

Bupa Fundamental Health Insurance

Your Bupa membership guide

Essential information explaining your cover.

Please retain.

About this guide

Welcome to your Bupa Fundamental Health Insurance membership guide.

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

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

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

For members with special needs we can offer a choice of Braille, large print or audio for correspondence and marketing literature. Please get in touch to let us know which you would prefer.

Tip:

Cross-check the benefits listed in your membership certificate with the relevant paragraphs in the guide to make sure that you have the cover that you want.

How do I know what I'm covered for?

The precise details of the cover you have chosen are listed in your membership certificate. Please read this membership guide together with your membership certificate, as together they set out full details of how your health insurance works.

How does the membership guide work with my membership certificate?

Your certificate explains the benefits available to you and also provides a series of notes that correspond to the relevant section of the membership guide (where you will find a more detailed explanation of the benefit in your individual policy).

How do I contact Bupa?

We're always on hand to help.

For queries about your cover we've provided a dedicated number which you will find in your membership certificate.

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

Bupa Anytime HealthLine

If you have any questions or worries about your health, call our confidential Bupa Anytime HealthLine on **0345 604 0537**[†] or **0161 868 6415**[†]. Our qualified nursing team is on hand 24 hours a day, so whatever your health question or concern, they have the skills and practical, professional experience to help.

[†]Calls may be recorded and to maintain the quality of our Bupa Anytime HealthLine service a nursing manager may monitor some calls always respecting the confidentiality of the call.

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effective from 1 July 2015

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Your rules and benefits

This membership guide sets out the general terms and conditions of your *Bupa Fundamental Health Insurance* cover, effective from 1 July 2015.

- For anyone joining *Bupa Fundamental Health Insurance* after the 'effective from' date, the membership guide applies from their start date.
- For anyone whose membership of *Bupa Fundamental Health Insurance* renewed on or after the 'effective from' date, it applies from their renewal date.

Words and phrases in bold and italics in this membership guide are defined terms which have a specific meaning. You should check their meaning in the glossary.

Please note that *Bupa Fundamental Health Insurance* is shown throughout in italics. This is not a defined term but is in italics to show that it is the official name of the cover you have bought.

Important note – please read this note before you read the rest of this membership guide as it explains how this membership guide and your membership certificate work together.

This Bupa membership guide and your **membership certificate** together set out full details of your **benefits**. They should not be read as separate documents.

It is your **membership certificate** that shows the cover that is specific to your **benefits** and **scheme**. Any elements of cover in this membership guide that are either:

- shown in your **membership certificate** as 'not covered' or
- do not appear in your **membership certificate**

you are not covered for and you should therefore ignore them when reading this membership guide. Your **membership certificate** could also show some changes to the terms of cover set out in this membership guide particularly in the 'Further details' section of your **membership certificate**.

When reading this membership guide and your **membership certificate**, it is your **membership certificate** which is personal to you. This means that if your **membership certificate** contradicts this membership guide it is your **membership certificate** that will take priority.

Always call the helpline if you are unsure of your cover.

How your membership works

The agreement between you and us

In return for **you**, the **main member**, paying **us** subscriptions, **we** agree to provide **you** and **your dependants** (if any) with cover under the terms of our **agreement**.

Only **you** and **Bupa** have legal rights under our **agreement**, although **we** will allow anyone who is covered under **your** membership complete access to **our** complaints process (please also see sub section 'Making a complaint').

The documents that make up our agreement

The following documents together make up the **agreement**. These documents must be read together as a whole, they should not be read as separate documents.

1. This **Bupa membership guide**: sets out the general terms and conditions of membership (and any exclusions) and all the elements of cover that can be provided under **your Bupa Fundamental Health Insurance scheme**.
2. **Your membership certificate**: this shows the cover that **you** have chosen, including the limits that apply, any variations to the benefits, terms or conditions explained in this membership guide and whether an **excess** applies to **your** cover and if it does the amount and how it applies.

Payment of benefits

We only pay for **treatment** that **you** receive, or the **benefits** that **you** are entitled to, while **you** are covered under the **agreement** and **we** only pay in accordance with the **agreement**. **We** also only pay the **benefits** that applied to **you** on the date **you** received **your treatment** or the date that **you** became entitled to those **benefits**.

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, if **your treatment** is **eligible treatment**, **we** pay the costs that are covered under **your benefits**. Any costs, including **eligible treatment** costs, that are not covered under **your benefits** are **your** sole responsibility.

The provider might, for example, be a **consultant**, a **recognised facility** or both. Sometimes one provider may have arrangements with other providers involved in **your** care and, therefore, be entitled to receive all the costs associated with **your treatment**. For example, a **recognised facility** may charge for **recognised facility** charges, **consultants' fees** and **diagnostic tests** all together.

In many cases **we** have arrangements with providers about how much they charge **our** members for **treatment** and how **we** pay them. For **treatment** costs covered under your **benefits we** will, in most cases, pay the provider of your **treatment** direct – such as the **recognised facility** or **consultant** – or whichever other person or facility is entitled to receive the payment. Otherwise **we** will pay the **main member**. **We** will write to tell the **main member** how **we** have dealt with any claim.

Please also see the section 'Claiming'.

When your membership starts, renews and ends

Starting membership

Your cover starts on **your start date**.

Your dependants' cover starts on their **start date**. **Your start date** and **your dependant's start date(s)** may not be the same.

Your right to cancel

You may cancel **your** membership for any reason by calling **us** on **0800 010 383*** or writing to **us** within 21 days of receiving the first membership certificate **we** send **you** each **year** confirming **your** cover. As long as **you** have not made any claims **we** will refund all of **your** subscriptions for that **year** and, any sums **you** have paid for future years (if any).

You may cancel any of **your dependants'** membership for any reason by calling **us** on **0800 010 383*** or writing to **us** within 21 days of receiving the first membership certificate **we** send **you** each **year** confirming their cover. As long as no claims have been made in respect of their cover **we** will refund all **your** subscriptions paid in respect of that **dependant's** cover for that **year** and any sums paid in respect of that **dependant** for future years (if any).

Renewing your membership

Our agreement is an annual one and your membership must be renewed each **year** on **your renewal date**, subject to the rule 'Making changes' in this section.

Your membership will renew automatically as long as **you** continue to pay **your** subscriptions and any other charges unless:

- **you** decide to end your membership
- **we** decide to end the **scheme**, or
- if your cover is arranged by a **group sponsor**, **we** do not agree to **your** membership or the membership of any of **your dependants** renewing.

If **we** decide to end the **scheme** or if **your** cover is arranged by a **group sponsor**

*We may record or monitor our calls.

and **we** do not agree to **your** membership or the membership of any of **your dependants** renewing, **we** will write to let **you** know at least 28 days before **your renewal date**.

How membership can end

You can end **your** membership or the membership of any of **your dependants** at any time by calling **us** on **0800 010 383*** or by writing to **us**. If **your** membership ends the membership of all **your dependants** will also end.

Your membership and that of all **your dependants** will automatically end if:

- **you** do not renew **your** membership
- **you** do not pay **your** subscriptions, or any other payment **you** have to make in respect of the cover, on or before the date they are due
- **you** stop living in the **UK** (**you** must inform **us** if **you** stop living in the **UK**)
- **you** die, or
- **we** decide to end your **scheme**.

A **dependant's** membership will automatically end if:

- **your** membership ends
- **you** do not renew the membership of that **dependant**
- that **dependant** stops living in the **UK** (**you** must inform **us** if a **dependant** stops living in the **UK**)
- that **dependant** dies, or
- **we** decide to end their **scheme**.

If **your** membership of the **scheme** is based on **you** being either:

- employed by the **group sponsor**, or
- a member of the **group sponsor**

and the **group sponsor** has agreed with **us** that **your** membership and that of **your dependants** will end if:

- **you** cease to be employed by the **group sponsor**, or
- **you** cease to be a member of the **group sponsor**

as applicable, **we** will end **your** membership of the **scheme** at the end of the month in which **we** are advised or determine that **you** are no longer employed by or a member of that **group sponsor**.

You should call **your** helpline to confirm if your **scheme** is arranged by a **group sponsor**.

We can end a person's membership if there is reasonable evidence that **you** or they misled **us** or attempted to do so. By this **we** mean giving false information or keeping necessary information from **us**, either intentionally or carelessly, which may influence **us** when deciding:

- whether or not **we** will provide cover for them
- whether **we** have to pay any claim.

*We may record or monitor our calls.

Joining another Bupa scheme

If **we** decide to close the **scheme**, or if your cover is arranged by a **group sponsor** and **we** do not agree to **your** membership being renewed, **we** may offer **you** the opportunity to join another **Bupa** private medical scheme on the basis of the terms and conditions of the new scheme that **we** offer **you**. If you are an **underwritten member** and transfer within one month **we** will not add any **special conditions** to **your** membership or that of any of **your dependants**, if they are **underwritten members**, under the new scheme other than those that apply under this **scheme**.

If your membership ends for any other reason you may apply to join another **Bupa** private medical scheme. You may only do this as long as your membership didn't end because you misled **us** or attempted to mislead **us**. **We** will consider your application at **our** sole discretion.

Paying subscriptions and other charges

You must pay subscriptions to **us** in advance for **you** and **your dependants** throughout **your** membership. The amount **you** must pay and **your** payment schedule.

If **your** cover is arranged by a **group sponsor** and **you** have agreed with the **group sponsor** that **your** subscriptions are collected by them and paid to **us** on **your** behalf (eg by payroll deduction) the **group sponsor** will act as **your** paying agent.

No claims discount (NCD)

In calculating the subscriptions payable next **year we** will apply a no claims discount to the core health insurance subscriptions based upon the value of the claims paid for you during the 12 month period (10 month period in your first **year** of cover) preceding **our** calculation. **We** apply your no claims discount to your net subscription rate excluding Insurance Premium Tax.

The calculation period

As **we** calculate your subscriptions prior to your **renewal date**, **we** will assess all eligible claims paid by **us** for you:

- in the first 10 months of your first **year**, and
- for subsequent **years**, in months 11 and 12 of the previous year plus months one to 10 of the current year.

Please note: that payment may take a few weeks from the date of your **treatment**, depending on how quickly invoices are submitted to **us**.

No claims discount (NCD) continued

The following table shows how any claims you make will affect your level of no claims discount.

Value of claims paid during the calculation period	Change in discount level applied at the next renewal date (subject to the minimum and maximum discount levels available)
£0.00	Move up the scale by 1 level
£0.01 to £250	Move down the scale by 1 level
£250.01 to £500	Move down the scale by 2 levels
£500.01 and above	Move down the scale by 3 levels

The following table shows the amount of no claims discount that applies for each no claims discount level. Discount level 14 is the maximum discount level available and your no claims discount will therefore never exceed 70%.

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

Please note:

- **we** may change the no claims discount or withdraw it at any time in accordance with the 'Making changes' section of this membership guide
- that claims you may make in relation to any of the following benefits do not count as claims in the assessment of the no claims discount to be applied to your subscriptions:
 - NHS cash benefits (benefits CB1, CB6.1 and CB6.2)
 - Anytime HealthLine
 - Use of our telephone service for muscles, bones and joints

In addition, any claims **we** pay for you during the calculation period that fall entirely within your **excess** will not be counted.

If you are unwell, you should not delay seeking **treatment** because of the impact it will have on your no claims discount.

Refund of subscriptions if your membership ends

If **your** membership ends for any reason **we** will refund any subscriptions **you** have paid which relate to a period after **your** cover ends.

If **your dependants'** membership ends for any reason **we** will refund any subscriptions **you** have paid in respect of that **dependant** which relate to a period after their cover ends.

Making changes

Changes we can make

We can change the terms and conditions of the membership at **your renewal date**. These changes could affect:

- how **we** calculate subscriptions, the amount **you** have to pay, how often **you** pay them and the method of payment, the no claims discount, (the cost of subscriptions has typically risen higher than the retail price index (RPI) over the same period, but this does not mean that they will increase by the same rate in the future), and
- the amount and type of cover provided under the **scheme**.

We can, at any time, change the amount **you** have to pay **us** in respect of IPT or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.

We will not add any **special conditions** to someone's cover for medical conditions that started after their **start date** provided they gave **us** all the information **we** asked for before their **start date**.

If **we** do make any changes to the terms and conditions of **your** membership **we** will write to tell **you** at least 28 days before the change takes effect.

Changes you can make

At **your renewal date you** can apply to:

- add, remove or change an **excess**
- change any of the product options **you** have chosen

if such options are available under your **scheme**. **We** will consider **your** application at **our** sole discretion. If **you** apply to increase cover under the **scheme**, **we** may ask **you** to agree to **special conditions** before **we** accept **your** application.

These changes may also affect the subscriptions **you** have to pay.

Changes your authorised signatory can make

If **you** have agreed with **us** that **your partner** has the authority to make changes to cover, this is shown on **your membership certificate**. In which case **your partner** can make changes to the cover of anyone included under **your** membership as if **your partner** were the **main member**. However, **your partner** may not end the cover.

Other parties

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

General information

Change of address

You should call or write to tell **us** if **you** change **your** address. If **you** do not contact **us** to tell us **you** have changed **your** address and **you** pay **your** subscriptions by direct debit, **your** membership of the **scheme** will automatically end on **your** next **renewal date** if **we** cannot contact **you**.

Correspondence and documents

All correspondence and membership documents are sent to the **main member**.

When you send documents to **us**, **we** cannot return original documents to you. However **we** will send **you** copies if you ask **us** to do so at the time you give **us** the documents.

Letters between **us** must be sent with the postage costs paid before posting. We can each assume that the letter will be received three days after posting.

Applicable law

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

Making a complaint

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

If **Bupa**, or any representative of **Bupa**, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you.

For any other complaint **our** member services department is always the first number to call if you need help or support or if you have any comments or complaints. You can contact **us** in several ways:

By phone: **0345 609 0777***

In writing: **Customer Relations, Bupa, Salford Quays, Manchester, M50 3XL**

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

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

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

If **we** cannot resolve your complaint immediately **we** will write to you, within five working days, to acknowledge receipt of your complaint. **We** will then continue to investigate your complaint and aim to send you **our** full written final decision within 15 working days. If **we** are unable to resolve your complaint within 15 working days **we** will write to you to confirm that **we** are still investigating your complaint.

Within eight weeks of receiving your complaint **we** will either send you a full written final decision detailing the results of **our** investigation or send you a letter advising that **we** have been unable to complete the review of your complaint. If you remain dissatisfied after receiving **our** final decision, or after eight weeks you do not wish to wait for **us** to complete **our** review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: Exchange Tower, London E14 9SR or call them on **0800 023 4567** (free for fixed line users) or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02). For more information you can visit **www.financial-ombudsman.org.uk**

Your complaint will be dealt with confidentially and will not affect how **we** treat you in the future. Whilst **we** are bound by the decision of the Financial Ombudsman Service, you are not.

*We may record or monitor our calls.

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

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that **we** cannot meet **our** financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation.

Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website **www.fscs.org.uk**

Understanding your cover

This section aims to help you understand how your cover works. As your **out-patient** cover is limited, it's important that you understand what is covered and what is not covered.

You should refer to your **membership certificate** and this membership guide to understand the full details of your cover but below is an example of how your cover works in practice.

1	<p>You visit your GP and they recommend seeing a consultant or therapist.</p>	<ul style="list-style-type: none"> ✗ Consultations and therapies before hospital treatment are not included in your Bupa cover ✓ For therapies you can access our telephone muscle bone and joint service[^] ^You may choose to self-pay for a private consultation or use your NHS. Use Consultant Finder or call Bupa to support your choice of consultant as selecting a fee-assured partner recognised for the condition under investigation, will ensure future eligible claims are within limits.
2	<p>You visit your consultant and they advise diagnostic scans or tests.</p>	<ul style="list-style-type: none"> ✓ Diagnostic scans and tests covered when requested by a GP or consultant and undertaken in a recognised facility. ✎ If the tests will be done privately, contact Bupa member services at this stage on 0345 609 0777* ✗ Any subsequent consultations before hospital treatment are not covered
3	<p>Your scans or tests are completed and a diagnosis given. You are advised you need treatment in hospital as an in-patient or day-patient.</p>	<ul style="list-style-type: none"> ✓ All hospital treatment costs are paid in full when you use a fee-assured partner and a recognised facility ✎ Contact us before treatment to authorise your procedure
4	<p>Following your procedure, when you come out of hospital you may need a further consultation and follow-up physiotherapy.</p>	<ul style="list-style-type: none"> ✓ Therapy and consultation costs are covered within six months of discharge date (please see your membership certificate and the detail in this membership guide to understand specific cover, limits and exceptions) ✎ Contact us again so we can authorise the next steps of your treatment.

*We may record or monitor our calls.

[^]Eligibility for telephone assessment is subject to your underwriting terms. Pre-existing conditions are normally excluded.

Claiming

A step-by-step guide to making a claim

STEP 1

Visit your GP

The process generally starts with a visit to your **GP**. Your **GP** will advise you if you need to see a consultant or healthcare professional. **Please note:** There are some conditions where a **GP** referral is not required eg muscle, bone and joint conditions and cataract procedures. Please call **us** for more details or go to **bupa.co.uk/policyinformation**. The list of conditions for which a **GP** referral is not required may be updated from time to time.

STEP 2

GP refers you to a consultant

If you need to see a **consultant**, your **GP** will directly refer you or provide you with a referral letter which will detail the type of specialist your **GP** would like you to see.

As **out-patient** consultations are only covered when directly following and related to private **day-patient treatment** and **in-patient treatment** and takes place within the six months following the discharge date of that **treatment**, this means your cover does not include diagnostic consultations.

However **we** strongly recommend that you ensure your selected **consultant** is a **fee-assured partner**.

Should you later require **treatment** that is eligible under your cover, ensuring you see a **fee-assured partner**, will ensure that you can continue **treatment** without incurring extra costs (some **consultants** charge fees which are outside **our** benefit limits and if they do, you may need to pay some of the fees).

You can use the Consultant Finder at **bupa.co.uk** or call **Bupa** to locate a **fee-assured partner** and their recognised specialities.

Should your **GP** refer you directly for scans/tests, please call **us** so that **we** can discuss your options.

STEP 3

Your consultant determines that treatment is needed – call us

As soon as your **consultant** determines that you require **treatment**, please call **us** so that **we** can discuss your options. **We** will let you know what you need to do next and send you any necessary pre-treatment forms you, or your consultant may need to complete.

**STEP
4****Get a pre-authorisation number**

When **we** have confirmed that your **treatment** is covered, **we** will discuss your claim with you and give you a 'pre-authorisation' number. You can then contact your **consultant** or healthcare provider to arrange an appointment.

We recommend you give your pre-authorisation number to the **consultant** or healthcare professional you see so that the invoice for any **treatment** costs can be sent to **us** directly.

If for any reason you are sent the invoice, simply send it on to:

Claims Department, Bupa, Salford Quays, M50 3XL.

Once we have made our payment, we will send you a summary of your claim and treatment details. Please note that payment may take a number of weeks depending on how quickly invoices are submitted to us.

Claims checklist**What you'll need to make a claim**

To help us to make the claims process as simple and swift as possible, please have the following information close to hand when you call to make a claim:

- **your Bupa membership number**
- **the condition you are suffering from**
- **details of when your symptoms first began**
- **details of when you first consulted your GP about your condition**
- **details of the treatment that has been recommended**
- **date(s) on which you are to receive treatment**
- **the name of the consultant or other healthcare professional involved**
- **details of where your proposed treatment will take place**
- **your expected length of stay in hospital (if applicable).**

A Making a claim

A1 Claims other than Cash benefits

We recommend that you always contact **us** before arranging or receiving any **treatment**. This is the only way that **we** can confirm the **benefits** that are available to you before you incur any costs for your **treatment**. Any costs you incur that are not covered under your **benefits** are your responsibility.

For moratorium members

When you joined the **scheme** you agreed you would not be covered for any **moratorium conditions**. Each time you make a claim you must provide **us** with information so **we** can confirm whether your proposed **treatment** is covered under your **benefits**.

When you call **us we** will send you a pre-treatment form to complete giving details of the history of the medical condition you are claiming for, including information that you will need to ask your **GP** or **consultant** for. Your **GP** or **consultant** may charge you a fee for providing a report which **we** do not pay for. Each claim you make during your membership will be assessed on this information and any further information **we** ask you to provide to **us** at the time you claim. Once **we** receive all the information **we** ask you for **we** will:

- confirm whether your proposed **treatment**, medical provider or treatment facility will be eligible under your **benefits**
- the level of **benefits** available to you, and
- if you wish to make a claim, tell you whether you will need to complete a claim form.

If you do not need to complete a claim form, we will treat your submission of your pre-treatment form to **us** as your claim once **we** are notified that you have received your consultation or **treatment**. In most cases **we** will be notified that you have received your consultation or **treatment** by your **consultant** or the provider of your **treatment**.

If you do need to complete a claim form, you will need to return the fully completed claim form to **us** as soon as possible and in any event within six months of receiving the **treatment** for which you are claiming unless this was not reasonably possible.

For underwritten members

When you call **us, we** will:

- confirm whether your proposed **treatment**, medical provider or treatment facility will be eligible under your **benefits**
- the level of **benefits** available to you, and
- if you wish to make a claim, tell you whether you will need to complete a claim form.

If you do not need to complete a claim form, we will treat your call to **us** as your claim once **we** are notified that you have received your consultation or **treatment**. In most cases **we** will be notified that you have received your consultation or **treatment** by your **consultant** or the provider of your **treatment**.

If you do need to complete a claim form, you will need to return the fully completed claim form to **us** as soon as possible and in any event within six months of receiving the **treatment** for which you are claiming unless this was not reasonably possible.

A2 Claims for Cash benefits

Call the helpline to check your **benefits**. **We** will confirm your **benefits** and tell you whether you need to complete a claim form. You must send **us** either:

- your completed claim form if you need to complete one – please note that for NHS cash benefit you will need to take your claim form with you to the hospital and ask them to complete the hospital sections
- or
- if you do not need a claim form, a covering letter giving your name, address and membership number together with your original invoices and receipts.

A3 Treatment needed because of someone else's fault

When you claim for **treatment** because of an injury or medical condition that was caused by or was the fault of someone else (a 'third party'), for example, an injury suffered in a road accident in which you are a victim, all of the following conditions apply when you make such a claim:

- you agree you are responsible for the payment of any costs which may ultimately be recovered from the third party
- you must notify **us** as soon as possible that your **treatment** was needed as a result of a third party. You can notify **us** either by writing to **us** or completing the appropriate section on your claim form. You must provide **us** with any further details that **we** reasonably ask you for
- you must take any reasonable steps **we** ask of you to recover from the third party the cost of the **treatment** paid for by **us** and claim interest if you are entitled to do so
- you (or your solicitor) must keep **us** fully informed in writing of the progress and outcome of your claim
- if you recover the cost of any **treatment** paid for by **us**, you must repay the amount and any interest to **us**.

A4 Other insurance cover

If you have other insurance cover for the cost of the **treatment** or services that you are claiming from **us** you must provide **us** with full details of that other insurance policy as soon as possible. You must do this either by writing to **us** or by completing the appropriate section on your claim form. In which case **we** will only pay **our** share of the cost of the **eligible treatment** for which you are claiming.

B How we will deal with your claim

B1 General information

We only pay for **treatment** that you receive, or the **benefits** that you are entitled to, while you are covered under the **agreement** and **we** only pay in accordance with the **agreement**. **We** also only pay the **benefits** that applied to you on the date you received your **treatment** or the date that you became entitled to those **benefits**.

Except for NHS cash benefit, **we** only pay eligible costs and expenses actually incurred by you for **treatment** you receive.

We do not have to pay a claim if you break any terms and conditions of your membership.

Unless **we** tell you otherwise, your claim form and proof to support your claim must be sent to **us**.

B2 Providing us with information

You will need to provide **us** with information to help **us** assess your claim if **we** make a reasonable request for you to do so. For example, **we** may ask you for one or more of the following:

- medical reports and other information about the **treatment** for which you are claiming
- the results of any independent medical examination which **we** may ask you to undergo at **our** expense
- original accounts and invoices in connection with your claim (including any related to **treatment** costs covered by your **excess**). **We** cannot accept photocopies of accounts or invoices or originals that have had alterations made to them.

If you do not provide **us** with any information **we** reasonably ask you for **we** will be unable to assess your claim.

Obtaining medical reports from your GP

When you need to request a medical report from your **GP**, **we** can do this on your behalf with your consent.

We will always ask for your consent before requesting a report from your GP on your behalf and we will ask for your consent on the telephone when we explain to you the need for the report. You can choose from three courses of action.

1. You can give your consent without asking to see the **GP**'s report before it is sent to us. The **GP** will send the report directly to **us**.

If you give your consent to **us** obtaining a report without indicating that you wish to see it, you can change your mind by contacting your **GP** before the report is sent to **us**. In which case you will have the opportunity to see the report and ask the **GP** to change the report or add your comments before it is sent to **us**, or withhold your consent for its release.

2. You can give your consent, but ask to see any report before it is sent to **us**, in which case you will have 21 days, after **we** notify you that **we** have requested a report from the **GP**, to contact your **GP** to make arrangements to see the report.

If you fail to contact the **GP** within 21 days, **we** will request they send the report direct to **us**. If, however, you contact your **GP** with a view to seeing the report, you must give the **GP** written consent before they can release it to us.

You may ask your **GP** to change the report if you think it is misleading. If your **GP** refuses, you can insist on adding your own comment to the report before it is sent to **us**.

3. You can withhold your consent, but if you do, please bear in mind that **we** may be unable to progress with your claim.

Whether or not you indicate that you wish to see the report before it is sent, you have the right to ask your **GP** to let you see a copy, provided that you ask them within six months of the report having been supplied to **us**.

Your **GP** is entitled to withhold some or all of the information contained in the report if (a) they feel that it may be harmful to you (b) it would indicate their intentions in respect of you or (c) would reveal the identity of another person without their consent (other than that of a health professional in relation to your care).

We may make a contribution to the costs of any report that **we** have requested on your behalf, this will be confirmed at point of telephone consent. If **we** do make a contribution, you will be liable for any amount above this.

B3 How we pay your claim

Claims other than cash benefits: for **treatment** costs covered under your **benefits we** will, in most cases, pay the provider of your **treatment** direct – such as the **recognised facility** or **consultant** – or whichever other person or facility is entitled to receive the payment. Otherwise **we** will pay the **main member**. **We** will write to tell the **main member** how **we** have dealt with any claim.

Claims for cash benefits: **we** pay eligible claims by cheque to the **main member**.

C If you want to withdraw a claim

If, for any reason, you wish to withdraw your claim for the costs of **treatment** you have received, you should call the helpline to tell **us** as soon as possible. You will be unable to withdraw your claim if **we** have already paid your claim.

If you do withdraw your claim you will be responsible for paying the costs of that **treatment**.

D Ex-gratia payments

If **we** agree to pay for the costs of **treatment** to which you are not entitled under your **benefits**, ie an ‘ex-gratia payment’, this payment will still count towards the maximum amount **we** will pay under your **benefits**. Making these payments does not oblige **us** to make them in the future.

E If you have an excess

You may have agreed with **us** that an **excess** shall apply to your **benefits**. Your **membership certificate** shows if one does apply and if so:

- the amount
- who it applies to
- what type of **treatment** it is applied to, and
- the period for which the **excess** will apply.

Some further details of how an **excess** works are set out below and should be read together with your **membership certificate**.

If you are unsure whether an **excess** does apply to you please refer to your **membership certificate** or contact the helpline.

E1 How an excess works

Having an **excess** means that you have to pay part of any eligible **treatment** costs that would otherwise be paid by **us** up to the amount of your **excess**. By eligible **treatment** costs **we** mean costs that would have been payable under your **benefits** if you had not had an **excess**. Costs you incur for **treatment** that are not payable under your **benefits** do not count towards your **excess**.

If your **excess** applies each **year** it starts at the beginning of each **year** even if your **treatment** is ongoing. So, your **excess** could apply twice to a single course of **treatment** if your **treatment** begins in one **year** and continues into the next **year**.

You are responsible for paying any **excess** amounts. **We** will write to the **main member** to tell them who you should pay the **excess** to, for example, your **consultant, therapist** or **recognised facility**. The **excess** must be paid direct to them – not to **Bupa**. **We** will also write to tell the **main member** the amount of the **excess** that remains (if any).

You should always make a claim for eligible **treatment** costs even if **we** will not pay the claim because of your **excess**. Otherwise the amount will not be counted towards your **excess** and you may lose out should you need to claim again.

E2 How the excess applies to your benefits

Unless **we** say otherwise in your **membership certificate**:

- **we** apply the **excess** to your claims in the order in which **we** process those claims
- when you claim for eligible **treatment** costs under a **benefit** that has a benefit limit, your **excess** amount will count towards your total benefit limit for that **benefit** – see the example below.
- the **excess** does not apply to cash benefits.

Unless **we** tell you otherwise, your claim form and proof to support your claim must be sent to **us**.

Example: this is an example only and assumes an excess of £100 a year and a benefit limit of £350 a year for therapists' fees for out-patient treatment and that all costs are eligible treatment costs

Out-patient benefit limit for therapists' fees for the year	£350
You incur costs for physiotherapy	£200
We pay your therapist	£100
We notify you of excess amount you pay direct to your therapist	£100
Your remaining benefit for therapists' fees for out-patient treatment for the rest of the year	£150
Your remaining excess for the rest of the year	£0

Benefits

This section explains the type of charges **we** pay for **eligible treatment** subject to your medical condition, the type of **treatment** you need and your chosen medical practitioners and/or treatment facility all being eligible under your **benefits**.

Notes on benefits

The following notes apply equally to all the benefits and should be read together with those benefits.

Restrictions and/or limitations to benefits

Your cover may be limited or restricted through one or more of the following:

- the amounts we will pay and/or restrictions on the cover you have under your benefits. Your **membership certificate** shows the benefit limits and/or restrictions that apply to your benefits, or
- the maximum amounts we will pay towards the costs of your treatment, which apply particularly when you use a recognised facility that is not within your facility access or a consultant who is not a **fee-assured partner**
- **excess**: these are explained in rule E in the section 'Claiming'. Your **membership certificate** shows if an **excess** applies to your **benefits**. If one does apply, your benefit limits shown in your **membership certificate** will be subject to your **excess**
- waiting periods: **waiting periods** apply to certain **benefits** and certain exceptions as set out in this membership guide. Your **membership certificate** shows if waiting periods apply to your **benefits** and if so how long your **waiting periods** are
- exclusions apply to your cover: the general exclusions are set out in the section 'What is not covered'. Some exclusions also apply in this section and there may also be exclusions in your **membership certificate**.

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

Your consultation or **treatment** must in most cases follow an initial referral by a **GP** after you have seen the **GP** in person. However, for **day-patient treatment** or **in-patient treatment** provided by a **consultant** such referral is not required in the case of a medical emergency.

There are some conditions where a **GP** referral is not required for example muscle, bone and joint conditions, and details of these are available from **us** on request. For information on these conditions please call member services or go to **bupa.co.uk/policyinformation**. The list of conditions for which a **GP** referral is not required may be updated from time to time.

You are only covered for **eligible treatment** carried out in the **UK**. Please see the glossary section for what we mean by **eligible treatment**.

Your cover for **eligible treatment** costs depends on you using certain **Bupa** recognised medical and other health practitioners and **recognised facilities**.

Please note:

- the medical practitioners, other healthcare professionals and **recognised facilities** you use can affect the level of benefits **we** pay you
- certain medical practitioners, other healthcare professionals and **recognised facilities** that **we** recognise may only be recognised by **us** for certain types of **treatment** or treating certain medical conditions or certain levels of benefits
- the medical practitioners, other healthcare professionals and **recognised facilities** that **we** recognise and the type of medical condition and/or type of **treatment** and/or level of benefit that **we** recognise them for can change from time to time.

Your **treatment** costs are only covered when:

- the person who has overall responsibility for your **treatment** is a **consultant**. If the person who has overall responsibility for your **treatment** is not a **consultant** then none of your **treatment** costs are covered – the only exception to this is where a **GP** refers you (or where **we** refer you when **we** have told you that a **GP** referral is not required for your condition) for **out-patient treatment** by a **therapist** or **complementary medicine practitioner**
- the medical practitioner or other healthcare professional and the **recognised facility** are recognised by **us** for treating the medical condition you have and for providing the type of **treatment** you need.

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

Reasonable and customary charges

We only pay **eligible treatment** charges that are reasonable and customary. This means that the amount you are charged by medical practitioners, other healthcare professionals and/or treatment facilities and what you are charged for have to be in line with what the majority of **our** other members are charged for similar **treatment** or services.

What you are covered for

Finding out what is wrong and being treated as an out-patient

Benefit 1 out-patient consultations and treatment

This benefit 1 explains the type of charges **we** pay for **out-patient treatment**. The benefits you are covered for and the amounts **we** pay are shown on your **membership certificate**. You are not covered for any benefits that are either shown on your **membership certificate** as 'not covered' or do not appear in your **membership certificate**.

benefit 1.1 out-patient consultations

We pay **consultants'** fees for **out-patient** consultations that are to assess your **acute condition** when carried out as **out-patient treatment** and you are referred for the consultation by your **GP** or **consultant**.

We may agree to pay a **consultant** or **recognised facility** charge for the use of a consulting room used during your consultation, where **we** do agree **we** pay the charge under this benefit note 1.1.

Note: Consultations which are not following and related to **in-patient** or **day-patient treatment** are not covered.

benefit 1.2 out-patient therapies and charges related to out-patient treatment

Out-patient therapies

We pay **therapists'** fees for **out-patient treatment** which is following and related to **in-patient treatment** or **day-patient treatment** when you are referred for the **treatment** by your **GP** or **consultant** or, where **we** have told you that a **GP** referral is not required for your condition.

If your **consultant** refers you to a medical or health practitioner who is not a **therapist** **we** may pay the charges as if the practitioner were a **therapist** if all of the following apply:

- your **consultant** refers you to the practitioner before the **out-patient treatment** takes place and remains in overall charge of your care, and
- the practitioner has applied for **Bupa** recognition and **we** have not written to say he/she is not recognised by **Bupa**.

Charges related to out-patient treatment

We pay provider charges for **out-patient treatment** which is related to and is an integral part of your **out-patient treatment**.

We treat these charges as falling under this benefit 1.2 and subject to its benefit limit.

benefit 1.3 out-patient complementary medicine treatment

This benefit is not included in this policy

benefit 1.4 diagnostic tests

When requested by your **GP** or **consultant** to help determine or assess your condition as part of **out-patient treatment** **we** pay **recognised facility** charges (including the charge for interpretation of the results) for **diagnostic tests**.

We do not pay charges for **diagnostic tests** that are not from the **recognised facility**. (MRI, CT and PET scans are not paid under this benefit – see benefit 1.5.)

benefit 1.5 out-patient MRI, CT and PET scans

When requested by your **consultant** to help determine or assess your condition as part of **out-patient treatment we** pay **recognised facility** charges (including the charge for interpretation of the results), for:

- MRI scans (magnetic resonance imaging)
- CT scans (computed tomography)
- PET scans (positron emission tomography).

We do not pay charges for MRI, CT and PET scans that are not from the **recognised facility**.

Being treated in hospital

Benefit 2 Consultants' fees for surgical and medical hospital treatment

This benefit 2 explains the type of **consultants'** fees **we** pay for **eligible treatment**. The benefits you are covered for and the amounts **we** pay are shown on your **membership certificate**. You are not covered for any benefits that are either shown on your **membership certificate** as 'not covered' or do not appear in your **membership certificate**.

benefit 2.1 surgeons and anaesthetists

We pay **consultant** surgeons' fees and **consultant** anaesthetists' fees for **eligible surgical operations** carried out in a **recognised facility**.

benefit 2.2 physicians

We pay **consultant** physicians' fees for **day-patient treatment** or **in-patient treatment** carried out in a **recognised facility** if your **treatment** does not include a **surgical operation** or **cancer treatment**.

If your **treatment** does include an **eligible surgical operation we** only pay **consultant** physicians' fees if the attendance of a physician is medically necessary because of your **eligible surgical operation**.

If your **benefits** include cover for **cancer treatment** and your **treatment** does include **eligible cancer treatment we** only pay **consultant** physicians' fees if the attendance of a **consultant** physician is medically necessary because of your **eligible cancer treatment**, for example, if you develop an infection that requires **in-patient treatment**.

Benefit 3 Recognised facility charges

This benefit 3 explains the type of facility charges **we** pay for **eligible treatment**. The benefits you are covered for, including your **facility access** and the amount **we** pay are shown in your **membership certificate**. You are not covered for any benefits that are either shown on your **membership certificate** as 'not covered' or do not appear in your **membership certificate**.

Important: the **recognised facility** that you use for your **eligible treatment** must be recognised by **us** for treating both the medical condition you have and the type of **treatment** you need, otherwise benefits may be restricted or not payable. Always call your helpline before arranging any **treatment** to check whether your chosen treatment facility is recognised by **us** for both treating your medical condition and carrying out your proposed **treatment**.

benefit 3.1 out-patient surgical operations

We pay **recognised facility** charges for **eligible surgical operations** carried out as **out-patient treatment**. **We** pay for theatre use, including equipment, **common drugs, advanced therapies, specialist drugs** and surgical dressings used during the **surgical operation**.

benefit 3.2 day-patient and in-patient treatment

We pay **recognised facility** charges for **day-patient treatment** and **in-patient treatment**, including **eligible surgical operations**, and the charges **we** pay for are set out in 3.2.1 to 3.2.7.

Using a non-recognised facility

If, for medical reasons, your proposed **day-patient treatment** or **in-patient treatment** cannot take place in a **recognised facility we** may agree to your **treatment** being carried out in a treatment facility that is not a **recognised facility**. **We** need full clinical details from your **consultant** before **we** can give **our** decision. If **we** do agree, **we** pay benefits for the **treatment** as if the treatment facility had been a **recognised facility**. When you contact **us we** will check your cover and help you to find a suitable alternative **Bupa** recognised treatment facility.

benefit 3.2.1 accommodation

We pay for your **recognised facility** accommodation including your own meals and refreshments while you are receiving your **treatment**.

We do not pay for personal items such as telephone calls, newspapers, guest meals and refreshments or personal laundry.

We do not pay **recognised facility** charges for accommodation if:

- the charge is for an overnight stay for **treatment** that would normally be carried out as **out-patient treatment** or **day-patient treatment**
- the charge is for use of a bed for **treatment** that would normally be carried out as **out-patient treatment**
- the accommodation is primarily used for any of the following purposes:
 - convalescence, rehabilitation, supervision or any purpose other than receiving **eligible treatment**
 - receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a **recognised facility**
 - receiving services from a **therapist** or **complementary medicine practitioner**.

benefit 3.2.2 parent accommodation

We pay for each night a parent needs to stay in the **recognised facility** with their child. **We** only pay for one parent each night. This benefit applies to the child's cover and any charges are payable from the child's **benefits**. The child must be:

- a member under the **agreement**
- under the age limit shown against parent accommodation on the **membership certificate** that applies to the child's **benefits**, and
- receiving **in-patient treatment**.

benefit 3.2.3 theatre charges, nursing care, drugs and surgical dressings

We pay for use of the operating theatre and for nursing care, **common drugs**, **advanced therapies**, **specialist drugs** and surgical dressings when needed as an essential part of your **day-patient treatment** or **in-patient treatment**.

We do not pay for extra nursing services in addition to those that the **recognised facility** would usually provide as part of normal patient care without making any extra charge.

For information on drugs and dressings for out-patient or take-home use, please see Exclusion 14, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in the section 'What is not covered'.

benefit 3.2.4 intensive care

We only pay for **intensive care** either:

- when needed as an essential part of your **eligible treatment** if all the following conditions are met:
 - the **intensive care** is required routinely by patients undergoing the same type of **treatment** as yours, and
 - you are receiving private **eligible treatment** in a **recognised facility** equipped with a **critical care unit**, and
 - the **intensive care** is carried out in the **critical care unit**, and
 - it follows your planned admission to the **recognised facility** for private **treatment**,

or

- if unforeseen circumstances arise from a medical or surgical procedure which does not routinely require **intensive care** as part of the **treatment** and:
 - you are receiving private **eligible treatment** in a **recognised facility** equipped with a **critical care unit**, and
 - the **intensive care** is carried out in the **critical care unit**
 in which case your **consultant** or **recognised facility** should contact **us** at the earliest opportunity.

If you want to transfer your care from an **NHS** hospital to a private **recognised facility** for **eligible treatment**, **we** only pay if all the following conditions are met:

- you have been discharged from an **NHS critical care unit** to an **NHS** general ward for more than 24 hours, and
- it is agreed by both your referring and receiving consultants that it is clinically safe and appropriate to transfer your care, and
- **we** have confirmed that your **treatment** is eligible under your **benefits**. However, **we** need full clinical details from your **consultant** before **we** can give **our** decision.

Please remember that any **treatment** costs you incur that are not covered under your **benefits** are your responsibility.

Please also see Exclusion 19, 'Intensive care' in the section 'What is not covered'.

benefit 3.2.5 diagnostic tests and MRI, CT and PET scans

When recommended by your **consultant** to help determine or assess your condition as part of **day-patient treatment** or **in-patient treatment** we pay **recognised facility** charges for:

- **diagnostic tests** (such as ECGs, X-rays and checking blood and urine samples)
- MRI scans (magnetic resonance imaging)
- CT scans (computed tomography), and
- PET scans (positron emission tomography).

benefit 3.2.6 therapies

We pay **recognised facility** charges for **eligible treatment** provided by **therapists** when needed as part of your **day-patient treatment** or **in-patient treatment**.

benefit 3.2.7 prostheses and appliances

We pay **recognised facility** charges for a **prosthesis** or **appliance** needed as part of your **day-patient treatment** or **in-patient treatment**.

We do not pay for any **treatment** which is for or associated with or related to a prosthesis or appliance that you are not covered for under your **benefits**.

Benefits for specific medical conditions

Benefit 4 Cancer treatment

Your **membership certificate** shows whether you have cover for **treatment** for **cancer** and if so whether you are covered for benefit 4.1.1 to 4.1.5 (inclusive) Cancer Cover or benefit 4.2 NHS Cancer Cover Plus.

This benefit 4 explains what **we** pay for:

- **out-patient treatment** for **cancer**
- **out-patient common drugs, advanced therapies** and **specialist drugs** for **eligible treatment** for **cancer**.

For all other **eligible treatment** for **cancer**, including out-patient MRI, CT and PET scans, you are covered on the same basis and up to the same limits as your **benefits** for other **eligible treatment** as set out in benefits 1.5, 2, 3, 6, 7 and 8 in this section.

benefit 4.1.1 out-patient consultations for cancer

We pay **consultants'** fees for consultations that are to assess your **acute condition** of **cancer** when carried out as **out-patient treatment** and you are referred for the **out-patient** consultation by your **GP** or **consultant**.

We may agree to pay a **consultant** or **recognised facility** charge for the use of a consulting room used during your **out-patient** consultation, where **we** do agree **we** pay the charge under this benefit 4.1.1.

benefit 4.1.2 out-patient therapies and charges related to out-patient treatment for cancer

Out-patient therapies

We pay **therapists'** fees for **eligible out-patient treatment** for **cancer** when you are referred for the **treatment** by your **GP** or **consultant**.

If your **consultant** refers you to a medical or health practitioner who is not a **therapist** we may pay the charges as if the practitioner were a **therapist** if all of the following apply:

- your **consultant** refers you to the practitioner before the **out-patient treatment** takes place and remains in overall charge of your care, and
- the practitioner has applied for **Bupa** recognition and **we** have not written to say he/she is not recognised by **Bupa**.

Charges related to out-patient treatment

We pay provider charges for **out-patient treatment** when the **treatment** is related to, and is an integral part of, your **out-patient treatment** or **out-patient** consultation for **cancer**.

benefit 4.1.3 out-patient complementary medicine treatment for cancer

We pay **complementary medicine practitioners'** fees for **out-patient treatment** for **cancer** when you are referred for the **treatment** by your **GP** or **consultant**.

We do not pay for any complementary or alternative products, preparations or remedies – see Exclusion 14 in the section 'What is not covered'.

benefit 4.1.4 out-patient diagnostic tests for cancer

When requested by your **GP** or **consultant** to help determine or assess your condition as part of **out-patient treatment** for **cancer** we pay **recognised facility** charges (including the charge for interpretation of the results) for **diagnostic tests**. We do not pay charges for **diagnostic tests** that are not from the **recognised facility**. (MRI, CT and PET scans are not paid under this benefit – see benefit 1.5.)

benefit 4.1.5 out-patient cancer drugs

We pay **recognised facility** charges for **common drugs**, **advanced therapies** and **specialist drugs** that are related specifically to planning and carrying out **out-patient treatment** for **cancer**.

We do not pay for any complementary, homoeopathic or alternative products, preparations or remedies for **treatment** of **cancer**.

Please see Exclusion 14, 'Drugs and dressings for out-patient and take-home use and complementary and alternative products' in the section 'What is not covered'.

benefit 4.2 NHS Cancer Cover Plus

You are only covered for this benefit if your **membership certificate** shows it is covered.

We only pay for **eligible treatment** for **cancer** if the following conditions apply:

- the radiotherapy, chemotherapy or **surgical operation** you need to treat your **cancer** is not available to you from your **NHS**, and

- you receive your **treatment** for **cancer** in a **recognised facility** within your facility access.

Where the conditions set out above do apply, **we** pay for your **eligible treatment** for **cancer** as set out in benefit 4.1.1 to 4.1.5.

Where the conditions set out above do NOT apply, **we** do not cover your **treatment** for **cancer**.

When you are receiving **NHS treatment** for **cancer** **we** may, at **our** discretion, pay for certain tests, procedures or **treatment** that are for or directly related to your core **NHS treatment** for **cancer** (details of the tests, procedures or **treatment** that may be covered are available upon request). You must have **our** written agreement before you have such tests, procedures or **treatment** and **we** need full clinical details from your **NHS** consultant before **we** can make **our** decision. **We** will pay for such **treatments** and related **consultants'** fees for **out-patient** consultations relevant to such tests, procedures or **treatment** if all of the following apply to the test, procedure or **treatment**:

- it is a medically essential part of your **NHS treatment** for **cancer**, and
- the test, procedure or **treatment** is carried out in a **recognised facility** within your **facility access**, and
- it is requested by your **NHS** consultant oncologist to help determine, assess or refine your **treatment** plan, and
- it is not available to you from your **NHS**.

Where **we** pay for such tests, procedures or **treatment** that is not radiotherapy, chemotherapy or a surgical operation, this does not constitute a transfer of your **treatment** from the **NHS** to **Bupa**.

Benefit 5 Mental health treatment

This benefit is not included in your policy.

Additional benefits

Benefit 6 Treatment at home

You are only covered for this benefit if your **membership certificate** shows it is covered.

We may, at **our** discretion, pay for you to receive **eligible treatment** at **home**. You must have **our** written agreement before the **treatment** starts and **we** need full clinical details from your **consultant** before **we** can make **our** decision. **We** will only consider **treatment** at **home** if all the following apply:

- your **consultant** has recommended that you receive the **treatment** at **home** and remains in overall charge of your **treatment**
- if you did not have the **treatment** at **home** then, for medical reasons, you would need to receive the **treatment** in a **recognised facility**, and
- the **treatment** is provided to you by a **medical treatment provider**.

We do not pay for any fees or charges for **treatment** at **home** that has not been provided to you by the **medical treatment provider**.

Benefit 7 Home nursing after private eligible in-patient treatment

If this benefit does not appear on your **membership certificate** then you do not have cover for this benefit.

We pay for home nursing immediately following private **in-patient treatment** if the home nursing:

- is for **eligible treatment**
- is needed for medical reasons ie not domestic or social reasons
- is necessary ie without it you would have to remain in the **recognised facility**
- starts immediately after you leave the **recognised facility**
- is provided by a **nurse** in your own **home**, and
- is carried out under the supervision of your **consultant**.

You must have **our** written agreement before the **treatment** starts and **we** need full clinical details from your **consultant** before **we** can make **our** decision.

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

Benefit 8 Private ambulance charges

If this benefit does not appear on your **membership certificate** then you do not have cover for this benefit.

We pay for travel by private road ambulance if you need eligible private **day-patient treatment** or **in-patient treatment**, and it is medically necessary for you to travel by ambulance:

- from your home or place of work to a **recognised facility**
- between **recognised facilities** when you are discharged from one **recognised facility** and admitted to another **recognised facility** for **in-patient treatment**
- from a **recognised facility** to home, or
- between an airport or seaport and a **recognised facility**.

Benefits numbered 9, 10, 11 and 12 do not apply to your cover

Cash benefits

Benefit CB1 NHS cash benefit for NHS hospital in-patient treatment

If this benefit does not appear on your **membership certificate** then you do not have cover for this benefit.

We pay NHS cash benefit for each night you receive **in-patient treatment** provided to you free under your **NHS**. **We** only pay NHS cash benefit if your **treatment** would otherwise have been covered for private **in-patient treatment** under your **benefits**.

Any costs you incur for choosing to occupy an amenity bed while receiving your **in-patient treatment** are not covered under your **benefits**. By an amenity bed we mean a bed for which the hospital makes a charge but where your **treatment** is still provided free under your **NHS**.

Benefits CB2 to CB5 do not apply to your cover

Benefit CB6 NHS cash benefit for treatment for cancer

You are only covered for this benefit if your **membership certificate** shows it is covered. If you are covered your **membership certificate** shows any benefit limits that may apply.

This benefit is not payable at the same time as any other NHS cash benefit for **NHS** treatment.

benefit CB6.1 NHS cash benefit for NHS in-patient treatment for cancer

This benefit is not payable at the same time as any other NHS cash benefit for **NHS in-patient treatment**.

We pay NHS cash benefit for each night of **in-patient** stay that you receive radiotherapy, chemotherapy or a **surgical operation** that is for **cancer treatment**, including **in-patient treatment** related to blood and marrow transplants, when those are carried out in the **NHS**. The **in-patient treatment** must be provided to you free under your **NHS** and we only pay if your **treatment** would otherwise have been covered for private **in-patient treatment** under your **benefits**.

Any costs you incur for choosing to occupy an amenity bed while receiving your **in-patient treatment** are not covered under your **benefits**. By an amenity bed **we** mean a bed which the hospital makes a charge for but where your **treatment** is still provided free under your **NHS**.

benefit CB6.2 NHS cash benefit for NHS out-patient, day-patient and home treatment for cancer

This benefit is not payable at the same time as any other NHS cash benefit. **We** pay NHS cash benefit as follows:

- radiotherapy: for each day radiotherapy is received in a hospital setting
- chemotherapy: for each day you receive **treatment** for IV-chemotherapy and for each three-weekly interval of oral chemotherapy, or part thereof

- a **surgical operation**: on the day of your operation, which is treatment for **cancer** carried out as **out-patient treatment, day-patient treatment** or in your **home**, when it is provided to you free under your **NHS**. **We** only pay NHS cash benefit if your **treatment** would otherwise have been covered for private **out-patient** or **day-patient treatment** under your **benefits**. **We** only pay this benefit once even if you have more than one **eligible treatment** on the same day.

What is not covered

This section explains the **treatment**, services and charges that are not covered. The exclusions are grouped under headings. The headings are just signposts, they are not part of the exclusion. If there is an exception to an exclusion this is shown. In the exceptions where, as an example, **we** refer to specific treatments or medical conditions these are examples only and not evidence that it is covered under your **benefits**.

This section does not contain all the limits and exclusions to cover. For example the benefits, set out in the section 'Benefits', also describe some limitations and restrictions for particular types of **treatment**, services and charges. There may also be some exclusions in your **membership certificate**.

Exclusion 1 Ageing, menopause and puberty

We do not pay for **treatment** to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury.

Exclusion 2 AIDS/HIV

We do not pay for **treatment** for, related to or arising from, AIDS or HIV including any condition which is related to, or results from, AIDS or HIV.

Exception: **We** pay for **eligible treatment** for or arising from AIDS or HIV if the person with AIDS or HIV:

- became infected five years or more after their current continuous membership began, or
- has been covered for this type of **treatment** under a **Bupa** private medical insurance scheme (including under the **agreement**) since at least July 1987 without a break in their cover.

Exclusion 3 Allergies or allergic disorders

We do not pay for **treatment** to de-sensitise or neutralise any allergic condition or disorder.

Exclusion 4 Benefits that not covered and/or are above your benefit limits

We do not pay for any **treatment**, services or charges that are not covered under your **benefits**. **We** also do not pay for any **treatment** costs in excess of the amounts for which you are covered under your **benefits**.

Exclusion 5 Birth control, conception, sexual problems and sex changes

We do not pay for **treatment**:

- for any type of contraception, sterilisation, termination of pregnancy
- for any type of sexual problems (including impotence, whatever the cause)
- for any type of assisted reproduction (eg IVF investigations or **treatment**) surrogacy, the harvesting of donor eggs or donor insemination
- where it relates solely to the **treatment** of infertility
- sex changes or gender reassignments

or **treatment** for or arising from any of these.

Please also see 'Pregnancy and childbirth' in this section.

Exclusion 6 Chronic conditions

We do not pay for **treatment** of **chronic conditions**. 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 requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

Exception: **We** pay for **eligible treatment** arising out of a **chronic condition**, or for **treatment** of acute symptoms of a **chronic condition** that flare up. However, **we** only pay if the **treatment** is likely to lead quickly to a complete recovery or to you being restored fully to your previous state of health, without you having to receive prolonged **treatment**. For example, **we** pay for **treatment** following a heart attack arising out of chronic heart disease. This exception does not apply to **treatment** of a **mental health condition**.

Please note: in some cases it might not be clear, at the time of **treatment**, that the disease, illness or injury being treated is a **chronic condition**. **We** are not obliged to pay the ongoing costs of continuing, or similar, **treatment**. This is the case even where **we** have previously paid for this type of or similar **treatment**.

Please also see 'Temporary relief of symptoms' in this section.

Exclusion 7 Complications from excluded conditions/treatment and experimental treatment

We do not pay any **treatment** costs, including any increased **treatment** costs, you incur because of complications caused by a disease, illness, injury or **treatment** for which cover has been excluded or restricted from your membership. For example, if cover for diabetes is excluded by a **special condition**, and you have to spend any extra days in hospital or a treatment facility after an operation because you have diabetes, **we** would not pay for these extra days.

We do not pay any **treatment** costs you incur because of any complications arising or resulting from experimental **treatment** that you receive or for any subsequent **treatment** you may need as a result of you undergoing any experimental **treatment**.

Exclusion 8 Contamination, wars, riots and terrorist acts

We do not pay for **treatment** for any disease, illness or injury arising directly or indirectly from:

- war, riots, terrorist acts, civil disturbances, acts against any foreign hostility, whether war has been declared or not, or any similar event
- chemical, radioactive or nuclear contamination, including the combustion of chemicals or nuclear fuel, or any similar event.

Exclusion 9 Convalescence, rehabilitation and general nursing care

We do not pay for **recognised facility** accommodation if it is primarily used for any of the following purposes:

- convalescence, rehabilitation, supervision or any purpose other than receiving **eligible treatment**
- receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a **recognised facility**
- receiving services from a **therapist, complementary medicine practitioner or mental health and wellbeing therapist**.

Exception: **We** may, at **our** discretion, pay for **eligible treatment** for rehabilitation. By rehabilitation **we** mean **treatment** which is aimed at restoring health or mobility or to allow you to live an independent life, such as after a stroke. **We** will only consider cases where the rehabilitation:

- is an integral part of **in-patient treatment**
- starts within 42 days from and including the date you first receive that **in-patient treatment**, and
- takes place in a **recognised facility**.

You must have **our** written agreement before the rehabilitation starts and **we** need full clinical details from your **consultant** before **we** can give **our** decision. If **we** agree **we** pay for up to a maximum of 21 consecutive days rehabilitation.

Exclusion 10 Cosmetic, reconstructive or weight loss treatment

We do not pay for **treatment** to change your appearance, such as a remodelled nose or facelift whether or not it is needed for medical or psychological reasons.

We do not pay for breast enlargement or reduction or any other **treatment** or procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons, for example, for backache or gynaecomastia (which is the enlargement of breasts in males).

We do not pay for any **treatment**, including surgery,

- which is for or involves the removal of healthy tissue (ie tissue which is not diseased), or the removal of surplus or fat tissue, or
- where the intention of the **treatment**, whether directly or indirectly, is the reduction or removal of surplus or fat tissue including weight loss (for example, surgery related to obesity including morbid obesity)

whether or not the **treatment** is needed for medical or psychological reasons.

We do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision.

Exception: **We** pay for an **eligible surgical operation** to restore your appearance after:

- an accident, or
- if your **benefits** include cover for **cancer treatment**, as a direct result of surgery for **cancer**.

We only pay if the accident or the **cancer** surgery takes place during your current continuous period of cover under this **scheme** and any other **Bupa** scheme provided there has been no break in your cover between this **scheme** and the other **Bupa** scheme. **We** will only pay if this is part of the original **eligible treatment** resulting from the accident or **cancer** surgery and you have obtained **our** written agreement before receiving the **treatment**.

Please also see 'Screening, monitoring and preventive treatment' in this section.

Exclusion 11 Deafness

We do not pay for **treatment** for or arising from deafness caused by a congenital abnormality, maturing or ageing.

Exclusion 12 Dental/oral treatment

We do not pay for any dental or oral **treatment** including:

- the provision of dental implants or dentures, the repair or replacement of damaged teeth (including crowns, bridges, dentures, or any dental prosthesis made by a laboratory technician)
- the management of, or any **treatment** related to, jaw shrinkage or loss as a result of dental extractions or gum disease
- the **treatment** of bone disease when related to gum disease or tooth disease or damage.

Exception 1: **We** pay for an **eligible surgical operation** carried out by a **consultant** to:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an unexpected accidental injury
- treat a jaw bone cyst, but not if it is related to a cyst or abscess on the tooth root or any other tooth or gum disease or damage.

Exception 2: **We** pay for an **eligible surgical operation** carried out by a **consultant** to surgically remove a complicated, buried or impacted tooth root, such as an impacted wisdom tooth, but not if the purpose is to facilitate dentures or the **acute condition** relates to a **pre-existing condition** or a **moratorium condition**.

Exclusion 13 Dialysis

We do not pay for **treatment** for or associated with kidney dialysis (haemodialysis), meaning the removal of waste matter from your blood by passing it through a kidney machine or dialyser.

We do not pay for **treatment** for or associated with peritoneal dialysis, meaning the removal of waste matter from your blood by introducing fluid into your abdomen which acts as a filter.

Exception 1: **We** pay for **eligible treatment** for short-term kidney dialysis or peritoneal dialysis if the dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of your body.

Exception 2: **We** pay for **eligible treatment** for short term kidney dialysis or peritoneal dialysis if you need this immediately before or after a kidney transplant.

Exclusion 14 Drugs and dressings for out-patient or take-home use and complementary and alternative products

We do not pay for any drugs or surgical dressings provided or prescribed for **out-patient treatment** or for you to take home with you on leaving hospital or a treatment facility.

We do not pay for any complementary or alternative therapy products or preparations, including but not limited to homoeopathic remedies or substances, regardless of who they are prescribed or provided by or the type of **treatment** or medical condition they are used or prescribed for.

Exception: If your **benefits** include cover for **cancer treatment**, **we** pay for **out-patient** drugs (such as cytotoxic drugs) for **eligible treatment** of **cancer** but only as set out in benefit 4 in the section 'Benefits'.

Please also see 'Experimental drugs and treatment' in this section.

Exclusion 15 Excluded treatment or medical conditions

We do not pay for:

- **treatment** of any medical condition, or
- any type of **treatment**

that is specifically excluded from your **benefits**.

Exclusion 16 Experimental drugs and treatment

We do not pay for **treatment** or procedures which, in **our** reasonable opinion, are experimental or unproved based on established medical practice in the **United Kingdom**, such as drugs outside the terms of their licence or procedures which have not been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence).

Exception: **We** may pay for this type of **treatment** of an **acute condition**. However, you will need **our** written agreement before the **treatment** is received and **we** need full clinical details from your **consultant** before **we** can give **our** decision.

Please also see 'Complications from excluded conditions/treatment and experimental treatment' and 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in this section.

Exclusion 17 Eyesight

We do not pay for **treatment** to correct your eyesight, for example for long or short sight or failing eyesight due to ageing, including spectacles or contact lenses.

Exception: **We** pay for **eligible treatment** for your eyesight if it is needed as a result of an injury or an **acute condition**, such as a detached retina.

Exclusion 18 Pandemic

We do not pay for **treatment** for or arising from any pandemic disease and/or epidemic disease. By pandemic **we** mean the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world. By epidemic **we** mean more cases of a disease than would be expected for that disease in that area at that time.

Exclusion 19 Intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)

We do not pay for any **intensive care** if:

- it follows an unplanned or an emergency admission to an **NHS** hospital or facility
- it follows a transfer (whether on an emergency basis or not) to an **NHS** hospital or facility from a private **recognised facility**
- it follows a transfer from an **NHS critical care unit** to a private **critical care unit**
- it is carried out in a unit or facility which is not a **critical care unit**.

We do not pay for any **intensive care**, or any other **treatment** in a **critical care unit**, if it is not routinely required as a medically essential part of the **eligible treatment** being carried out.

Exception: **We** pay for **eligible treatment** for **intensive care** but only as set out in benefit 3 in the section 'Benefits'.

Exclusion 20 Learning difficulties, behavioural and developmental problems

We do not pay for **treatment** related to learning difficulties, such as dyslexia, or behavioural problems, such as attention deficit hyperactivity disorder (ADHD), or developmental problems, such as shortness of stature.

Exclusion 21 Overseas treatment or repatriation

We do not pay for **treatment** that you receive outside the **United Kingdom** or for repatriation to the **United Kingdom** or any other country.

Exclusion 22 Physical aids and devices

We do not pay for supplying or fitting physical aids and devices (eg hearing aids, spectacles, contact lenses, crutches, walking sticks, etc).

Exception: **We** pay for **prostheses** and **appliances** as set out in benefit 3, in the section 'Benefits'.

Exclusion 23 Pre-existing conditions

For **underwritten members we** do not pay for **treatment** of a **pre-existing condition**, or a disease, illness or injury that results from or is related to a **pre-existing condition**.

Exception: For **underwritten members we** pay for **eligible treatment** of a **pre-existing condition**, or a disease, illness or injury which results from or is related to a **pre-existing condition**, if all the following requirements have been met:

- **you** have been sent **your membership certificate** which lists the person with the **pre-existing condition** (whether this is **you** or one of **your dependants**)
- **you** gave **us** all the information **we** asked **you** for, before **we** sent **you your** first membership certificate listing the person with the **pre-existing condition** for their current continuous period of cover under the **scheme**
- neither **you** nor the person with the **pre-existing condition** knew about it before **we** sent **you your** first membership certificate which lists the person with the **pre-existing condition** for their current continuous period of cover under the **scheme**, and
- **we** did not exclude cover (for example under a **special condition**) for the costs of the **treatment**, when **we** sent **you your membership certificate**.

Exclusion 24 Pregnancy and childbirth

We do not pay for **treatment** for:

- pregnancy, including **treatment** of an embryo or foetus
- childbirth and delivery of a baby
- termination of pregnancy, or any condition arising from termination of pregnancy.

Exception 1: We pay for **eligible treatment** of the following conditions:

- miscarriage or when the foetus has died and remains with the placenta in the womb
- still birth
- hydatidiform mole (abnormal cell growth in the womb)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions.

Exception 2: We may pay for the delivery of a baby by caesarean section only when the life of the member (mother) is in immediate danger or would be put at direct risk by vaginal delivery. However, **we** need full clinical details from your **consultant** before **we** can give **our** decision.

Exception 3: We pay for **eligible treatment** of an **acute condition** of the member (mother) that relates to pregnancy or childbirth but only if all the following apply:

- the **treatment** is required due to a flare-up of the medical condition, and
- the **treatment** is likely to lead quickly to a complete recovery or to you being restored fully to your state of health prior to the flare-up of the condition without you needing to receive prolonged **treatment**.

Please also see 'Birth control, conception, sexual problems and sex changes', 'Screening, monitoring and preventive treatment' and 'Chronic conditions' in this section.

Exclusion 25 Screening, monitoring and preventive treatment

We do not pay for:

- health checks or health screening, by health screening **we** mean where you may not be aware you are at risk of, or are affected by, a disease or its complications but are asked questions or have tests to find out if you are and which may lead to you needing further tests or **treatment**
- routine tests, or monitoring of medical conditions, including:
 - routine antenatal care or screening for and monitoring of medical conditions of the mother or foetus during pregnancy
 - routine checks or monitoring of **chronic conditions** such as diabetes mellitus or hypertension
- tests or procedures which, in **our** reasonable opinion based on established clinical and medical practice, are carried out for screening or monitoring purposes, such as endoscopies when no symptoms are present
- preventive **treatment**, procedures or medical services.

Exception: If you are being treated for **cancer**, have strong direct family history of **cancer** and your **consultant** has advised that you receive a genetically-based test to evaluate future risk of developing further cancers, **we** may at **our** discretion cover this test as well as the recommended prophylactic surgery when it is recommended by your **consultant**. You must have **our** written agreement before you have tests, procedures or treatment and **we** will need full clinical details from your **consultant** before **we** can make **our** decision.

Please also see 'Chronic conditions' and 'Pregnancy and childbirth' in this section.

Exclusion 26 Sleep problems and disorders

We do not pay for **treatment** for or arising from sleep problems or disorders such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep).

Exclusion 27 Special conditions

For **underwritten members we** do not pay for **treatment** directly or indirectly relating to **special conditions**.

We are willing, at your **renewal date**, to review certain **special conditions**. **We** will do this if, in **our** opinion, no **treatment** is likely to be needed in the future, directly or indirectly, relating to the disease, illness or injury referred to in the **special condition** or for a related disease, illness or injury. However, there are some **special conditions** which **we** do not review. If you would like **us** to consider a review of your **special conditions** please call the helpline prior to your **renewal date**. **We** will only determine whether a **special condition** can be removed or not, once **we** have received full current clinical details from your **GP** or **consultant**. If you incur costs for providing the clinical details to **us** you are responsible for those costs, they are not covered under your **benefits**.

Exclusion 28 Speech disorders

We do not pay for **treatment** for or relating to any speech disorder, for example stammering.

Exception: **We** may, at **our** discretion, pay for short-term speech therapy when it is part of **eligible treatment**. The speech therapy must be provided by a **therapist** who is a member of the Royal College of Speech and Language Therapists.

Exclusion 29 Remote consultations

We do not pay for any remote consultations by telephone or any other remote medium with a **consultant, therapist, mental health and wellbeing therapist** or any other healthcare professional, unless such healthcare professional is at the time of your **treatment** recognised by **us** to carry out remote consultations and is on **our** list of **recognised practitioners**, which is available on request or you can access these details at finder.bupa.co.uk.

Exclusion 30 Temporary relief of symptoms

We do not pay for **treatment**, the main purpose or effect of which is to provide temporary relief of symptoms or which is for the ongoing management of a condition.

Exception: **We** may pay for this type of **treatment** if you need it to relieve the symptoms of a terminal disease or illness.

Exclusion 31 Treatment in a treatment facility that is not a recognised facility

We do not pay **consultants'** fees for **treatment** that you receive in a hospital or any other type of treatment facility that is not a **recognised facility**.

If your **facility access** is:

- Essential Access
- Extended Choice
- Extended Choice with Central London

we also do not pay for facility charges for **treatment** that you receive in a hospital or any other type of treatment facility that is not a **recognised facility**.

Exception: **We** may pay **consultants'** fees and facility charges for **eligible treatment** in a treatment facility that is not a **recognised facility** when your proposed **treatment** cannot take place in a **recognised facility** for medical reasons. However, you will need **our** written agreement before the **treatment** is received and **we** need full clinical details from your **consultant** before **we** can give **our** decision.

Please also see the section 'Benefits'.

Exclusion 32 Unrecognised medical practitioners, providers and facilities

We do not pay for any of your **treatment** if the consultant who is in overall charge of your **treatment** is not recognised by **Bupa**.

We also do not pay for **treatment** if any of the following apply:

- the consultant, medical practitioner, therapist, complementary medicine practitioner, mental health and wellbeing therapist or other healthcare professional is:
 - not recognised by **Bupa** for treating the medical condition you have and/or for providing the type of **treatment** you need, and/or
 - is not in the list of **recognised practitioners** that applies to your **benefits**
- the hospital or treatment facility is:
 - not recognised by **Bupa** for treating the medical condition you have and/or for providing the type of **treatment** you need, and/or
 - is not in the **facility access** list that applies to your **benefits**
- the hospital or treatment facility or any other provider of services is not recognised by us and/or we have sent a written notice saying that we no longer recognise them for the purpose of our private medical insurance schemes.

Bupa does not recognise consultants, therapists, complementary medicine practitioners, mental health and wellbeing therapists or other healthcare professionals in the following circumstances:

- where **we** do not recognise them as having specialised knowledge of, or expertise in, the **treatment** of the disease, illness or injury being treated
- where **we** do not recognise them as having specialised expertise and ongoing experience in carrying out the type of **treatment** or procedure needed
- where **we** have sent a written notice to them saying that **we** no longer recognise them for the purposes of **our** schemes.

Exclusion 33 Moratorium conditions

For **moratorium members we** do not pay for **treatment** of a **moratorium condition**, or a disease, illness or injury that results from or is related to a **moratorium condition**.

Exception 1: For **moratorium members, we** pay for **treatment** of a **moratorium condition** if at any time after your **start date** you do not:

- receive any medication for
- ask for or receive any medical advice or **treatment** for, or
- experience symptoms of

that **moratorium condition** for a continuous period of two years cover under the **scheme**.

We may take your cover under a **previous scheme** into account when assessing your claim for a **moratorium condition** but only if **we** specifically agreed that **we** would do this when you joined the **scheme**.

Exception 2: **We** pay for **treatment** for a **moratorium pending treatment condition** after two years continuous membership of the **scheme** from **your start date** if you have not:

- received any medication for
- asked for or received any medical advice or **treatment** for, or
- experienced symptoms of

that **moratorium pending treatment condition** for a continuous period of two years after **your start date** of the **scheme**.

Exception 3: If you apply to add **your** newborn baby as a dependant under **your membership** and the baby's membership would be as a moratorium member **we** will not apply this exclusion to the baby's cover if you have been a **member** under **your scheme** for at least 12 continuous months before the baby's birth and you include the baby as a dependant within three months of their birth.

Exclusion 34 Mental health conditions

We do not pay for any **mental health treatment**.

Glossary

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

Word/Phrase	Meaning
<i>Acute condition</i>	a disease, illness or injury that is likely to respond quickly to <i>treatment</i> which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
<i>Advanced therapies</i>	new and innovative targeted/bespoke therapies using advanced materials and methods to be used as part of your <i>eligible treatment</i> that are at the time of your <i>eligible treatment</i> included on <i>our</i> list of advanced therapies that applies to your <i>benefits</i> , which is available at <i>bupa.co.uk/policyinformation</i> and on request. The advanced therapies on the list may change from time to time.
<i>Agreement</i>	the agreement between the <i>main member</i> and <i>us</i> to provide cover for <i>you</i> and <i>your dependants</i> (if any) under the terms and conditions set out in the documents referred to under the heading 'The agreement between you and us' in the section 'How your membership works'.
<i>Appliance</i>	any appliance which is in <i>our</i> list of appliances for your <i>benefits</i> at the time you receive your <i>treatment</i> . The list of appliances may change from time to time. Details of the appliances are available on request.
<i>Benefits</i>	the benefits specified in your <i>membership certificate</i> for which you are entitled as an individual under the <i>scheme</i> subject to the terms and conditions that apply to your membership in this Bupa membership guide including all exclusions.
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover.
<i>Bupa member/ Bupa members</i>	a member covered under Bupa Fundamental Health Insurance.
<i>Cancer</i>	a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
<i>Chiropodist</i>	a chiropodist who is a <i>recognised practitioner</i> . You can contact us to find out if a chiropodist is a <i>recognised practitioner</i> .
<i>Central London</i>	the area within the North Circular and South Circular roads.

Word/Phrase	Meaning
Chronic condition	<p>a disease, illness or injury which has one or more of the following characteristics:</p> <ul style="list-style-type: none"> ○ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests ○ it needs ongoing or long-term control or relief of symptoms ○ it requires 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	<p>commonly used medicines, such as antibiotics and painkillers that in our reasonable opinion based on established clinical and medical practice should be used as part of your eligible treatment.</p>
Complementary medicine practitioner	<p>an acupuncturist, chiropractor or osteopath who is a recognised practitioner. You can contact us to find out if a practitioner is a recognised practitioner and the type of treatment we recognise them for.</p>
Consultant	<p>a registered medical or dental practitioner who, at the time you receive your treatment:</p> <ul style="list-style-type: none"> ○ is recognised by us as a consultant and has received written confirmation from us of this, unless we recognised him or her as being a consultant before 30 June 1996 ○ is recognised by us both for treating the medical condition you have and for providing the type of treatment you need, and ○ is in our list of consultants that applies to your benefits. <p>You can contact us to find out if a medical or dental practitioner is recognised by us as a consultant and the type of treatment we recognise them for.</p>
Consultant fees schedule	<p>the schedule used by Bupa for the purpose of providing benefits which sets out the benefit limits for consultants' fees based on:</p> <ul style="list-style-type: none"> ○ the type of treatment carried out ○ for surgical operations, the type and complexity of the surgical operation according to the schedule of procedures – the benefits available for consultant surgeons and consultant anaesthetists may differ for the same surgical operation ○ the Bupa recognition status of the consultant, and ○ where the treatment is carried out both in terms of the treatment facility and the location. <p>The schedule may change from time to time. Details of the schedule are available on request.</p>

Word/Phrase	Meaning
Critical care unit	any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in our list of critical care units and recognised by us for the type of intensive care that you require at the time you receive your treatment . The units on the list and the type of intensive care that we recognise each unit for may change from time to time. Details of these critical care units are available on request.
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 , that, for medical reasons, is received as a day-patient .
Dependant	your partner and any child of yours who is a member of the scheme 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.
Eligible surgical operation	eligible treatment carried out as a surgical operation .
Eligible treatment	<p>treatment of an acute condition together with the products and equipment used as part of the treatment that:</p> <ul style="list-style-type: none"> ○ are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK ○ are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided ○ are demonstrated through scientific evidence to be effective in improving health outcomes ○ are not provided or used primarily for the expediency of you or your consultant or other healthcare professional <p>and the treatment, services or charges are not excluded under your benefits.</p>
Essential Access facility	<ul style="list-style-type: none"> ○ a hospital or a treatment facility, centre or unit that, at the time you receive your eligible treatment, is in our Essential Access facility list that applies to your benefits, and is recognised by us for both: <ul style="list-style-type: none"> - treating the medical condition you have, and - carrying out the type of treatment you need ○ any other establishment which we may decide to treat as an essential access facility for the purpose of the scheme. <p>The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of treatment we recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of treatment we recognise them for are available on request.</p>

Word/Phrase	Meaning
Excess	the amount that you have to pay towards the cost of treatment that you receive that would otherwise have been payable under your benefits .
Extended Choice facility	<ul style="list-style-type: none"> o a hospital or a treatment facility, centre or unit that, at the time you receive your eligible treatment, is in our Extended Choice facility list that applies to your benefits, and is recognised by us for both: <ul style="list-style-type: none"> - treating the medical condition you have, and - carrying out the type of treatment you need o any other establishment which we may decide to treat as an extended choice facility for the purpose of the scheme. <p>The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of treatment we recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of treatment we recognise them for are available on request.</p>
Extended Choice with Central London facility	<ul style="list-style-type: none"> o a hospital or a treatment facility, centre or unit that, at the time you receive your eligible treatment, is in our Extended Choice with Central London facility list that applies to your benefits, and is recognised by us for both: <ul style="list-style-type: none"> - treating the medical condition you have, and - carrying out the type of treatment you need o any other establishment which we may decide to treat as an Extended Choice with Central London facility for the purpose of the scheme. <p>The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of treatment we recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of treatment we recognise them for are available on request.</p>
Facility access	the network of recognised facilities for which you are covered under your benefits as shown on your membership certificate and being an: <ul style="list-style-type: none"> o Essential Access facility o Extended Choice facility, or o Extended Choice with Central London facility.
Fee-assured partner	a consultant who, at the time you receive your treatment , is recognised by us as a fee-assured partner. You can contact us to find out if a consultant is a fee-assured partner.

Word/Phrase	Meaning
GP	<p>a doctor who, at the time he/she refers you for your consultation or treatment, is on the UK General Medical Council's General Practitioner Register, and</p> <ul style="list-style-type: none"> o has seen you whilst practising in the NHS primary care setting as an NHS GP, or o is a private sector GP who is recognised by us as an independent general practitioner for the purposes of your scheme.
Home	<ul style="list-style-type: none"> o the place where you normally live, or o any other establishment, including a non-healthcare setting, which we may decide to treat as a home for the purpose of your benefits.
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 that, for medical reasons, is received 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 membership certificate .
Medical treatment provider	a person or company who is recognised by us as a medical treatment provider for the type of treatment at home that you need at the time you receive your treatment . These medical treatment providers and the type of treatment we recognise them for may change from time to time. Details of these medical treatment providers and the type of treatment we recognise them for are available on request.
Membership certificate	<p>either:</p> <ul style="list-style-type: none"> o the most recent membership certificate that we issue to you for your current continuous period of membership under the agreement, or o if we do not issue a membership certificate to you the most recent Group Certificate that we issue to your sponsor that provides the details of the cover that applies to you under the agreement.
Mental health condition	a mental health condition, including alcoholism, drug addiction, anorexia nervosa and bulimia nervosa.

Word/Phrase	Meaning
Moratorium condition	<p>any disease, illness or injury or related condition, whether diagnosed or not, which you:</p> <ul style="list-style-type: none"> ○ received medication for ○ asked for or received, medical advice or treatment for ○ experienced symptoms of, or ○ were to the best of your knowledge aware existed <p>in the five years immediately before your start date.</p> <p>By a related condition we mean any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.</p> <p>We may take your cover under a previous scheme into account when assessing if a condition is a moratorium condition but we will only do this if we have specifically agreed with the sponsor that we will do this under the agreement and you have provided us with evidence of your continuous cover under the previous scheme.</p>
Moratorium member	a member whose membership certificate shows the underwriting method applied to them is moratorium.
Moratorium pending treatment condition	any disease, illness or injury or related condition, whether diagnosed or not, which you are due to receive medical advice, or planned or pending treatment (whether private or under your NHS) at your start date . By a related condition we mean any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.
NHS	<ul style="list-style-type: none"> ○ the National Health Service operated in Great Britain and Northern Ireland, or ○ the healthcare scheme that is operated by the relevant authorities of the Channel Islands, or ○ the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
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 surgical operation	an eligible surgical operation received as an out-patient .
Out-patient treatment	eligible treatment that, for medical reasons, is received as an out-patient .
Partner	your husband or wife or civil partner or the person you live with in a relationship similar to that of a husband and wife whether of the opposite sex or not.

Word/Phrase	Meaning
Pre-existing condition	<p>any disease, illness or injury for which in the seven years before your start date:</p> <ul style="list-style-type: none"> you have received medication, advice or treatment, or you have experienced symptoms <p>whether the condition was diagnosed or not.</p>
Previous scheme	<ul style="list-style-type: none"> another Bupa private medical insurance scheme, or a private medical insurance scheme or medical healthcare trust provided or administered by another insurer <p>that you were covered under without a break between that previous scheme and this scheme that we specifically agree will be treated as a previous scheme for the purpose of assessing waiting periods or continuous periods of cover.</p>
Prosthesis	<p>any prosthesis which is in our list of prostheses for both your benefits and your type of treatment at the time you receive your treatment. The prostheses on the list may change from time to time. Details of the prostheses covered under your benefits for your type of treatment are available on request.</p>
Recognised facility	<p>an:</p> <ul style="list-style-type: none"> Essential Access facility Extended Choice facility, or Extended Choice with Central London facility. <p>in accordance with your facility access that applies to your benefits.</p>
Recognised practitioner	<p>a healthcare practitioner who at the time of your treatment:</p> <ul style="list-style-type: none"> is recognised by us for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and is in our list of recognised practitioners that applies to your benefits.
Renewal date	<ul style="list-style-type: none"> each anniversary of your start date, or if you are a member under a group scheme arrangement with a common renewal date for all members of the group, your renewal date will be the common renewal date for the group.
Schedule of procedures	<p>the schedule used by Bupa for the purpose of providing benefits which classifies surgical operations according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under Bupa schemes. Further information on the schedule is available on request.</p>
Scheme	<p>the cover and benefits we provide as shown on your membership certificate together with this Bupa membership guide subject to the terms and conditions of the agreement.</p>
Session	<p>periods of 24 hours during which the specified type of treatment is received for an acute condition.</p>

Word/Phrase	Meaning
Special condition	any exclusions or restrictions to cover that are personal to an individual based on the medical history given to us for that individual. If special conditions apply to an underwritten member's cover these are shown in the 'Special conditions' section for that underwritten member in your membership certificate .
Specialist drugs	drugs and medicines to be used as part of your eligible treatment , which are not common drugs and are at the time of your eligible treatment included on our list of specialist drugs that applies to your benefits that is available at bupa.co.uk/policyinformation and on request. The specialist drugs on the list may change from time to time.
Start date	the date you started your current continuous period of cover under the scheme as shown on your membership certificate .
Surgical operation	a surgical procedure or complex investigative/diagnostic procedure including all medically necessary treatment related to the procedure and all consultations carried out from the time you are admitted to a recognised facility until the time you are discharged, or if it is carried out as out-patient treatment , all medically necessary treatment related to the operation and any consultation on the same day which is integral to the operation.
Therapist	<ul style="list-style-type: none"> ○ a chartered physiotherapist ○ a British Association of Occupational Therapists registered occupational therapist ○ a British and Irish Orthoptic Society registered orthoptist, or ○ a Royal College of Speech and Language Therapists registered speech and language therapist <p>who is Health Professions Council Registered and is a recognised practitioner. You can contact us to find out if a practitioner is a recognised practitioner and the type of treatment we recognise them for.</p>
Treatment	surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury
Underwritten member	a member whose membership certificate shows the underwriting method applied to them is underwritten.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Waiting period	a period of continuous cover during which benefits are not payable. The length of any waiting periods that apply to your benefits are shown under the 'Waiting periods' section in your benefit table .
We/our/us	Bupa .
Year	the period beginning on your start date and ending on the day before your renewal date .
You/your	this means the main member only.

Bupa privacy notice

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, we comply with data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside of the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security, in addition to the obligations imposed by the Data Protection Act.

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care.

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

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member. Your membership and contact details may be shared by the companies in the Bupa group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Depending on how your cover or policy has been funded or introduced, Bupa may share information with your employer and or an appointed intermediary, solely for scheme administration purposes. Bupa does not make the names, addresses and other contact details of our members available to any other organisations to use for their own purposes.

Telephone calls: In the interest of continuously improving our services to members, calls may be recorded and may be monitored.

Research: Anonymised or aggregated data may be used by us, or disclosed to others, for research or statistical purposes.

Fraud: Information may be disclosed to others with a view to detecting and/or preventing fraudulent or improper claims.

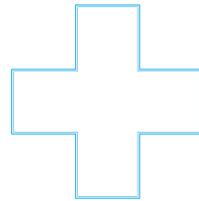
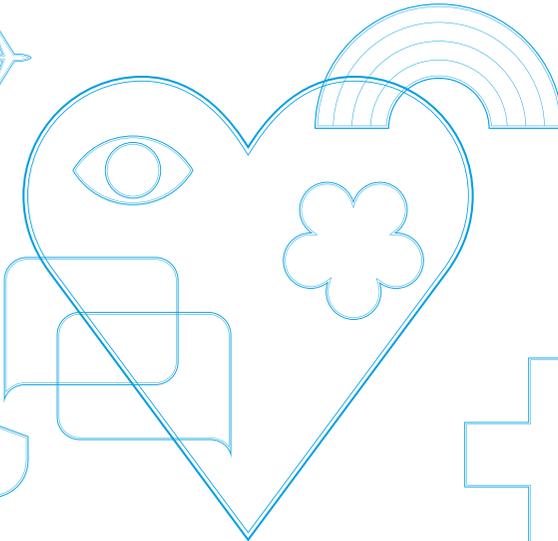
Keeping you informed: The Bupa group would, on occasion, like to keep you informed of the Bupa group's products and services that we consider may be of interest to you. If you do not wish to receive information about our products and services, or have any other data protection queries, please write to: Bupa UK Information Governance Team, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ or contact us via email at: dataprotection@bupa.com

Notes

Notes

Bupa health insurance is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

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The world of Bupa

Care homes
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