressed to the **main member or dependent** (when aged 16 and over) who has received the treatment.
- Claim advices relating to **dependants** (when aged 15 and under) will be sent to the **main member**.
- All correspondence apart from dental claim advices will be sent to the main **member**.
- **We** do not have to pay a claim if you break any of the terms and conditions of your membership, which is related to the claim. **We** may not pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering **our** questions. By this **we** mean giving false information or keeping necessary information from **us**, please refer to Section 4.9, 'Fraudulent or misleading information'.
- If you claim for treatment because of an injury or condition caused by someone else you must tell **us** this as soon as possible. If you claim compensation from the person at fault you must:
 - tell **us** and tell the insurance company or solicitor of the person at fault that (if relevant) you are having private treatment and wish to recover the costs as part of your claim
 - add to your claim the costs **we** have paid, interest on those costs and **our** administration costs
 - keep **us** informed of the progress of the claim, and
 - pay to **us** any amount reflecting the costs **we** have paid (and any associated interest and administration costs) which you recover.
- 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 is not covered.

3.2 NHS treatment

For all treatment where ‘up to NHS limits’ is shown in the Table of Cover (please refer to Section 2, ‘Bupa Dental Cover – Table of Cover’) the following applies.



What’s covered

- If you have Dental Cover 10, costs for treatment carried out on the NHS by an NHS dentist will be fully reimbursed
- If you have Dental Cover 10, and you have private treatment, **we** will pay the NHS equivalent costs. This means the amount of money your treatment would have cost if it had been carried out and charged by the NHS



What’s not covered

- If you have Dental Cover 10, any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- If you have Dental Cover 10, any treatment that the NHS would not provide
- Any exclusions listed in the ‘General policy conditions and exclusions’ section 3.1

Additional information

- **We** follow the rules applied by the NHS for dental treatment.
- To understand the rules and what NHS treatment costs will apply to you please ask your dentist or refer to your local NHS website for information.
- The NHS has fixed charges for treatment; the price will vary depending on your location in the **UK**.
- NHS treatment charges may change on an annual basis and you are covered up to the applicable limit currently charged by the NHS at the time you have your treatment.



Did you know?

If you have selected Dental Cover 10, and you choose to have private treatment for any treatment shown as 'up to NHS limits' in the Table of Cover (section 2), this means that you will need to ask your **dental professional** whether the treatment would be available on the NHS and if so, the amount you would be charged by the NHS.

If the treatment is covered by the NHS, **we** will pay the NHS equivalent cost and you would cover any additional cost of having the treatment done privately.

If the treatment is not covered by the NHS, it is not eligible for cover therefore you would need to pay for the full cost of treatment.

NHS treatment in England, Wales and Isle of Man

If you live in England, Wales or the Isle of Man, the NHS have three bands into which all treatments fall. The bands below give details of the NHS treatments covered:

Band 1 course of treatment

Includes:

- an examination
- diagnosis (including X-rays)
- advice on how to prevent future problems
- a scale and polish if clinically needed.

Band 2 course of treatment

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

Band 3 course of treatment

Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

NHS treatment in Scotland and Northern Ireland

If you live in Scotland or Northern Ireland charges for treatment carried out on the NHS, by an NHS dentist, will be fully reimbursed up to NHS limits.

3.3 Preventative and Restorative dental treatment

Please refer to sections 3.3.1 and 3.3.2 for details of what's covered and what's not covered by treatment type.

We have also included the Table of Cover to illustrate the benefits available for Preventative and Restorative dental treatment.

Preventative and Restorative benefits – Table of Cover

The table below shows the maximum amount of benefits you can claim up to per person per policy year according to your level of cover as shown on your membership certificate.

	Dental Cover 10	Dental Cover 20	Waiting period
Preventative dental treatment UK only <i>For example: routine examinations, X-rays and a scale and polish (by your dentist or hygienist)</i>	up to NHS limits	up to £150 per policy year	there is no waiting period, you can claim for this benefit from your cover start date
Restorative dental treatment UK only <i>For example: fillings, root canal, extractions, crowns and bridge</i>	up to NHS limits	75%^^ up to £700 per policy year	four months from your cover start date when you first join the policy

^^75% towards the cost of your treatment up to your benefit limit.

Additional information about waiting periods

Waiting periods apply from your cover start date when you first join the policy. This is the period during which benefits are not payable.

The waiting period is not applied at renewal, i.e. the anniversary of your cover start date. If you switch cover between Dental Cover 10 and Dental Cover 20 at renewal, then the waiting period is not applied. However, if you switch between Dental Cover 10 and Dental Cover 20 within six months of joining the policy then any current waiting period would still apply.

If you are transferring from another Bupa dental insurance policy, we will provide immediate cover providing you had dental insurance via the previous policy for a minimum of six months.

Did you know?

The cover start date is shown on your membership certificate. This is the date on which your current continuous period of cover starts under the policy.

3.3.1 Preventative dental treatment



What's covered

- Routine examinations and check ups
- Scale and polish by your dentist or hygienist
- X-rays
- **UK** only dental treatment



What's not covered

- If you have Dental Cover 10, any private treatment that exceeds the cost that would be paid on the NHS
- If you have Dental Cover 10, a scale and polish is only available on the NHS when it is clinically needed. Should you decide to have a scale and polish privately, when this is not available on the NHS, then you would need to pay for the full cost of this treatment yourself
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1
- Treatment outside the **UK**
- Dental injury outside of the **UK** and orthodontic treatment

3.3.2 Restorative dental treatment



What's covered

- Crowns and bridges:
 - crowns including a full gold crown, porcelain crown and porcelain bonded to a metal crown
 - bridge including adhesive bridge, cast post and core, prefabricated post and core but not to correct a pre-existing gap that occurred before your cover start date
 - re-fix or recement of an existing crown, recement of an adhesive bridge, and recement of any other bridge
- Dental inlays and onlays
- Dentures including acrylic/metal, partial/full, upper/lower, relines and repair or additional tooth



What's covered

- Extractions including extraction flap raised, apicectomy and incising of abscess
- Fillings including amalgam or composite fillings
- Gingivectomy treatment which is the removal of gum tissue
- Periodontal treatment (including any specialist consultation fee)
- Root canal (including any specialist consultation fee)
- Sedation for clinically necessary dental treatment, up to your benefit limits
- **UK** only dental treatment

Additional information for customers with Dental Cover 20

Please note, you can claim 75% towards the cost of your restorative dental treatment up to your benefit limit, per person, per policy year.

If you need a specialist consultation examination for any restorative treatment, **we** will pay for this from your 'restorative dental treatment' benefit instead of from the 'routine examination' benefit which is included in your 'preventative dental treatment' benefit.

3.3.2 Restorative dental treatment (continued)



What's not covered

- Antibiotics, painkillers or other prescription charges
- Anti-snoring devices
- Cosmetic treatment
- Dental consumables such as toothbrushes, mouthwash and dental floss
- Dental procedures carried out in hospital, for example wisdom teeth extractions
- Fissure sealants
- Mouthguards
- Orthodontic treatment
- *'Pre-existing conditions'*
- Replacement of dentures or a prosthetic appliance which have been lost or stolen



What's not covered

- Restorative dental treatment received or planned at your first dental examination if you have not had a dental examination in the 24 months before you join the policy
- Restorative dental treatment carried out during the waiting period
- Surgical implants
- Topical fluoride
- If you have Dental Cover 10, any costs of private treatment that exceed the charges that would be paid if you had been treated on the NHS
- If you have Dental Cover 10, any treatment that the NHS would not provide
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1
- Treatment outside the **UK**

Did you know?

Pre-existing condition means you had symptoms or knew about the condition before you joined the policy, or a dental professional had already recommended the dental treatment.

3.4 Emergency dental treatment



What's covered

- Dental treatment provided at an initial emergency appointment for the relief of:
 - severe pain
 - an inability to eat
 - any acute dental condition which presents an immediate and serious threat to general health
- **UK** only dental treatment



What's not covered

- Emergency dental treatment carried out during the waiting period
- If you have Dental Cover 10, any treatment under this section
- If you have Dental Cover 10, any treatment that the NHS would not provide
- Treatment which was pre-planned
- Emergency dental treatment carried out during the waiting period
- Any treatment carried out at a follow-up appointment. This must be claimed from the Preventative and Restorative dental treatment benefit limits according to your level of cover
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1
- Treatment outside the **UK**

3.5 Dental injury treatment



What's covered

- An injury to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact
- Dental injury treatment in the *UK* only

Additional information

Treatment must start within six months of the date of the injury and be completed within two years of the treatment starting (six years for children sustaining an injury when under 18 years of age).

Should you damage your teeth during the consumption of food, including foreign bodies contained within the food, then you can claim via your Restorative benefit. Please refer to Section 2, 'Bupa Dental Cover – Table of Cover' and Section 3.3, 'Preventative and Restorative Dental Treatment'.



What's not covered

- Dental injury treatment carried out during the waiting period
- If you have Dental Cover 10, any treatment under this section
- Any treatment that the NHS would not provide
- An injury whilst participating in physical contact sport
- Surgical implants and orthodontic treatment
- Treatment needed for any dental injury that occurred before your policy started
- Treatment needed for any dental injury that occurred outside the *UK*
- Treatment needed following damage caused during the consumption of food including foreign bodies contained within the food
- Treatment needed due to an intentional self-inflicted injury
- Treatment, care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1
- Treatment outside the *UK*

3.6 Oral cancer treatment



What's covered

- Primary cancer in any part of the oral cavity from the lips to the back of the tongue but excluding the tonsils and salivary glands
- Treatment is paid in full when being referred for oral cancer treatment and using a **recognised practitioner, partnership facility** or a **fee-assured consultant**
- Treatment in the **UK** only

Additional information

Waiting periods for oral cancer only apply from your cover start date when you first join the policy. This is the period during which benefits are not payable.

If you are transferring from another Bupa dental insurance policy, we will provide immediate cover providing you had dental insurance via the previous policy for a minimum of six months.

The waiting period is not applied at renewal, ie the anniversary of your cover start date.



What's not covered

- Oral cancer treatment for cancer of the tonsils or the salivary glands
- Oral cancer that was diagnosed; or you were having investigations; or waiting for the outcome of tests:
 - before your cover start date; or
 - during your first six months following the cover start date
- Secondary cancer
- Treatment if you have not been referred to a **recognised practitioner** and **partnership facility** by your GP or **dental professional**
- Treatment when not using a **fee-assured consultant**
- Any costs or expenses for experimental or unproven oral cancer treatment unless incurred with **our** prior written approval
- Any exclusions listed in the 'General policy conditions and exclusions' section 3.1
- Treatment outside the **UK**

4. How your membership works

4.1 The agreement and your membership documents

- a. The following documents together make up the **agreement** and must be read together:
 - this membership guide explains how to submit a claim. In the Policy Terms section we explain what's covered, what's not covered and whether there are any limitations on cover. We then explain how your membership works, your right to cancel and making a complaint in this section
 - your membership certificate contains details of everyone who is covered on the policy along with your level of cover.
- b. We will pay eligible claims for treatment received from your cover start date (as shown in your membership certificate), in accordance with the terms of this **agreement** and subject to any waiting periods or pre-existing conditions.
- c. Only the **main member** and Bupa have legal rights under this agreement, although **we** will allow anyone who is covered under your membership access to **our** complaints process (please also see section 6.2 'Making a complaint').

4.2 Age and eligibility criteria

- a. You can be accepted as a **main member** or **partner** from 18 years old.
- b. You must be resident in the **UK**.

The **main member** can add their **partner** as a **dependant** so long as they meet the criteria above. **Child dependants** are only eligible to be members if they are under 24 years old and a **UK** resident. The cover for any **child dependant** will end at the next **annual renewal date** following their 24th birthday.

4.3 When your membership starts and how it continues

- a. The *main member's* membership and your policy year start from your cover start date which can be found in your membership certificate.
- b. If the *main member* applies for named dependants to become members, their cover will start from the cover start date as shown on the membership certificate or a separate cover start date as shown on the membership certificate, if they are added as *dependants* later in the policy year.

We will only pay benefits for each named *dependant* from their cover start date.

- c. Your cover end date is shown on your membership certificate. Bupa Dental Cover is an annual contract. Your membership will renew automatically on the *annual renewal date* as long as you continue to pay your premiums and any other charges, unless *we* decide to end the policy. If this applies, *we* will write to tell you at least 28 days before your *annual renewal date*.
- d. Your benefit limits will be refreshed at your cover start date (as shown in your membership certificate).

Please note that your named *dependants'* benefit limits will also be refreshed at the cover start date, even if they joined the policy in the middle of a policy year.

4.4 Waiting periods

- a. Waiting periods apply from your cover start date when you first join the policy. This is the period during which benefits are not payable.
- b. The waiting period is not applied at renewal, i.e. the anniversary of your cover start date (as shown in your membership certificate).
- c. If you switch between Dental Cover 10 and Dental Cover 20 at renewal, then the waiting period is not applied.
- d. If you switch between Dental Cover 10 and Dental Cover 20 within six months of joining the policy then any current waiting period would still apply.
- e. If you are transferring from another Bupa dental insurance policy, we will provide immediate cover providing you had dental insurance via the previous policy for a minimum of six months.

4.5 Payment of premiums

- a. Your membership certificate sets out the premiums payable under the **agreement**.
- b. Premiums will begin calculating from your cover start date.
- c. All premiums are payable monthly in advance by Direct Debit unless **we** agree otherwise.
- d. Your premiums may change if **we** or the main member make any changes to your membership.
- e. Your premiums include Insurance Premium Tax (IPT). If the government changes the rate of IPT **we** reserve the right to amend your premiums from the date that the IPT rate change takes effect. **We** will notify you of this change in line with Section 4.7, Changes we can make.

4.6 How your membership can end

- a. **We** can end your membership, treat your membership as if it never existed, or refuse to pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering **our** questions. By this we mean giving false information or keeping necessary information from **us** if:
 - intentional, **we** may treat your membership as if it never existed, or not pay a claim in full or part
 - careless, **we** may withdraw cover, refuse all claims and refund all your premiums for the year, change the cover, or **we** could reduce any claim payment or increase your premium by the same proportion.
- b. The **main member** can end their or their **dependant's** membership at any time; to do so, the **main member** must inform **us**.
- c. If the **main member's** membership ends for any reason, then the membership of all **dependants** will also end.

- d. The **main member's** membership of this policy (and therefore that of their **dependants**) will immediately come to an end if:
- the **main member** stops being resident in the **UK**
 - the **main member** dies
 - the **main member** does not pay on or before its due date the required premium and any other payment due under the **agreement** for the **main member** and their **dependants**. If this happens, **we** will try to contact you, and if **we** cannot reach you after using reasonable efforts to do so, then **we** may terminate your membership immediately
 - In the event your membership terminates as a result of you failing to pay your premiums (including Insurance Premium Tax and any other taxes which may from time to time be payable in respect of your membership) on the date they are due, **we** may at **our** sole discretion permit your membership and that of your named **dependants** to continue, on condition that the overdue premiums and/or taxes are received by **us** within 90 days of the original due date.
- e. Your **dependants'** membership will automatically end if:
- the **main member's** membership ends
 - the **main member** does not renew the membership of that **dependant**
 - that **dependant** stops being resident in the **UK** (the **main member** must inform **us** if that **dependant** stops being resident in the **UK**), or
 - that **dependant** dies
 - if you or any of your named **dependants** die whilst covered by your membership, you or the appropriate next of kin or personal representative should inform **us** as soon as it is reasonably possible to do so. We may ask to see the relevant, supporting documentation.

The cover for any child added as a **child dependant** will end at the next **annual renewal date** following their 24th birthday.

4.7 Changes we can make

- a. We can make changes to the terms and conditions of your membership of the policy at the **annual renewal date** or at any time if required to by law or regulation.
- b. These changes could affect:
 - how **we** calculate premiums, the amount the **main member** has to pay, how often and the method of payment, and
 - the amount and type of cover provided under the policy.

We may also change or withdraw the amount of any discount or preferential rates at the **annual renewal date**.

- c. We can, at any time, change the amount the **main member** needs to pay to **us** in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.
- d. If **we** do make any changes to the terms and conditions of your membership, **we** will write to tell the **main member** at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation, we will notify the **main member** as early as possible.
- e. If the **main member** does not accept any of the changes, they can end their membership (and therefore the membership of any **dependants**) by informing **us** either:
 - within 28 days of the date on which the change takes effect, or
 - within 28 days of us telling them about the changewhichever is later.

4.8 Changes you can make

- a. The **main member** can ask to change the level of cover either at the **annual renewal date** or during the policy year.
- b. If **we** agree to change your level of cover then you will need to pay the applicable premium.

- c. If **we** agree to change your membership level during the policy year, **we** will consider both your new and previous benefit limit and any previous claims paid when processing new claims.
- d. The **main member** can add named **dependants** to your policy at any time.
- e. If the **main member** chooses to remove a named **dependant** from your policy, the **main member** will not be able to add that named **dependant** back on to your policy until at least the start of the following policy year.
- f. We can refuse to renew a **main member's** or a **dependant's** cover if, in **our** reasonable opinion, **our** relationship with that **main member** or **dependant** has broken down. Such circumstances include but are not limited to:
 - being abusive to **our** staff or providers
 - issuing court proceedings entirely without merit any action which leads **us** to believe the member will not act in good faith in their dealings with **us**.
- g. Changes are not effective until **we** have confirmed them in writing.
- h. To make changes to your membership, please write to **us** or call **us** on **0800 237 777***.

4.9 Your right to cancel or end this agreement

- a. **We** think you'll be delighted with your Dental Cover policy, but if for any reason you're not, the **main member** can end their membership by calling **us** on **0800 237 777*** or writing to **us** at Bupa, Bupa Place, 102 The Quays, Salford M50 3SP
- b. The **main member** may end their membership:
 - within 21 days from the **main member's** cover start date (as shown in your membership certificate) or the date you receive their policy documents for a policy year, whichever date is later. **We** will refund all premiums paid to **us** for the **main member** for that policy year as long as you have not made a claim; or
 - at any time thereafter and **we** will refund any premiums you have paid to **us** relating to the period after your membership ends.

*We may record or monitor our calls.

- c. The **main member** may end any **dependant's** membership:
- within 21 days from the **dependant's** cover start date (as shown in your membership certificate) or the date you receive policy documents for a policy year confirming cover for that **dependant**, whichever date is later. **We** will refund all of your premiums paid to **us** for that policy year and for that **dependant** as long as they have not made a claim; or
 - at any time thereafter and **we** will refund any premiums you have paid to **us** relating to the period after their membership ends.
- d. The **main member** will also need to cancel their Direct Debit with their bank.
- e. If you make a claim within your current policy year and then you cancel your cover before proportionate premiums are paid, **we** may refuse you a new membership if **we** reasonably believe you intended to act dishonestly.

4.10 Fraudulent or misleading information

- a. **We** can end a person's membership or refuse to pay a claim in full or part if there is reasonable evidence that you or a named **dependant** did not take reasonable care in answering **our** questions. By this **we** mean giving fraudulent or misleading information or keeping necessary information from **us** if:
- intentional, **we** may treat the **main member's** or (if applicable) a **dependant's** membership as if it never existed and refuse to pay claims
 - careless, then depending on what **we** would have done if the **main member** or **dependant** had answered our questions correctly, **we** may:
 - withdraw cover and refuse all claims (in which case you may need to repay any claims **we** have paid and **we** will refund your premiums for the year)
 - change the cover, or
 - reduce any claim payment or increase your premium by the same proportion.
- b. If the **main member** or a **dependant** makes a fraudulent claim under this policy, **we**:
- i. are not liable to pay the claim; and
 - ii. may recover from you any sums paid by us to you in respect of the claim; and
 - iii. may by notice to the **main member** treat the policy as having been terminated with effect from the time of the fraudulent act.

- c. If **we** exercise our right under clause (b)(iii) above:
- i. **we** shall not be liable to you in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
 - ii. **we** need not return any of the premiums paid.
- d. The following list contains examples of practices **we** consider fraudulent and/or intentionally misleading, although this list is not exhaustive:
- deliberately giving **us** false information about the **main member**, a named **dependant** or a claim on your policy
 - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
 - making a statement in support of a claim where you know the statement is false in any respect
 - sending **us** a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
 - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.
- e. If **we** decide to end the **main member's** membership, and/or that of any named **dependants**, **we** will write to the **main member** to let you know. The **main member's** membership (and/or that of your named **dependants**) will end with immediate effect.
- f. If **we** end your membership based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any **Bupa** insurance policy in the future.

4.11 General information

a. Other parties:

- only **Bupa** is allowed to make or confirm any changes to your membership on our behalf, or decide not to enforce any of our rights
- **we** will confirm changes to your membership in writing. No change to your membership will be valid unless it is confirmed in writing by us.

b. Correspondence and documents:

- any correspondence between **us** in relation to your policy, which is properly sent by post or email, will be deemed to be received three days after posting. If you are submitting a claim form, then **we** must receive a completed claim form either online or by post in order to assess your claim
- you must contact **us** if you change your address or you stop (or any of your named **dependants** stop) being resident in the **UK**.

If you do not tell **us** that you have changed your address, **we** will not be able to notify you of changes to the **agreement** and any written communication will be issued to the address you last gave **us**.

Please note that if **we** do not have the correct address for you, and **we** are unable to confirm your correct address after using reasonable efforts to do so, then **we** will cancel your policy at the **renewal date** as **we** will not be able to confirm that you still require cover.

- ### c. Your membership will be governed by English law. Any dispute that cannot be resolved between **us** will be dealt with by the courts of England and Wales.

5. Definitions

Some of the words **we** use in this membership guide have specific meanings. In this section you'll find a definition of the terms used in ***bold italic*** throughout the guide. This will help you understand what **we** mean when **we** use these terms.

Word/phrase	Meaning
<i>Agreement</i>	Means the agreement between <i>Bupa</i> and the <i>main member</i> which provides the terms of your cover and consists of this membership guide and your <i>membership certificate</i> .
<i>Annual renewal date</i>	Your annual renewal date is the anniversary of your cover start date. Depending on the month in which you first join the policy, your initial period of cover may not be a full twelve months. Your benefits and your premiums may change at the annual renewal date.
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered office: 1 Angel Court, London EC2R 7HJ . Bupa provides the cover. The term Bupa may also refer to other companies in the Bupa group where indicated in the <i>Agreement</i> .
<i>Child dependant</i>	Means any child of the <i>main member</i> or the <i>main member's partner</i> , including any child for whom the <i>main member</i> or the <i>main member's partner</i> is a legal guardian or foster parent.
<i>Dental professional</i>	Any dental practitioner who is registered with the General Dental Council at the time you receive your dental treatment. To check whether your dental professional is registered, please visit the General Dental Council at www.gdc-uk.org
<i>Dependant</i>	The <i>main member's partner</i> , and/or any <i>child dependant</i> , who is named on your membership certificate.
<i>Fee-assured consultant</i>	A fee-assured consultant is a registered medical or dental practitioner who, at the time you receive your treatment, is recognised by <i>us</i> as a fee-assured consultant for the type of treatment. The practitioners on the list will change from time to time. You can contact <i>us</i> to find out if a consultant is on <i>our</i> list and the type of treatment <i>we</i> recognise them for, or you can access these details at finder.bupa.co.uk
<i>Main member</i>	The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a <i>dependant</i> .

Word/phrase	Meaning
<i>Partner</i>	The main member's husband or wife or civil partner or the person the main member lives with in a relationship similar to that of a husband and wife whether of the opposite sex or not.
<i>Partnership facility</i>	<p>A partnership facility is the hospitals or treatment facilities, centres or units that are:</p> <ul style="list-style-type: none"> ▪ on our list for the medical condition you have; and ▪ carry out the type of treatment you need. <p>You can ask us whether a hospital, facility, centre or unit is on our list and the type(s) of treatment we recognise them for. Alternatively, you can access these details at finder.bupa.co.uk</p> <p>Changes to lists</p> <p>Where we refer to a list that we can change, it will be for one or more of the following reasons:</p> <ul style="list-style-type: none"> ▪ where we are required to by any industry code, law or regulation ▪ where a contract ends or is amended by a third party for any reason ▪ where we elect to terminate or amend a contract, for example because of quality concerns or changes in the provision of facilities and/or specialist services ▪ where the geographic balance of the service we provide is to be maintained ▪ where effectiveness and/or costs are no longer in line with similar treatments or services, or accepted standards of medical practice, or ▪ where a new service, treatment or facility is available. <p>The lists that these criteria are applied to include the following:</p> <ul style="list-style-type: none"> ▪ appliances ▪ consultant fees schedule ▪ critical care units ▪ fee-assured consultants ▪ prostheses ▪ recognised facilities ▪ schedule of procedures. <p>Please note that we cannot guarantee the availability of any facility, practitioner or treatment.</p>

Word/phrase	Meaning
<i>Pre-existing condition</i>	<p>Pre-existing condition means you had symptoms or knew about the condition before you joined the policy, or a dental professional had already recommended the dental treatment.</p> <p>If you have not had a dental examination in the 24 months before you join the policy we will not pay for any restorative dental treatment that you receive or is planned at your first dental examination.</p>
<i>Recognised Practitioner</i>	<p>A recognised practitioner is a healthcare practitioner who at the time of your treatment:</p> <ul style="list-style-type: none"> ▪ is recognised by us for the purpose of our private dental insurance policies 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.
<i>UK</i>	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
<i>We/our/us</i>	Bupa.

6. Protecting your information and rights

6.1 Status disclosure



Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited.

For the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name **Bupa**) are wholly owned subsidiaries of the British United Provident Association Limited.

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

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office:

1 Angel Court, London EC2R 7HJ

Getting in touch

The **Bupa** helpline is always the first number to call if you need help or support. You can call **us** on **0800 237 777***.

The staff at **Bupa** are trained and supervised to provide **our** customers and members with information only on **Bupa's** own insurance products and health related services. All **Bupa** sales are on a non-advised basis.

*We may record or monitor our calls.

6.2 Making a complaint



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

By phone: **0800 237 777***

In writing: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

By email: **customerrelations@bupa.com**

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

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

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

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

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

If you remain unhappy with **our** response, or after eight weeks you do not wish to wait for **us** to complete **our** review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at:

Exchange Tower, London E14 9SR or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** (calls to this number are free on mobile phones and landlines) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers).

*We may record or monitor our calls.

6.2 Making a complaint (continued)



For more information you can visit www.financial-ombudsman.org.uk

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. **We** will only give them what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact **us**.

Your complaint will be dealt with confidentially and will not affect how **we** treat you in the future. Following the complaints procedure does not affect your right to take legal action.

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

6.3 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

6.4 Privacy notice



We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, 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 us

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

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

6.4 Privacy notice (continued)



4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

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

6. 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 interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries)

6.4 Privacy notice (continued)



and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom.

Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

6.5 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.

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 arranged and 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: 1 Angel Court,
London EC2R 7HJ

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