Bupa policy guide

Bupa Fundamental Health Insurance

This guide together with your membership certificate shows the full terms of your health insurance cover.

Introduction

Your Bupa Fundamental Health Insurance

The following documents set out full details of how your health insurance works:

- this **policy guide** which contains the general terms and all the possible cover for Bupa Fundamental Health Insurance policies
- ***your membership certificate*** which shows your specific cover and ***allowances*** and is personal to you
- any ***confirmation of special conditions*** if any ***special conditions*** apply, for ***you*** or ***your dependant*** (if any)
- the **Addendum** we sent you separately if you have purchased the Guided Care option, also forms part of our ***agreement*** with ***you***.

Although they're separate documents, they should be read together. Each ***year***, we'll send you updated documents which apply from your latest ***cover start date***.

Need to know

This policy guide contains all the possible cover options available with Bupa Fundamental Health Insurance. Your ***membership certificate*** shows the cover that ***you*** have selected and that is available to you. This means you may not have all the cover set out in this policy guide.

Some words in this guide are in ***bold italics***. This is because they have a specific meaning which we explain on pages 42 to 47.

References to 'we', 'our' and 'us' mean Bupa Insurance Limited, registered in England and Wales with registration number 3956433 and registered office at 1 Angel Court, London, EC2R 7HJ.

Always get in touch with us before you have any consultations, tests or ***treatment*** to check that they're covered by your policy.

Who is this policy for?

This policy is generally suitable for someone who is looking to cover the cost of private healthcare. To make sure that your cover meets your demands and needs (and anyone covered by your policy), please read your ***membership certificate***, this policy guide and any ***confirmation of special conditions.*** We haven't provided ***you*** with any advice about your cover and how it meets your individual needs.

Contents

2-4 Introduction

5 How to get in touch with us

6–13 How to get treatment and claim

14–34 What is and isn't covered

35–39 How your health insurance policy works

41 How to complain

42–47 What some of the words and phrases in this guide mean

48–51 How we use and protect your information

HealthLine services

Our HealthLine services are available to all our customers and are free to use.

Bupa Anytime HealthLine[§]

If you have any health questions or concerns you can call our confidential Bupa Anytime HealthLine on **0345 601 3216***

You can speak to our qualified nurses anytime of the day or night. They have practical, professional experience and skills to help.

Family Mental HealthLine[§]

If you're a parent or care for a young person and are concerned about their mental wellbeing, our confidential Family Mental HealthLine can provide advice, guidance and support. A trained adviser and/or mental health nurse will give you advice about what to do next. You can call our Family Mental HealthLine on **0345 266 7938*** between 8am and 6pm, Monday to Friday. You can use this service even if the young person isn't covered under your policy.

Menopause HealthLine[§]

You, or anyone covered on the policy, can talk to one of our menopause trained nurses. They'll offer advice, guidance, and support, even if you're unsure if you're menopausal. This includes support that you can give to a partner who may be going through the menopause. You can call our Menopause HealthLine on **0345 608 9984*** between 8am and 8pm, every day.

*We may record or monitor our calls.

[§]Bupa Anytime HealthLine, Family Mental HealthLine and Menopause HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

How to get in touch with us

We're always here for our customers and happy to help.

Bupa digital account

Your own secure online account so you can see your ***Bupa*** policy documents and a personalised view of your cover in one place wherever you are.

Visit **bupa.co.uk** to create your account or download the **Bupa Touch** app.

Call

For answers to questions about your cover and to authorise consultations, tests and ***treatment***, please call us on **0345 609 0111**. Lines are open between 8am and 8pm, Monday to Friday and Saturday 8am and 4pm. We may record or monitor our calls

Webchat

For answers to general questions and to authorise consultations, tests and ***treatment***, you can chat with us using your online account, or by visiting **bupa.co.uk**

If you have hearing or speech difficulties

You can use the Relay UK service, visit **www.relayuk.bt.com** for more information.

If you have sight difficulties

We have documents in braille, large print or audio.

Please let us know if you'd like us to send you some.

Write

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

How to get treatment and claim

We're here to help.

If it's about:

- *Cancer*
- Muscles, bones and joints

use our Direct Access service.

This means you can call us about your symptoms without needing a referral from a ***GP***. We'll provide support, advice, and a referral for consultations, tests or ***treatment*** if you need them.

You can find more information on the next page.

If you prefer, see a digital ***GP*** or your own ***GP***.

If it's about anything else:

You'll first need to book one of our free digital ***GP*** appointments or see your own ***GP***. If you need a consultation, tests or ***treatment***, ask the ***GP*** for an open referral and contact us. We can then help you find a ***consultant*** or healthcare professional covered by your policy.

We may also accept referrals from other healthcare professionals, find out more at **bupa.co.uk/referrals**

Need to know

Your policy only provides cover for ***out-patient*** consultations and therapies for six months after you're discharged from hospital for ***day-patient*** or ***in-patient treatment***. These also need to be related to the ***day-patient*** or ***in-patient treatment*** you received in hospital. If you need private consultations or therapies before you go into hospital for ***day-patient*** or ***in-patient treatment***, you'll need to choose whether to pay for these yourself or use the ***NHS***. We can talk through your options with you including the use of our Direct Access service.

Please check your ***membership certificate*** which shows your specific cover and ***allowances*** and is personal to you.

How to get in touch with us

Call

0345 609 0111*

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit bupa.co.uk or use the Bupa Touch app.

*We may record or monitor our calls

Important information about your cover and any claims

For ***treatment*** to be covered it needs to be:

- shown as covered on your ***membership certificate***, and
- shown as covered by a tick in this policy guide, and
- ***eligible treatment***, and
- not shown as excluded by a cross in this policy guide.

It's also really important that you follow the process and requirements in this policy guide otherwise we may be unable to pay your claim.

Here are the general conditions which always apply to your cover and any claims. They're part of ***your agreement*** with us.

Need to know

Any *treatment* that takes place after the date your policy ends isn't covered, even if it's been pre-authorised. You'll be responsible for paying for this.

Direct Access to treatment and care

You don't always need to see a ***GP*** before contacting us. With our Direct Access service you can call us if you're worried about ***cancer*** or muscle, bone and joint problems. We'll provide support, advice and a referral for consultations, tests or ***treatment*** if you need them.

If you have a ***GP*** referral, we may also offer you a phone or video assessment with a healthcare professional who specialises in your condition to explore all your ***treatment*** options.

If you have a Direct Access phone or video assessment you won't need to pay an excess for it and the cost won't be subtracted from your ***out-patient*** benefit ***allowance*** (if either of these apply to your policy). If our Direct Access service refers you for a consultation, tests or ***treatment*** you may be able to claim for that consultation, test or ***treatment*** and we'll explain how to do this after your assessment.

You can find more information about our Direct Access service at **bupa.co.uk/direct-access**

Open referral

If you see a ***GP*** and you need a consultation, tests or ***treatment***, ask for an open referral. This means, your ***GP*** recommends the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your ***GP's*** speciality recommendation to help you choose a ***fee-assured consultant*** or healthcare professional covered by your policy.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or ***treatment*** or care so we can:

- confirm whether the consultation, test or ***treatment*** is ***eligible treatment*** and if it's covered by your policy, and
- confirm the ***consultants***, healthcare professionals, hospitals or clinics covered by your policy, and
- let you know how to claim for cash benefits, if these are covered (see page 22–23 for more information about these benefits), and
- give you a pre-authorisation number.

We may ask you for information about the history of your symptoms, including details from your ***GP*** or ***consultant***.

You can then contact the ***consultant***, healthcare professional, hospital or clinic to arrange an appointment. You'll need to give them your pre-authorisation number so we can pay them for your ***treatment*** covered by your policy. We will write to the ***main member*** or ***dependant*** having ***treatment*** (when aged 16 or over), when there is an amount for them to pay in relation to any claim (for example if they have an excess amount to pay) and who payment should be made to.

Need to know

If you don't get pre-authorisation from us, you'll be responsible for paying all ***treatment*** that we wouldn't have pre-authorised.

Cover for people aged 17 or under

We always need a named referral for a paediatric ***consultant***. If someone aged 17 or under who is covered on your policy needs to see a ***consultant***, please ask their ***GP*** for a named referral, and not an open referral. Some private hospitals don't provide services for children or have restricted services available, and ***treatment*** may be at an ***NHS*** hospital. Please visit **finder.bupa.co.uk** to see paediatric services available in your area and contact us before any consultations, tests or ***treatment*** so we can confirm that these are covered.

The consultants, healthcare professionals, hospitals and facilities that your policy covers

Your policy covers certain ***Bupa*** recognised ***consultants***, healthcare professionals and ***recognised facilities***:

- the ***recognised facility***, ***consultant*** or the healthcare professional must be recognised by us for treating the medical condition you have, and for providing the type of ***treatment*** you need on the date you receive that ***treatment***
- if you need ***in-patient treatment*** and/or ***day-patient treatment*** the ***recognised facility*** must be part of the ***facility access*** list which applies to your cover and is shown on your ***membership certificate***

- the person who has overall responsibility for your ***treatment*** must be a ***consultant*** unless a ***GP*** or our Direct Access service refers you for ***out-patient treatment*** by a ***therapist***, ***complementary medicine practitioner***.

What we pay consultants for treatment in hospital

We pay ***consultant*** fees for ***treatment*** in hospital up to the amounts shown in our ***schedule of procedures***. The schedule can be found at **bupa.co.uk/codes**

If you see a ***consultant*** who doesn't charge within our rates, you may need to pay the difference.

Reasonable and customary charges

We only pay reasonable and customary charges for ***eligible treatment***. This means that the amount we will pay ***consultants***, healthcare professionals, hospitals and facilities will be in line with what majority of our members are charged for similar ***treatment*** or services.

There may be another proven ***treatment*** which is available in the ***UK*** for a condition, that costs more than the ***treatment*** that the majority of our customers have. Where this doesn't provide a better clinical outcome, we will only pay what the majority of our customers are charged for similar ***treatment*** or services.

Excess

You can find details of any excess that applies to your policy on your ***membership certificate***, including:

- the amount
- who it applies to, and
- when it will apply.

How an excess works

Having an excess means that for each policy year you must pay part of any ***treatment*** costs covered by your policy up to the excess amounts.

Your excess renews at the beginning of each policy year even if you're mid way through ***treatment***. So, your excess could apply twice to a single course of ***treatment*** if your ***treatment*** begins in one policy ***year*** and continues into the next policy ***year***.

If there's an excess to pay, we'll write to ***you*** or the ***dependant*** having ***treatment*** (if they're aged 16 or over). We apply your excess in the order in which we receive your claims. Once you've paid the full excess amount, you won't have to pay it for any more ***treatment*** you claim for during that policy ***year***. You don't have to pay the excess if you're claiming for cash benefits (see pages 22-23). We'll let you know which ***consultant***, healthcare professional, hospital or clinic you need to pay your excess to.

Need to know

When you claim for ***treatment*** costs where an ***allowance*** applies, your excess payment will count towards the total ***allowance*** for that ***benefit***.

Here's an example of how an excess works

Helen's policy has a £100 excess. Helen has some physiotherapy which costs £250. We pay Helen's physiotherapist £150 and we'll let Helen know that she needs to pay the physiotherapist £100 (which is the policy excess). If Helen needs other ***treatment*** during the policy ***year***, she doesn't need to pay another excess. When Helen's policy renews, the excess will also renew.

Need to know

You should always claim for ***eligible treatment*** even if it costs less than your excess. Otherwise, if you need to claim again, your remaining excess may be higher than it would have been.

If you'd like to withdraw a claim

Please call your Bupa helpline on **0345 609 0111*** and let us know as soon as possible. If you withdraw a claim you'll need to pay for all your ***treatment***. It's not possible to withdraw a claim we've already paid.

Treatment or costs not covered by your policy

You're responsible for paying for any consultations, tests, ***treatment*** or costs that aren't covered by your policy.

Other insurance cover

You cannot claim more than once for the same private medical expenses. This means that if you have two policies that provide private medical cover, the costs of your ***treatment*** may be split between ***Bupa*** and the other insurance company. You will be asked to provide us with full details of any other relevant insurance policy at the time of claim.

Providing us with information

We may need some information from you to help us with your claim. For example:

- medical reports and other information about the ***treatment*** you're claiming for
- the results of any independent medical examination which we may ask you to have (which we'll pay for)
- original unaltered invoices for your claim (including any ***treatment*** costs covered by your excess).

We may be unable to review or pay your claim without this information.

*We may record or monitor our calls.

Medical reports

- we may need to ask your doctor for information about your consultation, tests or ***treatment*** to see if your policy covers these – we'll need your permission to do this and you have certain rights when it comes to your personal and medical information
- you can give your doctor permission to send us a medical report without you seeing it first, or you can ask your doctor to show you the medical report before they send it to us so long as you do this within 21 days from the date we ask them for it
- if you don't contact them within 21 days we'll ask them to send the report straight to us
- you can ask your doctor to change the report if you think it's inaccurate or misleading – if they refuse, you can add your own comments to it before they send it to us
- once you've seen the report, your doctor can't send it to us unless you give them permission to do so
- you can ask your doctor not to send us the medical report – if this happens, we may be unable to tell you whether your consultation, test or ***treatment*** is covered and we may be unable to pay your claim
- you can ask your doctor to let you see a copy of your medical report within six months of it being sent to us
- your doctor can withhold some or all the information in the report if they believe the information:
  - might cause you or someone else physical or mental harm, or
  - would reveal someone else's identity without their permission (unless the person is a healthcare professional, and the information they provide is about your care)
- your doctor may charge a fee for a medical report – we'll let you know if we'll cover some of this cost – if not, you'll need to pay for it yourself.

There's more detail about your rights in **The Access to Medical Reports Act 1988** and **The Access to Personal Files and Medical Reports (NI) Order 1991**.

Underwriting

Insurance companies look at the risk of insuring someone before a policy starts. This is known as underwriting. Your ***membership certificate*** shows the type of underwriting that applies to your policy.

Need to know

- your policy covers you for future health risks
- any ***special conditions***, ***pre-existing conditions***, ***moratorium conditions***, conditions or symptoms, illnesses or injuries you had before your policy started aren't usually covered
- where a ***special condition*** applies, we'll send a ***confirmation of special conditions*** to the ***main member*** or to the ***dependant*** if they're aged 16 or over - if a new symptom or condition arises that is related to a ***pre-existing condition***, we may add a ***special condition*** to your cover after your ***effective underwriting date***
- if you need to claim, we may ask you for some information about your symptoms and when they started before we can pre-authorise any ***treatment***.

Types of underwriting and how they work

Full medical underwriting

When ***you*** apply for a policy, we look at ***your*** and ***your dependants'*** (if any) medical history, and let you know which specific symptoms or conditions you had before aren't covered. It's important that you send us your completed application form so we can confirm what is and isn't covered by your policy.

Depending on your symptoms and how long you've been covered, when you contact us to claim, we may need to check that your symptoms or condition started after you joined the policy. We may also ask your doctor for more information, and they may charge for this. If your ***treatment*** is covered by your policy, you can claim £15 towards the cost of the medical report.

If you had a ***previous policy*** with another insurer, or you were covered on a group policy with ***Bupa***, and it was a full medical underwriting policy, we may base your underwriting on your ***previous policy*** start date when you join us. We need to agree to this, and there must be no break in your cover. We may need to review your medical history and let you know if there are any conditions that are not covered.

Moratorium

When you apply for a policy, we don't look at ***your*** or any of ***your dependants'*** (if any) medical history. Instead, when ***you*** or they claim for a condition ***you*** or they had in the five years before ***your*** or their ***Bupa*** cover began, it will only be covered if you've not had any symptoms, ***treatment***, medication or advice for the condition in the two consecutive years before the ***treatment*** you're claiming for starts. If you claim, we may ask you for more information about the history of your symptoms, so we can confirm it's covered by your policy. We may also need details from your doctor and they may charge for this. If so, you'll need to pay for this yourself.

Moratorium switch

This applies when you switch your moratorium policy from another insurer to ***Bupa*** and your cover is uninterrupted. Your ***moratorium start date*** continues from your previous policy. When you switch to ***Bupa***, we may need to review your medical history and let you know if there are any conditions that aren't covered.

Treatment needed because of someone else's fault

You may need to claim for ***treatment*** you need because of an injury or medical condition that was caused by someone else (a 'third party') or was their fault. This could be due to a road accident, an injury or potential clinical negligence. If this happens you should let us know as soon as possible as we'll need to recover costs we've paid for your ***treatment*** from the third party. This won't reduce the amount you can recover from the third party.

If this applies to you:

- tell us as soon as you know you need (or may need) ***treatment*** that was caused by a third party or was their fault – you can call us on **0800 028 6850*** or email us at **infothirdparty@bupa.com^**
- inform your solicitor, insurer or representative (if using one) that you have Bupa health insurance that may have covered some of the costs
- provide us with your solicitor's, insurer's and/or representative's details and give us your permission to contact them
- help us to recover the cost of the ***treatment*** we paid for from the third party by doing as we ask – this includes making sure we can communicate with you and your legal representative (if you appoint one) about this, and that you or your legal representative regularly keep us updated on progress with any recovery action
- ask your solicitor, insurer or representative to include in your claim all the costs we've paid for your ***treatment***, including 8% interest for each year
- make sure that if you agree settlement with a third party, it includes the full cost of your ***treatment*** that we've paid for, and that you pay this amount (and any interest) to us as soon as possible.

Need to know

Your policy has some restrictions. It's important that you read the sections about what is and isn't covered. Anything in the 'What isn't covered' section applies to your cover unless it says otherwise.

*We may record or monitor our calls.

^If you need to send us sensitive information you can email us securely using 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.

What is covered

Need to know

This section explains the types of ***treatment***, services and charges which Bupa Fundamental Health Insurance can cover. Please also see 'Important information about your cover and any claims' on page 7.

1. Out-patient consultations and treatment

Benefit	Description	Cover
1.1 Out-patient consultations	***Consultants'*** fees for ***out-patient*** consultations for ***acute conditions***.	✓
	Consultants' fees for phone or video consultations for ***acute conditions***.	✓
1.2 Out-patient therapies and other out-patient charges	***Therapists'*** fees for ***out-patient treatment***.	✓
	Therapists' fees for phone or video consultations.	✓
	Therapists' fees for ***treatment*** at ***home*** when recommended by your healthcare professional or offered by us (so long as it's delivered by a therapist recognised by us for ***treatment*** at ***home***).	✓
	Recognised facility charges for ***prostheses*** and ***appliances*** needed as part of ***out-patient treatment***.	✓
	Recognised healthcare professionals and ***recognised facility*** charges for and needed as part of ***out-patient treatment***.	✓
1.3 Out-patient complementary medicine	This benefit is not covered under your policy.	✗
1.4 Out-patient diagnostic tests	***Recognised facility*** charges or ***consultant*** fees for ***diagnostic tests*** and their interpretation when these are requested by your ***consultant***.	✓
	Recognised facility charges for ***diagnostic tests*** sent to your ***home*** when recommended by your healthcare professional or offered by us. **Need to know** Charges for ***diagnostic tests*** that aren't from a ***recognised facility*** or from a ***consultant*** who isn't recognised by us to carry out ***diagnostic tests*** aren't covered.	✓
1.5 Out-patient MRI, CT and PET scans	***Recognised facility*** charges for MRI, CT and PET scans and their interpretation when these are requested by a ***consultant***.	✓

2. Consultants' fees for hospital treatment

Benefit	Description	Cover
2.1 Consultants' fees for hospital treatment	***Consultant*** surgeon and ***consultant*** anaesthetists' fees for ***operations*** covered by your policy.	✓
	Consultant fees for ***day-patient treatment*** or ***in-patient treatment***.	✓
	Consultant fees for the planning and supervision of ***chemotherapy*** and radiotherapy when these are part of ***eligible treatment***.	✓

3. Hospital or clinic charges

Benefit	Description	Cover
3.1 Out-patient operations	***Recognised facility*** charges for ***out-patient operations*** covered by your policy. This includes the cost of using operating theatres, and equipment, ***common drugs***, ***advanced therapies***, ***specialist drugs*** and surgical dressings used during the ***operation***.	✓
3.2 Staying in hospital	***Recognised facility*** accommodation charges including your meals and refreshments while you're having ***day-patient*** or ***in-patient treatment*** covered by your policy.	✓
	Personal items such as newspapers, personal laundry, guest meals and refreshments or phone calls aren't covered.	✗
	Recognised facility charges for accommodation aren't covered if: ▪ they're for an overnight stay for ***treatment*** that would normally be carried out as ***out-patient treatment*** or ***day-patient treatment*** ▪ these are for a bed for ***treatment*** that would normally be carried out as ***out-patient treatment*** ▪ the accommodation is mainly used for: – convalescence, rehabilitation, supervision or anything other than ***eligible treatment*** – general nursing care or any other services which could have been provided in a nursing home or anywhere else which is not a ***recognised facility*** – services from a ***therapist***.	✗

continued on next page

3. Hospital or clinic charges

Benefit	Description	Cover
3.3 Staying in hospital with a child	Accommodation for one parent, each night they need to stay in a ***recognised facility*** with their child. The child must be covered, aged 17 or under and having ***in-patient treatment***. This benefit applies to the child's policy.	✓
3.4 Theatre charges, nursing care, drugs and surgical dressings	Operating theatre and nursing care charges, ***common drugs***, ***advanced therapies***, ***specialist drugs*** and surgical dressings when these are an essential part of your ***day-patient*** or ***in-patient treatment***.	✓
	Any drugs or surgical dressings provided or prescribed for ***out-patient treatment*** or for you to take home with you when leaving hospital or a clinic aren't covered.	✗
	Any extra nursing services in addition to those which would usually be provided by a ***recognised facility*** as part of normal patient care without making any extra charge aren't covered.	✗
3.5 Day-patient or in-patient diagnostic tests, MRI, CT and PET scans	***Recognised facility*** charges for ***diagnostic tests***, MRI, CT and PET scans when recommended by your ***consultant*** as part of ***day-patient treatment*** or ***in-patient treatment***.	✓
3.6 Therapies	***Recognised facility*** charges for ***eligible treatment*** provided by ***therapists***, when necessary as part of your ***day-patient treatment*** or ***in-patient treatment***.	✓
3.7 Prostheses and appliances	***Recognised facility*** charges for ***prostheses*** or ***appliances*** needed as part of ***day-patient treatment*** or ***in-patient treatment***.	✓
	Maintenance, refitting or replacement of a ***prosthesis*** or ***appliance*** when you have acute symptoms that directly relate to the ***prosthesis*** or ***appliance*** and it was fitted as part of ***eligible treatment***.	✓
	Maintenance, refitting or replacement of a ***prosthesis*** or ***appliance*** when you don't have acute symptoms that are directly related to the ***prosthesis*** or ***appliance*** aren't covered.	✗

continued on next page

3. Hospital or clinic charges

Benefit	Description	Cover
3.8 Intensive care	***Intensive care*** which is essential, follows planned ***in-patient treatment*** in a ***recognised facility***, takes place in a ***critical care unit***, and the ***intensive care*** is required routinely by people having the same type of ***treatment*** as you. If your ***in-patient treatment*** or ***day-patient treatment*** in a ***recognised facility*** doesn't routinely need intensive care, and something unforeseen happens which means you do need it, your ***intensive care*** will be covered if either: ■ it is carried out in the ***recognised facility's critical care unit***, or ■ the ***recognised facility*** doesn't have a ***critical care unit***, but has an agreement with us to follow an emergency protocol to transfer into another specific ***recognised facility critical care unit***, which is next to the original ***recognised facility***, or part of the same hospital group. Your ***consultant*** or ***recognised facility*** will contact us if you're admitted into a ***critical care unit***. There are situations when ***intensive care*** isn't covered and these are explained in the 'What isn't covered' section (2 Accident and emergency treatment and 18 Intensive care).	✓
	Need to know **Transferring into private in-patient care from an NHS hospital** If you want to transfer your care from an ***NHS*** hospital, or a hospital stay that you're paying for yourself, to a private ***recognised facility***, your policy will cover your ***eligible treatment*** costs following the transfer, if: ■ you've been discharged from a ***critical care unit*** to a general ward for more than 24 hours, and ■ your referring and receiving ***consultants*** agree that it's clinically safe and appropriate to transfer your care, and ■ we've had full clinical details from your ***consultant*** and confirmed that you're having ***eligible treatment*** before you transfer.	

4. Cancer treatment

Once ***cancer*** has been diagnosed benefits 4.1 to 4.5 apply to your ***out-patient cancer treatment.*** Sections 1.5, 2, 3, 6, 7 and 8 apply to all other ***eligible treatment*** for ***cancer*** that's covered by your policy.

Benefit	Description	Cover
4.1 Out-patient consultations for cancer	***Consultants***' fees for ***out-patient*** consultations for ***cancer***.	✓
	Consultants' fees for phone or video consultations for ***cancer***.	✓
4.2 Out-patient therapies and other out-patient charges for cancer treatment	***Therapists***' fees for ***out-patient cancer treatment***.	✓
	Therapists' fees for phone or video consultations.	✓
	Recognised healthcare professionals and ***recognised facility*** charges for ***out-patient treatment*** when it's for, and is an integral part of, your ***out-patient treatment*** or consultation for ***cancer***.	✓
	Charges for clinical reviews we may ask for to confirm if your ***treatment*** is eligible.	✓
4.3 Out-patient complementary medicine treatment for cancer	This benefit is not covered under your policy.	✗
4.4 Out-patient diagnostic tests for cancer	***Recognised facility*** charges or ***consultant*** fees for ***diagnostic tests*** and their interpretation when requested by your ***consultant*** as part of ***out-patient cancer treatment***. **Need to know** ▪ charges for ***diagnostic tests*** that aren't from a ***recognised facility*** or from a ***consultant*** who isn't recognised by us to carry out ***diagnostic tests*** aren't covered ▪ ***out-patient*** MRI, CT and PET scans for ***cancer*** are covered under Benefit 1.5.	✓
4.5 Out-patient cancer drugs	***Recognised facility*** charges for ***common drugs***, ***advanced therapies*** and ***specialist drugs*** specifically for planning and carrying out ***out-patient cancer treatment***.	✓
	Your policy doesn't cover: ▪ ***common drugs***, ***advanced therapies*** and ***specialist drugs*** that are available from a ***GP*** unless you're prescribed an initial small supply when you're discharged from the ***recognised facility*** (so you can start your ***treatment*** straight away) ▪ ***common drugs***, ***advanced therapies*** and ***specialist drugs*** that are available to buy without a prescription ▪ complementary, homeopathic or alternative products, preparations or remedies for ***cancer treatment***.	✗

4. Cancer treatment

Benefit	Description	Cover
4.6 NHS cancer cover plus	***Eligible treatment*** for ***cancer*** if: ■ the radiotherapy, ***chemotherapy***, drug therapy or surgical ***operation*** you need to treat your ***cancer*** isn't available to you under the ***NHS***, and ■ the ***NHS*** care that isn't available to you isn't solely supportive medicines for ***cancer*** or ***diagnostic tests*** or investigations, and ■ you receive your ***treatment*** for ***cancer*** in a ***recognised facility***. **Need to know** Where the above applies: ■ your policy covers ***eligible treatment*** for ***cancer*** as explained in this 'Cancer treatment' section and 'Cash benefit for wigs or hairpieces' (CB2.4) and 'Cash benefit for mastectomy bras' (CB2.5) ■ if you have ***eligible treatment*** for ***cancer*** as explained in this 'Cancer treatment' section, and you have part of your ***cancer treatment*** under the ***NHS***, or it would have been covered by your policy, you can claim 'NHS Cancer Cash Benefits' as explained in: – 'NHS cash benefit for NHS in-patient treatment for cancer' (CB2.1), and – 'NHS cash benefit for NHS out-patient, day-patient and home treatment for cancer' (CB2.2), and – 'NHS cash benefit for oral drug treatment for cancer' (CB2.3).	✓

5. Mental health treatment

This benefit is not covered under your policy.

6. Treatment at home

Benefit	Description	Cover
6 Treatment at home	***Eligible treatment*** at ***home*** instead of ***in-patient treatment***, ***day-patient treatment*** or ***out-patient chemotherapy*** so long as: ■ your ***consultant*** recommends that you receive the ***treatment*** at ***home*** and continues to be in charge of your ***treatment***, and ■ you'd need to have the ***treatment*** in a ***recognised facility*** for medical reasons if you didn't have it at ***home***, and ■ the ***treatment*** must be provided by a ***medical treatment provider***. We need full details of your ***treatment*** at ***home*** from your ***consultant*** before it starts so that we can confirm whether it's covered. Your policy covers: ■ ***consultants'*** fees for ***treatment*** at ***home*** as described in Benefit 2 ■ ***medical treatment provider*** fees for ***treatment*** at ***home*** as described in Benefit 3. **Need to know** ***Out-patient*** therapies and ***diagnostic tests*** at ***home*** are covered under Benefit 1 and not under this benefit.	✓

7. Home nursing after private eligible in-patient treatment

Benefit	Description	Cover
7 Home nursing after private eligible in-patient treatment	Home nursing immediately after private ***in-patient treatment*** so long as it: ■ is for ***eligible treatment*** ■ is needed for medical and not domestic or social reasons ■ starts immediately after you leave a ***recognised facility*** ■ is necessary so that without it you would have to stay in the ***recognised facility*** ■ is provided by a ***nurse*** in your own ***home*** ■ is supervised by your ***consultant***. Before your home nursing starts, we need full details about your care from your ***consultant*** so we can confirm that it's covered.	✓
	Home nursing provided by a community psychiatric nurse isn't covered.	✗

8. Private ambulance charges

Benefit	Description	Cover
8 Private ambulance	Private road ambulance if you need private ***day-patient*** or ***in-patient treatment*** and an ambulance is medically necessary for travel: ■ from your ***home***, place of work, or an airport or seaport, to a ***recognised facility***, or ■ between ***recognised facilities*** if you need to move for ***in-patient treatment***, or ■ from a ***recognised facility*** to your ***home***.	✓

Cash benefits

You may be able to claim a payment for some types of ***treatment***. Your ***membership certificate*** shows which (if any) of these apply to your policy and your ***allowances***.

Need to know

Please contact us before your ***treatment*** so we can let you know how to claim.

Benefit	Description	Cover
CB1 NHS cash benefit for NHS hospital in-patient treatment	If you have free ***NHS in-patient treatment*** which would have been covered if you'd had it privately you can claim NHS cash benefit for each night you stay in an ***NHS*** hospital. **Need to know** Apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB1) isn't payable at the same time as any other NHS cash benefit for ***NHS treatment***.	✓
	Any additional ***NHS*** hospital charges such as the cost of an amenity room aren't covered.	✗
	NHS cash benefit when your admission and discharge occur on the same date isn't covered.	✗

Benefit CB6 NHS cash benefit for treatment for cancer

Benefit	Description	Cover
CB6.1 NHS cash benefit for NHS in-patient treatment for cancer	For each night you have free ***NHS in-patient treatment*** for ***cancer*** and it would have been covered if you'd had it as a private ***in-patient***, and it includes: ▪ radiotherapy, or ▪ ***chemotherapy***, or ▪ surgery for ***cancer***, or ▪ a blood transfusion, or ▪ a bone marrow or stem cell transplant. **Need to know** Apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB6.1) isn't payable at the same time as any other NHS cash benefit for ***NHS treatment***.	✓
	Any additional charges by the hospital, such as the cost of an amenity room aren't covered.	✗

continued on next page

Benefit CB6.2 NHS cash benefit for treatment for cancer

Benefit	Description	Cover
CB6.2 NHS cash benefit for NHS out-patient, day-patient and home treatment for cancer	When you have any of the following ***out-patient***, ***day-patient*** or ***home treatments*** free on the ***NHS***, if they would have been covered privately, you can claim for: ■ each day you have radiotherapy ■ each day you have ***chemotherapy***, apart from ***oral chemotherapy*** ■ the day you have a surgery for ***cancer*** that is ***eligible treatment*** for ***cancer***. **Need to know** ■ apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB6.2) isn't payable at the same time as any other NHS cash benefit for ***NHS treatment*** ■ this benefit is only payable once, even if you have more than one ***eligible treatment*** on the same day.	✓
CB6.3 NHS cash benefit for oral drug treatment for cancer	For each three-weekly course which is provided to you free by the ***NHS*** when your private ***treatment*** would otherwise have been covered, during which you take: ■ ***oral chemotherapy***, or ■ oral anti-hormone therapy that isn't available from a ***GP***. **Need to know** This benefit is payable at the same time as other NHS cash benefits you may be eligible for.	✓
CB6.4 Cash benefit for wigs or hairpieces	Cash benefit for a wig or hairpiece if you lose your hair during eligible ***cancer treatment***. This benefit is paid once per ***cancer*** occurrence.	✓
CB6.5 Cash benefit for mastectomy bras	Cash benefit for mastectomy bras and prostheses after an eligible mastectomy where a reconstruction isn't done at the same time. This benefit is paid once for each mastectomy ***operation***.	✓

Benefit CB7 Procedure Specific NHS cash benefit

Benefit	Description	Cover
CB7 Procedure Specific NHS cash benefit	For some ***treatments*** provided to you free by the ***NHS*** that would otherwise have been covered if you'd had them privately. Please contact us for information about the ***treatments*** this benefit is available for or go to **bupa.co.uk/pscb**. These treatments may change from time to time. **Need to know** Apart from 'NHS cash benefit for oral drug treatment for cancer' (Benefit CB6.3) this benefit (CB7) isn't payable at the same time as any other NHS cash benefit for ***NHS treatment***.	✓

continued on next page

What isn't covered

This section explains the type of ***treatment***, services and charges which aren't covered by your policy and the exceptions when cover is available. The 'What is covered' section of this policy guide, your ***membership certificate*** and any ***confirmation of special conditions*** will also show any ***treatment*** or conditions that aren't covered.

Exclusion	Description	Cover
1 Ageing, menopause and puberty	***Treatment*** to relieve symptoms linked to the body's natural changes, such as ageing, menopause or puberty, and not due to any disease, illness or injury, isn't covered. For example, acne which is caused by natural hormonal changes.	✗
	Exception: ***eligible treatment*** of an ***acute condition*** that develops during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence, is covered in line with the other policy terms.	✓
2 Accident and emergency treatment	***Treatment***, including immediate care, provided by an ***NHS*** or private accident and emergency (A&E) department, urgent care or walk-in clinic isn't covered.	✗
	Treatment following an admission to hospital via an ***NHS*** or private A&E department, urgent care centre or walk-in clinic isn't covered.	✗
	Exception: ***eligible treatment*** with a ***consultant*** in a ***recognised facility*** after you're no longer being treated in an A&E department, urgent care or walk-in centre is covered. **Need to know** When this happens, you should contact us as soon as possible before you receive any ***treatment***, to confirm whether it's covered.	✓
3 Allergies, allergic disorders or food intolerances	***Treatment*** isn't covered once an allergic condition, disorder or food intolerance has been diagnosed. This includes tests to identify the exact allergen(s) or food involved, or to de-sensitise or neutralise any allergic condition.	✗
	Exception: ***treatment*** to diagnose a suspected allergy or food intolerance is covered.	✓
4 Benefits that are not covered and/or are above your allowances	***Treatment***, services or charges that aren't listed as covered by your policy.	✗
	Any costs above your ***allowances*** aren't covered.	✗

continued on next page

Exclusion	Description	Cover
5 Birth control, conception and sexual problems	***Treatment*** isn't covered for: ■ contraception, sterilisation or termination of pregnancy ■ sexual problems (including impotence, whatever the cause) ■ fertility ***treatment*** such as assisted reproduction, fertility investigations, IVF, surrogacy, harvesting of donor eggs or donor sperm.	✗
6 Chronic conditions	***Treatment*** of ***chronic conditions*** isn't covered. By this, we mean a disease, illness or injury which has at least one of the following characteristics: ■ it needs ongoing or long-term monitoring through consultations, examinations, check ups and/or tests ■ it needs ongoing or long-term control or relief of symptoms ■ it needs rehabilitation or for you to be specially trained to cope with it ■ it continues indefinitely ■ it doesn't have a known cure ■ it comes back or is likely to come back. **Need to know** Your policy doesn't cover ***treatment*** for expected flare-ups of a ***chronic condition***. This is because the ***treatment*** is part of the ongoing management of the condition. For example, conditions where symptoms come and go, such as inflammatory bowel disease. There may be times when symptoms are severe (a flare-up), followed by long periods when there are few or no symptoms (remission). These are called relapsing and remitting conditions and aren't covered because the flare-ups are an expected part of the condition.	✗
	Exception 1: your policy covers ***eligible treatment*** of unexpected acute symptoms of a ***chronic condition*** that flare-up and don't need prolonged ***treatment***, so long as the ***treatment*** is likely to: ■ lead quickly to a complete recovery; or ■ quickly get you back to how you were before the flare-up. For example, ***treatment*** following a heart attack as a result of chronic heart disease is covered. Sometimes, it may not be immediately clear that the disease, illness or injury being treated is a ***chronic condition***. Once a condition is confirmed as being chronic, your policy won't cover any further consultations, tests or ***treatment***. If this happens during a hospital stay, we'll help you transfer to the ***NHS*** or you can arrange to pay for the ***treatment*** yourself.	✓
	Exception 2: ***eligible treatment*** of ***cancer*** is covered if your ***membership certificate*** shows you have cover for these. You can find details of the cover available in 'Cancer treatment' (Benefit 4) in the 'What's covered' section of this guide. Please also see 'Temporary relief of symptoms' in this section.	✓

continued on next page

Exclusion	Description	Cover
7 Treatment or medical conditions that are not covered, and their complications	Your policy doesn't cover: ■ ***treatment*** or medical conditions that are excluded from your cover ■ ***treatment*** for complications of medical conditions that are excluded from your cover ■ ***treatment*** for complications from ***treatment*** that is excluded from your cover.	✗
8 Contamination, wars, riots and terrorist acts	***Treatment*** isn't covered for any condition directly or indirectly arising from: ■ war, riots, terrorist acts, civil disturbances, acts against any foreign hostility, whether or not war has been declared ■ chemical, biological, radioactive or nuclear contamination, including chemical or nuclear fuel combustion.	✗
	Exception: ***eligible treatment*** needed following a terrorist act so long as the act doesn't cause chemical, biological, radioactive or nuclear contamination, is covered.	✓
9 Convalescence, rehabilitation and general nursing care	Accommodation isn't covered if it's mainly for: ■ convalescence, rehabilitation, supervision or anything other than providing ***eligible treatment***, or ■ general nursing care or other services which could be provided in a nursing home or anywhere else which isn't a ***recognised facility***, or ■ services from a ***therapist***.	✗

continued on next page

Exclusion	Description	Cover
10 Cosmetic, reconstructive or weight loss treatment	***Treatment*** isn't covered even if it's for medical or psychological reasons when: ■ it's to change your appearance such as a remodelled nose, facelift or breast enlargement, or ■ involves removing healthy (not diseased) or surplus tissue or fat (liposuction) such as breast reduction for backache or men's breast swelling (gynaecomastia), or ■ involves weight loss surgery such as bariatric surgery, or ■ it's for scar revision including keloid scars.	✗
	Exception 1: ***eligible treatment*** to remove a lesion is covered when either: ■ a biopsy shows or a ***consultant*** believes that the lesion is diseased ■ the lesion stops you from being able to see, smell or hear ■ the lesion causes pressure on your organs ■ the lesion stops you from being able to carry out ***activities of daily living***.	✓
	Exception 2: eligible ***operations*** following an accident, ***cancer*** surgery or prophylactic surgery to restore the appearance of the part of your body that has been affected are covered so long as: ■ they're part of the original ***eligible treatment*** following an accident, ***cancer*** surgery or prophylactic surgery, and ■ there's been no break in your cover. These include ***operations*** to a healthy breast to match a reconstructed one following ***cancer*** surgery. Once you've had initial ***eligible treatment*** to restore your appearance (including delayed ***operations***), repeat ***operations***, reconstructions or further ***treatment*** to restore or amend your appearance, aren't covered.	✓
11 Deafness	***Treatment*** for or arising from deafness from birth, maturing or ageing isn't covered.	✗
	Exception: ***treatment*** for deafness caused by an infection, injury or tumour is covered.	✓
12 Dental or oral treatment	Any dental or oral ***treatment*** isn't covered including: ■ dental implants or dentures, repairing or replacing damaged teeth, including crowns, bridges, dentures, or any dental prosthesis ■ managing of, or ***treatment*** for jaw shrinkage or loss as a result of teeth removal or gum disease ■ bone disease ***treatment*** for gum or tooth disease or damage.	✗
	Exception: an eligible ***operation*** is covered when carried out by a ***consultant*** to: ■ treat a jawbone cyst, so long as it's not for a cyst or abscess on the tooth root, or any other tooth or gum disease or damage ■ surgically remove a complicated, buried or impacted tooth root, which is causing infection or pain, such as an impacted wisdom tooth, so long as it's not to make space for dentures.	✓

continued on next page

Exclusion	Description	Cover
13 Dialysis	***Treatment*** for or linked to kidney dialysis (haemodialysis and peritoneal dialysis) isn't covered.	✗
	Exception: ***eligible treatment*** for short-term kidney dialysis or peritoneal dialysis is covered if it's needed: ▪ temporarily for sudden kidney failure caused by a disease, illness or injury affecting another part of your body, or ▪ immediately before or after a kidney transplant.	✓
14 Out-patient drugs, dressings, complementary and alternative products	Drugs or surgical dressings provided or prescribed for ***out-patient treatment*** or for you to take ***home*** when you leave hospital or a treatment facility aren't covered.	✗
	Complementary or alternative therapy products aren't covered, including homeopathic remedies.	✗
	Exception: if your policy includes cover for ***cancer treatment***, then ***out-patient common drugs***, ***advanced therapies*** and ***specialist drugs*** for ***eligible treatment*** of ***cancer*** are covered only as set out in 'Cancer treatment' (Benefit 4).	✓
15 Unproven drugs and treatment	***Treatment*** or procedures which are unproven based on ***UK*** established medical practice aren't covered including: ▪ drugs used outside their licence or procedures which haven't been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence) ▪ licensed gene therapy, somatic-cell therapy or tissue engineered medicines for conditions other than ***cancer*** that haven't been tested in phase III clinical trials.	✗
	Exception: unproven drug ***treatment*** for ***cancer*** is covered so long as: ▪ it's following an unsuccessful initial licensed ***treatment***, and ▪ you speak regularly to our nurses, so we can support you and monitor your ***treatment***, and ▪ it's been agreed by a multidisciplinary team (MDT) which meets the NHS Cancer Action Team standards. We'll need a detailed MDT report for the ***treatment*** before we can confirm it's covered including evidence that the drug has published phase III clinical trial results showing that it's safe and effective for your condition. Please contact us for more information, or ask your ***consultant*** to.	✓

continued on next page

Exclusion	Description	Cover
16 Eyesight	***Treatment*** to correct long or short sight, or ***treatment*** for failing sight due to ageing isn't covered. Glasses or contact lenses aren't covered.	✗
	Laser-assisted cataract surgery isn't covered.	✗
	Exception 1: ***eligible treatment*** for your sight is covered if it's needed as a result of an injury or an ***acute condition***, such as a detached retina.	✓
	Exception 2: ***eligible treatment*** for cataract surgery using ultrasonic emulsification is covered.	✓
17 Pandemic or epidemic disease	***Treatment*** for or arising from any pandemic or epidemic disease isn't covered. Pandemic means the worldwide spread of a disease with epidemics in many countries and most regions of the world. Epidemic means the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events materially in excess of normal expectancy, or as otherwise defined by the World Health Organisation (WHO).	✗
18 Intensive care	***Intensive care*** isn't covered if: ▪ you go straight into a ***critical care unit*** when you're admitted to hospital for example following: – an ***NHS*** transfer to a recognised facility – an ***out-patient*** consultation – a ***GP*** referral – return to the ***UK*** (repatriation) – transferring from one private facility to another ▪ it follows a transfer from a private ***recognised facility*** to an ***NHS*** hospital ▪ it follows a transfer from an ***NHS critical care unit*** to a private one, or ▪ it's not carried out in a ***critical care unit***.	✗

continued on next page

Exclusion	Description	Cover
19 Learning difficulties, behavioural and development conditions	***Treatment*** for learning difficulties, such as dyslexia isn't covered.	✗
	Treatment for behavioural conditions, such as attention deficit disorder (ADHD), and autistic spectrum disorder (ASD) isn't covered.	✗
	Treatment for development conditions such as shortness of stature isn't covered.	✗
20 Overseas treatment or repatriation	***Treatment*** you have outside of the ***UK*** isn't covered.	✗
	Repatriation to the ***UK*** or any other country isn't covered.	✗
	Exception: if ***treatment*** for your condition isn't available in the ***UK*** and would have been ***eligible treatment*** if it was available in the ***UK***, your policy will cover the cost of the standard alternative ***treatment*** which is routinely available in the ***UK***. There may be a difference between this and the cost of ***treatment*** abroad, which you'll need to pay. **Need to know** If your ***treatment*** abroad is covered, you'll need to pay for it yourself and send us your receipts so we can pay your claim up to the cost of the standard alternative ***treatment*** which is routinely available in the ***UK***. Please also see 'Unproven drugs and treatment' in this section.	✓
21 Physical aids and devices	***Treatment*** for supplying or fitting physical aids and devices isn't covered. This includes hearing aids, glasses, contact lenses, crutches and walking sticks.	✗
	Exception 1: ***recognised facility*** charges for ***prostheses*** or ***appliances*** needed as part of ***out-patient treatment***, ***day-patient treatment*** or ***in-patient treatment*** are covered as set out in 'Out-patient therapies and other out-patient charges' (Benefit 1.2) and 'Prostheses and appliances' (Benefit 3.7).	✓
	Exception 2: maintenance, refitting or replacement of a ***prosthesis*** or ***appliance*** when you have acute symptoms that directly relate to the ***prosthesis*** or ***appliance*** and it was fitted as part of ***eligible treatment*** is covered as set out in 'Prostheses and appliances' (Benefit 3.7).	✓

continued on next page

Exclusion	Description	Cover
22 Pre-existing conditions, special conditions and moratorium conditions	Your ***membership certificate*** shows the type of underwriting that applies to your policy. For full medical underwriting policies: ▪ ***treatment*** of ***pre-existing conditions*** isn't covered – this includes any ***special conditions*** listed on any ***confirmation of special conditions*** we send you ▪ ***treatment*** of any disease, illness or injury for or resulting from ***pre-existing conditions*** or ***special conditions*** isn't covered.	✗
	For moratorium and moratorium switch policies: ▪ ***treatment*** of any disease, illness or injury for or resulting from a ***moratorium condition*** isn't covered.	✗
	Exception: *treatment* of a ***moratorium condition*** is covered if at any time after your ***moratorium start date*** you don't: ▪ receive any medication for, and/or ▪ ask for or receive any medical advice or ***treatment*** for, and/or ▪ have symptoms of that ***moratorium condition*** for a continuous period of two years before the ***treatment*** you're claiming for starts. **Need to know** If you have a ***special condition*** on your policy and you're unlikely to need ***treatment*** for it in the future, you can ask us to review it when your policy is due to renew. We'll let you know if we can and whether it can be covered in future. We'll need a medical report from your doctor and they may charge for this. You'll need to pay for it yourself as it isn't covered by your policy.	✓
23 Pregnancy and childbirth	***Treatment*** isn't covered for: ▪ pregnancy, including ***treatment*** of an embryo or foetus ▪ childbirth and delivery of a baby ▪ termination of pregnancy, or any condition as a result.	✗
	Exception 1: *eligible treatment* of the conditions below, including complications following them, is covered: ▪ miscarriage ▪ stillbirth ▪ abnormal cell growth in the womb (hydatidiform mole) ▪ foetus growing outside the womb (ectopic pregnancy) ▪ heavy bleeding immediately after childbirth (post-partum haemorrhage) ▪ afterbirth in the womb after delivery of the baby (retained placental membrane).	✓
	Exception 2: *eligible treatment* of an ***acute condition*** of the mother that relates to pregnancy or childbirth so long as: ▪ it's needed to treat a flare-up, and ▪ it's likely to lead to a quick and complete recovery or restore the mother fully to how they were before the condition flared up without needing prolonged ***treatment***.	✓

continued on next page

Exclusion	Description	Cover
24 Screening, monitoring and preventive treatment	Health checks or screening aren't covered. Health screening is where you may or may not know that you're at risk of, or affected by, a disease or its complications, and answer questions or have tests to find out if you are.	✗
	Routine tests or monitoring of medical conditions isn't covered, including: ■ antenatal care or screening of the mother or foetus during pregnancy ■ checks or monitoring of ***chronic conditions*** such as diabetes mellitus or high blood pressure (hypertension) ■ tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are for screening or monitoring, such as endoscopies, when you don't have any symptoms.	✗
	Preventive ***treatment***, procedures or medical services aren't covered including: ■ vaccinations ■ medication reviews and appointments where there's no change in your usual symptoms.	✗
	Exception 1: genetically based tests to measure your future risk of ***cancer*** are covered if: ■ you have cover for ***cancer***, and ■ you're being treated for ***cancer***, and ■ have a strong direct family history of ***cancer***, and ■ your ***consultant*** recommends the test. We'll need full details of your ***treatment*** from your ***consultant*** before it starts so that we can confirm whether it's covered.	✓
	Exception 2: prophylactic surgery - if an eligible genetic test shows your risk of developing more cancers is high, preventive (prophylactic) surgery recommended by your ***consultant*** is covered. Reconstructive surgery following eligible preventive (prophylactic) surgery is also covered, as described in 'Cosmetic, reconstructive or weight loss treatment' (Exclusion 10 under Exception 2 in the 'What isn't covered' section).	✓
	Exception 3: if you have ***cancer*** cover, ***eligible treatment*** to monitor it, is covered as described in 'Out-patient consultations for cancer' (Benefit 4.1 in the 'What's covered' section) and 'Out-patient diagnostic tests for cancer' (Benefit 4.4 in the 'What's covered' section).	✓
25 Sleep problems	***Treatment*** for or as a result of sleep problems such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep) isn't covered.	✗

continued on next page

Exclusion	Description	Cover
26 Speech Disorders	***Treatment*** for or linked to speech problems, such as stammering, isn't covered.	✗
	Exception: cover for short-term speech therapy provided by a ***therapist*** when it's part of ***eligible treatment*** and takes place during or immediately after it.	✓
27 Gender dysphoria or gender affirmation	***Treatment*** for ***gender dysphoria*** or gender affirmation isn't covered.	✗
28 Temporary relief of symptoms	***Treatment*** which is mainly to temporarily relieve symptoms or is for the ongoing management of a condition isn't covered.	✗
	Exception: up to 21 days of ***treatment*** to support your end-of-life care for a terminal illness is covered, when you're no longer receiving ***treatment*** to stop or improve the illness. This is covered on the same basis as your other benefits, including Treatment at home (Benefit 6). This can only be claimed once.	✓
29 Unrecognised healthcare professionals, hospitals and clinics	None of your ***treatment*** costs are covered if: ▪ the healthcare professional (including the ***consultant*** in overall charge of your care), hospital or clinic isn't recognised: – by us, and/or – for treating the medical condition you have, and/or – for providing the ***treatment*** you need ▪ the ***treatment*** takes place in a hospital or clinic that isn't included in the ***facility access*** list that applies to your policy and/or isn't recognised for the type of ***treatment*** you need or medical condition you have.	✗
	Exception: if, for medical reasons, your ***day-patient*** or ***in-patient treatment*** can't take place in a ***Bupa*** recognised facility, we may cover your ***treatment*** somewhere else up to the amount we would have paid in a ***recognised facility***. We need full details of your ***treatment*** from your ***consultant*** before it starts so that we can confirm whether it's covered.	✓
30 Advanced therapies and specialist drugs	Any gene therapy, somatic-cell therapy or tissue engineered medicines that aren't on the list of advanced therapies that applies to your cover. You can find the list of advanced therapies at **bupa.co.uk/policyinformation**	✗
	Any drugs or medicines which the ***recognised facility*** charges separately for that aren't ***common drugs*** or ***specialist drugs***.	✗

continued on next page

Exclusion	Description	Cover
31 Leg varicose veins	More than one ***operation*** per leg for varicose veins isn't covered.	✗
	Exception: the following ***treatment*** for leg varicose veins is covered: ■ one ***operation*** for varicose veins in each leg (both legs treated on the same day counts as one ***operation*** on each leg) – if you still have symptoms following an ***operation***, we cover a single sclerotherapy treatment within six months of your ***operation*** ■ any eligible consultations and ***diagnostic tests*** needed for your ***operation***. **Need to know** Your policy covers one varicose veins ***treatment*** in each person's lifetime. This applies to all ***Bupa*** policies and/or ***Bupa*** administered trusts you've been covered by previously, currently or potentially in the future.	✓
32 Mental health conditions	***Treatment*** for any ***mental health condition*** or for any disease or illness arising from or related to a ***mental health condition*** isn't covered.	✗

continued on next page

How your health insurance policy works

Eligibility

To be eligible for this cover ***you*** and ***your dependants*** must:

- be resident in the ***UK*** throughout the duration of your cover
- at the ***cover start date*** have been registered continuously with a ***GP*** for at least six months, or have access to and be able to provide your and their full medical records in English, and
- not receive payment for taking part in sports.

The agreement between you and us

When you pay us premiums, we'll provide ***you*** and ***your dependants*** with cover under the terms of our ***agreement***.

Only ***you*** and ***Bupa*** have legal rights under our ***agreement***. Anyone covered on your policy has access to our complaints process (please see 'Making a complaint' in this section).

This ***agreement*** is governed by English law.

Premiums and other charges

You must pay premiums (including Insurance Premium Tax (IPT)) in advance for your cover. Bupa Insurance Services Limited (BISL) acts as our agent for arranging and administering your policy. Premiums are collected by BISL as our agent for the purpose of receiving, holding and refunding premiums and making claims payments.

If the IPT rate changes or any new taxes or charges are introduced, we'll change the amount of the premiums you have to pay.

The documents that set out your cover

The following documents set out full details of how your health insurance works under the ***agreement***:

- this **policy guide** which contains details about the general cover for you and anyone else on your policy, and
- your ***membership certificate*** which shows your specific cover and ***allowances***, when your cover starts and ends, the premiums you'll pay and is personal to you, and
- a ***confirmation of special conditions*** (if any apply) to the ***main member*** or to the ***dependant*** when they are aged 16 or over, and
- the **Addendum** we sent you separately if you have purchased the Guided Care option, also forms part of our ***agreement*** with ***you***.

Although they're separate documents, they should be read together as a whole. Each year, we'll send you a ***membership certificate*** and a policy guide, both of which apply from your latest ***cover start date***.

Need to know

This policy guide contains all the possible cover under Bupa Fundamental Health Insurance. Your ***membership certificate*** shows the cover that ***you*** have selected and that is available to you. This means you may not have all the cover set out in this policy guide.

Payment for treatment

Your policy pays for ***treatment*** you have on the date the ***treatment*** takes place while you're covered under the ***agreement***. We only pay ***benefits*** in line with the cover that applies to you on the date the ***treatment*** takes place. It doesn't cover any ***treatment***, that takes place after the date your cover ends even if we've pre-authorised it.

When you receive private medical ***treatment*** you have a contract with the providers of your ***treatment***. You are responsible for the costs you incur in having private ***treatment***. However, we pay the costs that are covered under your policy. If your ***treatment*** isn't covered by your policy, you'll be responsible for paying the costs of that ***treatment*** to your treatment provider.

We don't provide private ***treatment*** or any other clinical services that are covered by your policy. In many cases we have agreements with ***consultants***, healthcare professionals, hospitals and clinics for how much they charge our customers for ***treatment*** and how we pay them. We'll usually pay the ***consultants***, healthcare professional, hospital or clinic directly for your ***treatment***. Otherwise we'll pay the ***main member***. We'll write to the ***main member*** or ***dependant*** having ***treatment*** (when aged 16 or over), when there is an amount for them to pay in relation to any claim (for example if they have an excess amount to pay) and who payment should be made to.

Changes to lists

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

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

The lists that these criteria are applied to include the following:

- *advanced therapies*
- *appliances*
- *consultants*
- *critical care units*
- *fee-assured consultants*
- *medical treatment providers*
- *prostheses*

- *recognised facilities*
- *schedule of procedures*
- *specialist drugs*
- *therapists.*

Please note that we cannot guarantee the availability of any facility, practitioner or ***treatment***.

When your cover starts, renews and ends

Starting your cover

You can find your ***cover start date*** on your ***membership certificate***. This applies to ***you*** and ***your dependants***. ***Your cover start date*** and ***your dependants' cover start date*** may be different.

Renewing your cover

Your ***agreement*** is for one year's insurance. Your cover will renew automatically each year (subject to the section 'How your cover can end' below) as long as you continue to pay your premiums and any other charges, unless we decide to close Bupa Fundamental Health Insurance. If this applies, we'll write to let you know at least 28 days before your ***renewal date***.

How your cover can end

You can end your cover (and the cover of anyone else included on your policy) at any time by calling us on **0345 609 0111*** ,writing to us or emailing us at **consumer.cancellations@bupa.com**^

We'll refund any premiums you've paid for the period after your cover ends.

If ***you*** cancel your cover or ***your dependants'*** cover within 21 days of receiving ***your*** policy documents, or ***your cover start date***, whichever date is later and ***you*** or ***your dependants*** haven't claimed during this period, we'll refund all the premiums you've paid in respect for ***your*** and/or their cover for that ***year***.

After this period of time you can end ***your*** cover or ***your dependants'*** cover at anytime, we will refund any premiums ***you*** have paid relating to the period after ***your*** cover ends.

Your cover, and your ***dependants*** cover, will automatically end if:

- ***you*** don't pay your premiums, or any other payments you have to make on or before the date they're due (if ***your*** cover ends because ***you*** have not paid ***your*** premiums on the due date, ***your*** cover and ***your dependants'*** cover may continue, as long as the overdue premiums are paid within 30 days of the due date)
- ***you*** stop being resident in the ***UK***, or
- we don't have the correct address for you, and we're unable to confirm it after using reasonable efforts to do so. As we won't be able to confirm that you still need cover, we'll cancel your policy at renewal
- ***you*** pass away.

*We may record or monitor our calls.

^If you need to send us sensitive information you can email us securely using 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.

A ***dependant's*** individual cover will automatically end if:

- ***you*** tell us not to renew the cover of that ***dependant***
- the ***dependant*** stops being resident in the ***UK***
- they pass away.

It is your responsibility to tell us if any of these happen.

We can cancel or 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. For example:

- being abusive to our staff or healthcare providers
- issuing court proceedings entirely without merit
- any action which leads us to believe you won't act in good faith in your dealings with us.

We do not have to pay a claim if you or a ***dependant*** break any of the terms and conditions of your cover, which are related to the claim. If there's reasonable evidence that ***you*** or a ***dependant*** didn't take reasonable care answering our questions (by this we mean giving false information or keeping necessary information from us) then if this was:

- intentional, we may treat your and/or your ***dependant's*** cover as if it never existed and not pay all claims
- careless, then depending on what we would have done if ***you*** or they had answered our questions correctly, we may treat your and or your ***dependant's*** cover as if it never existed and refuse to pay all claims (in which case you may need to repay any claims we've paid and we'll return any premiums you've paid in repect of your and/or your ***dependant's*** cover), change your or their cover, or reduce any claim payment.

No Claims Discount

Your ***membership certificate*** will show if you have a No Claims Discount and tell you which level of discount you're on.

What is a No Claims Discount?

A No Claims Discount means your claims affect the price of your premium – the amount you pay for your insurance - so, you'll pay less for your cover if you don't make a claim, and more if you do.

The cost of health insurance tends to go up due to your age and advances in medical technology, drug prices and new ***treatments***. This means it's unlikely that the cost of your cover will go down, even if you have a No Claims Discount.

How does the No Claims Discount work?

When you renew your policy for another ***year***, your No Claims Discount will depend on whether you've claimed and the value of any claims you've made.

If you haven't claimed, you'll move up one level on the discount scale.
The higher the level you're at, the higher your discount is.

Discount level	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Discount	0%	10%	20%	27.5%	35%	40%	45%	50%	55%	59%	62%	65%	68%	70%

The following table shows how any claims you make will affect your place on the scale:

Claims approved for payment in calculation period	Change in discount level at renewal date
£0.00	Move up the scale by one level
£0.01 to £300	No change to level
£300.01 to £1,200	Move down the scale by two levels
Over £1,200	Move down the scale by three levels

Which claims affect my No Claims Discount?

Every year, we calculate the cost of your cover around six weeks before your policy is due to renew. This is so we have the most up-to-date picture of your claims. For your first renewal, we'll consider the value of claims we've approved for payment in the first 10 months of your policy. From your second renewal onwards, we'll consider claims made over a 12 month period being the the last two months of your previous policy year and the first 10 months of your current policy year. We do not count any excess you may be responsible for paying. Claims that were not approved for payment in these periods, and claims for amounts above policy ***allowances***, don't affect your No Claims Discount. Please note, the time it takes to approve a claim for payment depends on how quickly we receive invoices from your treatment provider, so it may take several weeks from the date of your ***treatment*** for a claim to be approved for payment.

Everyone on the policy has their own No Claims Discount. This means your discount isn't affected if someone else claims and you don't.

Some claims won't affect your No Claims Discount at all. These include:

- NHS cash benefits (CB1, CB6.1, CB6.2, CB6.3 CB6.4, CB6.5 and CB7)
- our HealthLine services, such as the Anytime HealthLine
- the cost of using our Digital GP service
- the charge for any phone or video assessments required you need as part of our Direct Access service.

If you're unwell, you should not delay seeking ***treatment*** because of the impact it will have on your No Claims Discount.

Making changes to your policy

At your ***renewal date*** you can ask us to:

- add, remove or change an excess
- change any of your cover options.

We'll let ***you*** know if we can make the change(s) ***you*** request and whether your premium will change.

We'll write to ***you*** to confirm any changes and the date they start.

You can let us know if you'd like to give someone else permission to make changes to your policy on your behalf.

You can add ***dependants*** to your cover at any time.

Changes your authorised signatory can make

If ***you*** have agreed with us that someone else has the authority to make changes to your cover, then that person can make changes to the level of cover or ***benefits*** of anyone included under your policy as if they were the ***main member***. However only the ***main member*** can end the cover or add or remove ***dependants***.

Other parties

No other person is allowed to make or confirm any changes to your policy or your ***benefits*** on our behalf or decide not to enforce any of our rights. Equally, no change to your policy or your ***benefits*** will be valid unless it is specifically agreed between the ***main member*** (or the authorised signatory) and us and, confirmed in writing.

Changes we can make

We can change these terms, the premiums, any discount or preferential rates and the cover available to you and your ***dependants*** or other policy terms, at your ***renewal date***.

If we make any changes, we'll write to let ***you*** know at least 28 days before the ***renewal date***. If ***you*** don't accept any of the changes ***you*** can cancel your Bupa Fundamental Health Insurance policy within 28 days of the date on which the change takes effect, or 28 days of ***Bupa*** letting you know about the change, whichever is later.

General information

Change of address

You should let us know if ***you*** change ***your*** address or ***you*** or any of ***your dependants*** stop being a resident in the ***UK***.

Documents and communications

We'll send:

- policy documents to the ***main member***, and
- a ***confirmation of special conditions*** (if any apply) to the ***main member*** or to the ***dependant*** when they are aged 16 or over, and
- all claims correspondence to the ***main member***, or to the ***dependant*** having ***treatment*** when they're aged 16 or over, and
- copies of any original documents you send us if you ask us to, because we're unable to return the originals, and
- an invitation to create a ***Bupa*** digital account when ***you*** or anyone covered who is aged 16 or over gives us their email address.

Private Healthcare Information Network

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

How to complain

We work hard to give our customers great service. Occasionally things go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch

Call us: using your ***Bupa*** helpline number, which you can find on your ***membership certificate*** or call our Customer Relations team on **0345 606 6739***

Chat to us online: **bupa.co.uk/complaints**

Email us: **customerrelations@bupa.com**

If you need to send us sensitive information you can email us securely using Egress. For more information and to sign up for a free Egress account, go to **https://switch.egress.com**. You won't be charged for sending secure emails to a ***Bupa*** email address using the Egress service.

Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**
If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

You may be able to refer your complaint to the Financial Ombudsman Service for a free, independent and impartial review.

You can:

- visit **financial-ombudsman.org.uk**
- call them on **0800 023 4567**
- email them at **complaint.info@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're concerned about this, please contact us.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we can't 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. More information is available at **www.fscs.org.uk** or by calling the FSCS on **0800 678 1100** or **020 7741 4100**

*We may record or monitor our calls.

What some of the words and phrases in this guide mean

Here's what the words and phrases in ***bold italic*** in this guide mean.

Word/phrase	Meaning
Activities of daily living	■ functional mobility - being able to move from one place to another for daily activities ■ having a shower and/or bath ■ feeding yourself ■ personal hygiene and grooming ■ toilet hygiene ■ work or education - being able to carry these out.
Acute condition	A disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Advanced therapies	Gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medicinal Products (ATMPs) by the UK medicines regulator to be used as part of your ***eligible treatment*** and which are, at the time of your ***eligible treatment***, included (with the medical condition(s) for which we pay for them) on the list of advanced therapies that applies to your ***benefits*** as shown on your ***membership certificate*** under the heading 'Advanced therapies list'. The list that applies to your ***benefits*** is available at **bupa.co.uk/policyinformation** or you can contact us. The advanced therapies on the list will change from time to time.
Agreement	The agreement between the ***main member*** and us to provide cover for you and your ***dependants*** (if any) as set out in this policy guide.
Allowance(s)	The financial allowances of your ***benefits***, these are shown on your ***membership certificate***.
Appliance(s)	Any medical appliances which are on our list for your cover when you have your ***treatment*** – you can find the list at **bupa.co.uk/prostheses-and-appliances**
Benefits	The benefits listed on your ***membership certificate*** which you're covered for.
Bupa	Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ.
Cancer	A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	Systemic Anti-Cancer Therapies (SACT), excluding anti-hormone therapies. SACT are used to destroy or stop cancer cells growing and spreading.

Word/phrase	Meaning
Chronic condition	A disease, illness or injury which has one or more of the following characteristics: ■ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests ■ it needs ongoing or long-term control or relief of symptoms ■ it requires rehabilitation or for you to be specially trained to cope with it ■ it continues indefinitely ■ it has no known cure ■ it comes back or is likely to come back.
Common drugs	Commonly used medicines, such as antibiotics and painkillers that in our reasonable opinion based on established clinical and medical practice, should be an essential part of your ***eligible treatment***.
Confirmation of special conditions	Where a ***special condition*** applies, the most recent confirmation of special conditions we send to the ***main member*** or to anyone covered if they're aged 16 or over.
Consultant	A registered medical healthcare professional who, when you have your ***treatment***: ■ is recognised by us as a consultant ■ is recognised by us both for treating your condition and providing the type of ***treatment*** you need, and ■ is in our list of recognised ***consultants*** which applies to your policy. You can search for one at **finder.bupa.co.uk** or contact us.
Cover end date	The date when your current cover ends – this is either the 'Cover end date' on your ***membership certificate*** or, if this isn't listed, the day before your policy renews.
Cover start date	The date when your current cover starts – this is shown as 'Cover start date' on your ***membership certificate***.
Critical care unit	Any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is recognised by us at the time of the ***treatment*** for the type of ***intensive care*** that you need. You can search for one at **finder.bupa.co.uk** or contact us.
Day-patient	A patient who is admitted to a hospital, treatment facility or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Day-patient treatment	***Eligible treatment*** you have as a ***day-patient***.
Dependant	***Your partner*** and/or any child ***you*** or ***your partner*** are responsible for and who is covered and named on your ***membership certificate***.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

Word/phrase	Meaning
Effective underwriting date	If your underwriting type is 'Full medical underwriting', the effective underwriting date is the date you started your continuous period of cover under the policy. This is the date shown as 'Effective underwriting date' on your ***membership certificate***. If you joined from a previous policy and we have agreed that you continue with your original ***previous policy*** start date, your effective underwriting date is the date of underwriting by the insurer or administrator of your ***previous policy***. If you're unsure of your effective underwriting date contact us and we can let you know.
Eligible treatment	***Treatment*** of an ***acute condition, cancer***, or a ***mental health condition***, together with the products and equipment used as part of the ***treatment*** that is: ■ consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the ***UK,*** and ■ clinically appropriate in terms of the type, frequency, extent, duration and the facility or location where the services are provided; for example as specified by NICE (National Institute for Health and Care Excellence), or equivalent bodies in Scotland, in guidance on specific conditions or ***treatment*** where available, and ■ demonstrated through scientific evidence to be effective in improving health outcomes, and the ***treatment***, services or charges are not listed in the 'What's not covered' section in this guide, and ■ not provided or used primarily for the expediency of you or your ***consultant*** or other healthcare professional and the ***treatment***, services or charges are not excluded under your ***benefits***.
Essential Access	a hospital or treatment facility, centre or unit that is on our essential access list that applies to your policy and is recognised by us for: ■ treating your medical condition, and ■ carrying out the type of ***treatment*** you need. The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of ***treatment*** we recognise them for will change from time to time. You can search for one at **finder.bupa.co.uk**
Extended Choice	a hospital or treatment facility, centre or unit that is on our extended choice list that applies to your policy and is recognised by us for: ■ treating your medical condition, and ■ carrying out the type of ***treatment*** you need. The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of ***treatment*** we recognise them for will change from time to time. You can search for one at **finder.bupa.co.uk**
Extended Choice with Central London	a hospital or treatment facility, centre or unit that is on our extended choice with Central London list that applies to your policy and is recognised by us for: ■ treating your medical condition, and ■ carrying out the type of ***treatment*** you need. The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of ***treatment*** we recognise them for will change from time to time. You can search for one at **finder.bupa.co.uk**

Word/phrase	Meaning
Facility access	The network of recognised facilities which you're covered for and listed on your ***membership certificate***.
Fee-assured	A ***consultant*** or other healthcare professional recognised by us, who is in the fee-assured list. They won't send you any extra bills for ***treatment*** and care as long as it's covered by your policy and within your ***allowances***. You can search for one at **finder.bupa.co.uk** or contact us. The list may change from time to time.
Gender dysphoria	When someone has a sense of unease because of a mismatch between their biological sex and gender identity.
GP	A doctor who refers you for a consultation or ***treatment*** and is on the UK General Medical Council's General Practitioner Register.
Home	The place where you normally live or another non-healthcare setting where you have your ***treatment***.
In-patient	A patient who is admitted to a hospital or treatment facility and who occupies a bed overnight or longer for medical reasons.
In-patient treatment	***Eligible treatment*** you have as an ***in-patient***.
Intensive care	***Eligible treatment*** for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Main member	The person named as the main member on the policy, not a ***dependant***.
Medical treatment provider	A person or company recognised by us as a medical treatment provider for the type of ***treatment*** at ***home*** that you need. The list of medical treatment providers and the type of ***treatment*** we recognise them for will change from time to time. You can search for details of these providers at **finder.bupa.co.uk**
Membership certificate	The most recent membership certificate we send ***you*** that provides the details of your cover.
Mental health condition	A mental illness or condition which is a mental health condition according to a reasonable body of medical opinion.
Moratorium start date	If you're covered by a moratorium policy, the date you started your continuous period of cover is: ■ the 'Moratorium start date' on your ***membership certificate***, or ■ if this isn't shown on your ***membership certificate***, your ***cover start date*** on the first ***membership certificate*** we sent you, or ■ your original moratorium start date from a ***previous policy*** if you had a moratorium underwriting policy with ***Bupa*** or another insurer and we have agreed with the ***group*** that this would continue to apply when you joined this policy. If you're unsure of your moratorium start date contact us and we can tell you.

Word/phrase	Meaning
Moratorium condition	Any condition, disease, illness or injury including related conditions, whether diagnosed or not, which, in the five years immediately before your ***moratorium start date***, you: ■ asked for or received, medical advice or ***treatment*** or medication for, or ■ had symptoms of or knew existed. By a related condition we mean any symptom, condition, disease, illness or injury which in our reasonable medical opinion is associated with another symptom, disease, illness or injury.
NHS	■ the National Health Service operated in Great Britain and Northern Ireland, or ■ the healthcare system that is operated by the relevant authorities of the Channel Islands, or ■ the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
Operation	***Eligible treatment*** that is a medical procedure, including surgery and complex diagnostic procedures (such as an endoscopy) including all medically necessary ***treatment***.
Oral chemotherapy	***Chemotherapy*** taken by swallowing a pill, capsule or liquid.
Out-patient	A patient who attends a hospital, consulting room, out-patient clinic or treatment facility and is not admitted as a ***day-patient*** or an ***in-patient***.
Out-patient treatment	***Eligible treatment*** that you have as an ***out-patient*** for medical reasons.
Partner	Your husband, wife, civil partner or the person you live with in a relationship.
Pre-existing condition	Any condition, disease, illness or injury including related condition which you had before your ***effective underwriting date*** and: ■ you received medication, or advice or ***treatment*** for it, or ■ you've had symptoms of it, or ■ you knew you had it whether the condition was diagnosed or not. By a related condition we mean any symptom, condition, disease, illness or injury which in our reasonable medical opinion is associated with another symptom, condition, disease, illness or injury.
Previous policy	Another health insurance policy or medical healthcare trust provided or administered by ***Bupa*** or another insurer that we agree will be treated as a previous policy for underwriting so long as: ■ the person covered has shown us their continuous cover under the ***previous policy***, and ■ there's no interruption between the ***previous policy*** and their current policy.

Word/phrase	Meaning
Prostheses	Any prostheses which are on our list for your cover when you have your ***treatment***. The prostheses on the list may change from time to time. You can find the list at **bupa.co.uk/prostheses-and-appliances**
Recognised facility	A hospital, treatment facility, centre or unit according to the ***facility access*** that applies to your policy. The hospitals, treatment facilities, centres or units in these lists and the medical conditions and types of ***treatment*** we recognise them for will change from time to time. You can search for a recognised facility at **finder.bupa.co.uk**
Renewal date	Each anniversary of your ***cover start date.***
Schedule of procedures	The rates up to which we will pay ***consultants*** for treating ***Bupa*** customers. These are set out in our Schedule of Procedures and are based on the complexity, time and skill required to perform a procedure. You can find the Schedule of Procedures at **bupa.co.uk/codes**
Special condition	Specific medical conditions that someone isn't covered for based on their medical history. Where a special condition applies, we'll send a ***confirmation of special conditions*** to the ***main member*** or to anyone covered if they're aged 16 or over.
Specialist drugs	Drugs and medicines to be used as part of your ***eligible treatment*** which are not ***common drugs*** and are included on our list of specialist drugs that applies to your policy. The list is available at **bupa.co.uk/policyinformation.** The specialist drugs on the list will change from time to time.
Therapist	A healthcare professional registered with the Health and Care Professions Council and on our list of recognised therapists who is: ■ a chartered physiotherapist ■ a British Association of Occupational Therapists registered occupational therapist ■ a British and Irish Orthoptic Society registered orthoptist ■ a Royal College of Speech and Language Therapists registered speech and language therapist ■ a Society of Chiropodists and Podiatrists registered podiatrist, or ■ a British Dietetic Association registered dietitian. You can search for a recognised therapist at **finder.bupa.co.uk** The therapists on the list will change from time to time.
Treatment	Surgical or medical services (including ***diagnostic tests***) that are needed to diagnose, relieve or cure a disease, illness or injury.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Year	The period beginning on your ***cover start date*** and ending on your ***cover end date***. If you're a ***dependant*** joining an existing policy, depending on when you join the policy your initial year may not be a full twelve months. Your ***benefits***, ***allowances*** and ***your*** premiums may change at the ***renewal date***.
You/your	this means the ***main member*** only.

How we use and protect your information

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use 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-notices**

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).

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) and with others who help us provide services to you (for example, healthcare 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. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data-protection laws.

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).

Financial crime and sanctions

Financial crime

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

Sanctions

We will not provide cover and we shall not be liable to pay any claim or provide any benefit to the extent that such cover, payment of a claim(s) or ***benefits*** would:

- be in contravention of any United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which we are subject (which may include without limitation those of the European Union, the ***United Kingdom***, and/or the United States of America); and/or
- expose us to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose us to the risk of being involved in conduct (either directly or indirectly) which any relevant authority, banks we transact through, or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become applicable we reserve all of our rights to take all and any such actions as may be deemed necessary in our absolute discretion, to ensure that we continue to be compliant. You acknowledge that this may restrict, delay or terminate our obligations and we may not be able to pay any claim(s) in the event of a sanctions-related concern.

Bupa Anytime HealthLine, Menopause HealthLine, and Family Mental HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa Anytime HealthLine and Menopause HealthLine are provided by:

Bupa Occupational Health Limited. Registered in England and Wales with registration number 631336.

Registered office: 1 Angel Court, London EC2R 7HJ

Bupa health insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales with registration number 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 registration number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services registration number 312526.

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

Registered office: 1 Angel Court, London EC2R 7HJ

bupa.co.uk

UNI-108042 BINS 12553 BFD/8559/OCT23