# Your Bupa Membership Guide

## Bupa ClientChoice Plus
## Bupa ClientChoice and
## Bupa ClientChoice Essential

**Essential information explaining your Bupa cover**
**Please retain**

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# Contacting us

Please see your membership certificate for details of the Bupa helpline number and correspondence address.

## Bupa HealthLine

As a Bupa member if you have any queries or questions about your health call our confidential 24-hour Bupa HealthLine where our qualified nursing team have the time to listen and the skills to help whatever your health question or concern.

Call the Bupa HealthLine on 0845 60 40 537†

† Calls to this number may be recorded and may be monitored.

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# Introduction: Your Bupa membership



**Thank you for being with Bupa – the UK's number one private health cover provider**

## About this guide

Welcome to your Bupa Membership Guide. This booklet - which includes your benefit table - along with your membership certificate contains the terms of your Bupa cover. We hope the guide is useful as a handy point of reference as it takes you through every aspect of your membership, from explaining how your cover works and what you're covered for, to how to claim should you fall ill.

If there's anything you don't understand, there's a glossary of terms at the back of the booklet that should help guide you through some of our terminology, but if you're still not sure of anything, please call the helpline number. You'll find the helpline number and other contact details on your membership certificate.

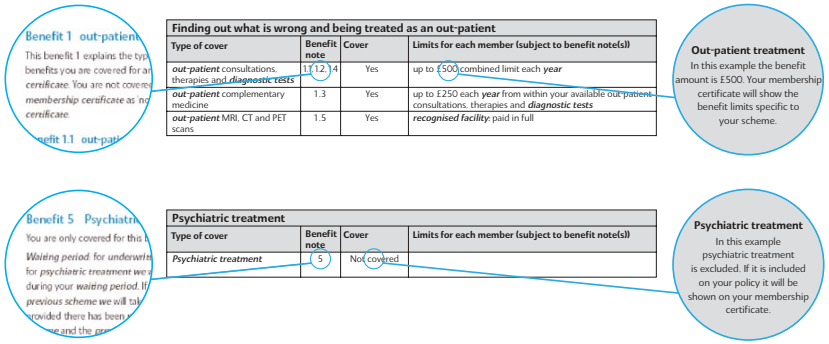
The information in this guide - including your benefit table - together with your membership certificate set out essential details about your cover including your facility access and certain benefit limits. Before making a claim it would be advisable to read through the relevant areas of both documents, however we're always at the other end of the phone should you require any further clarification on anything.

## Reading your membership guide and membership certificate

It is important that you read this membership guide - which includes your benefit table - and your membership certificate together. This ensures you fully understand how your policy works in case you need to arrange treatment at any time.

### Cross-referencing your documents

This membership guide is divided into two parts, your benefit table and the general membership terms. Your benefit table cross-references benefit notes that relate to the corresponding section in the general membership terms which outline Bupa's cover in more detail. The following are examples only, however, this example of cover may not specifically apply to you. Please refer to your benefits table for the benefits applicable to you.




Please check the benefits listed in your benefit table and cross-reference them with the relevant sections of your membership guide. This will help you understand exactly what you're covered for if you need to make a claim. Only benefits stated on your benefits table are included in your policy.

## What to do if you need treatment

We understand that it's only natural to feel anxious at a time of ill health, so we will do everything we can to help make arranging your treatment as simple and straightforward as possible. Always call us before arranging any consultation, diagnostic tests or treatment; we will then explain the cover available to you and help to arrange your treatment.

## Helping us to help you

Before you call us, it would be useful for you to have to hand where possible the information below so that we can process your claim more efficiently. We can also confirm whether your proposed treatment, diagnostic tests, consultant or hospital are covered under your scheme.

- 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 the treatment.
- The name of the consultant or other healthcare practitioner involved.
- Details of where your proposed treatment will take place.
- Your expected length of stay in hospital.

## A step-by-step guide to making a claim

1. In most cases you will need to see your GP first who will determine whether you need to see a consultant or healthcare professional.

2. If you need to see a consultant or healthcare professional, let your GP know that you have Bupa cover and they will either refer you to one or suggest that you contact us if you want a choice of consultants or healthcare professionals.

3. Once you know the name of the consultant or healthcare professional you are going to see, please call us so we can confirm whether you are covered under your Bupa membership. We will also let you know what you need to do next and if you are a moratorium member we will send you a pre-treatment form to complete - please refer to the 'Claiming' section for more details about this.

4. When we have confirmed that your treatment is covered, we will discuss your claim with you and issue you with a "pre-authorisation" number. You will then need to contact your consultant or healthcare professional to arrange an appointment that suits you.

5. It is recommended that you give your "pre-authorisation" number to the consultant or healthcare professional for the invoice to be sent to us directly. If for any reason you are sent the invoice, just send this on to us addressed to our Claims Department at Bupa, Staines TW18 4XF.

6. Once we have made payment towards your claim we will send you a summary of your claim and treatment details. This will let you know if you need to do anything further.





## Effective from 1 December 2009

These are the rules and benefits that apply to ***Bupa members***. By this ***we*** mean a member covered under one of the following Bupa private medical insurance products as shown on their ***membership certificate***: ClientChoice Plus, ClientChoice, ClientChoice Essential.

They apply to ***Bupa members*** who join or whose membership is renewed on or after the 'effective from' date

- For anyone joining Bupa they apply from their ***start date***.
- For anyone whose Bupa membership is renewed they apply for the period from the first ***renewal date*** on or after the 'effective from' date.

**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 - which also contains your ***benefit table*** - and your ***membership certificate*** together set out full details of your ***benefits***. They should not be read as separate documents.

This membership guide is a generic guide and is divided into two parts: the benefit table and the general membership terms that apply to ***Bupa members***. It sets out all the elements of cover that are available for ***Bupa members*** under all their ***schemes***. This means that you may not have all the cover set out in this membership guide. It is your ***membership certificate*** and ***benefit table*** 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 ***benefit table*** as 'not covered', or
- do not appear in your ***benefit table***

you are not covered for and you should therefore ignore them when reading this membership guide.

Your ***membership certificate*** could also show some limitations or exclusions to the terms of the cover set out in this membership guide and your ***benefit table***. When reading this membership guide and your ***membership certificate***, it is your ***membership certificate*** which is personal to you and your ***benefit table*** which detail your cover under your ***scheme***. This means that if there is any contradiction between:

- your ***membership certificate***, the ***benefit table*** and the general membership terms, your ***membership certificate*** will take priority.
- the ***benefit table*** and the general membership terms, the ***benefit table*** will take priority.

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

# Your benefit table



This is the benefit table. It is a generic table and shows all the benefits and benefit limits that apply to ***Bupa members*** under their ***schemes***. This means you may not have all the cover shown in this table. Your ***membership certificate*** shows which ***scheme*** and therefore which ***benefit table*** applies to your cover. You should ignore any benefits and benefit limits in this table that do not apply to your ***scheme***. Call the helpline if you are unsure of your cover.

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

| Type of cover | Benefit note | Cover | Limits for each member (subject to benefit note(s)) |
|---|---|---|---|
| ***out-patient*** consultations and therapies | 1.1, 1.2, | yes | for Bupa ClientChoice Plus:up to £1000 combined limit each ***year***<br>for Bupa ClientChoice:up to £500 combined limit each **year**<br>for ClientChoice Essential: up to £500 combined limit each ***year*** when directly related to private ***day-patient treatment*** or ***in-patient treatment*** and following within six months of the discharge date of that ***treatment*** with a maximum of 2 consultations with a ***consultant*** during the six month period. |
| ***out-patient diagnostic tests*** | 1.4 | yes | paid in full |
| ***out-patient*** complementary medicine | 1.3 | yes<br>not covered for Bupa ClientChoice Essential | for Bupa ClientChoice Plus and Bupa ClientChoice: up to £250 each ***year*** from within your available limit for ***out-patient*** consultations and therapies |
| ***out-patient*** MRI, CT and PET scans | 1.5 | yes | ***recognised facility:*** paid in full<br>facility that is not a ***recognised facility:*** up to £100 towards the total facility charges and not each service or charge individually |

| Type of cover | Benefit note | Cover | Limits for each member (subject to benefit note(s)) |
|---|---|---|---|
| **Being treated in hospital** | | | |
| ***consultants'*** fees | 2 | yes | ***partnership consultants*** in a ***recognised facility:*** paid in full<br>***consultants*** who are not ***partnership consultants***: up to the limits of the ***consultants' fees schedule*** |
| ***facility access*** | 3 | ***partnership facility*** | |
| ***scale of cover*** | 3 | not applicable | |
| parent accommodation | 3.2.2 | yes | up to age 12 |
| facility charges for ***surgical operations*** carried out as ***out-patient treatment*** | 3 | yes | ***recognised facility:*** paid in full<br>facility that is not a ***recognised facility:*** up to £100 towards the total facility charges and not each service or charge individually |
| facility charges for ***day-patient treatment*** and ***in-patient treatment*** | 3 | yes | ***recognised facility:*** paid in full |
| **Cancer treatment** | | | |
| ***out-patient*** consultations, therapies and ***diagnostic tests*** | 4 | yes | paid in full |
| ***out-patient*** complimentary medicine | 4 | yes<br>not covered for Bupa ClientChoice Essential | for Bupa ClientChoice Plus and Bupa ClientChoice: paid in full |
| ***out-patient cancer*** drugs | 4 | yes | ***recognised facility*** charges: paid in full |

| Type of cover | Benefit note | Cover | Limits for each member (subject to benefit note(s)) |
|---|---|---|---|
| **Psychiatric treatment** | | | |
| ***psychiatric treatment*** | 5 | ClientChoice and ClientChoice Essential: not covered | |
| ***psychiatric treatment*** | 5 | ClientChoice Plus: discretionary benefit | up to a maximum of 28 days each ***year*** for ***psychiatric day-patient treatment*** and ***psychiatric in-patient treatment*** combined and not individually |
| ***consultants'*** fees, ***psychologists'*** fees and ***diagnostic tests*** for ***out-patient psychiatric treatment*** | 5 | discretionary benefit | if ***we*** agree: up to and from within your available ***out-patient*** benefit limit(s) for benefit notes 1.1, 1.2 and 1.4 above |
| ***consultants'*** fees for ***day-patient treatment*** and ***in-patient treatment*** | 5 | discretionary benefit | if ***we*** agree: ***partnership consultants*** in a ***recognised facility***: paid in full<br>***consultants*** who are not ***partnership consultants*** in a ***recognised facility***: up to the limits of the ***consultants' fees schedule*** |
| facility charges for ***psychiatric day-patient treatment*** and ***psychiatric in-patient treatment*** | 5 | discretionary benefit | if ***we*** agree: ***recognised facility***: paid in full<br>a facility that is not a ***recognised facility***: up to £50 each day for ***psychiatric day-patient treatment*** or £80 a night for ***psychiatric in-patient treatment*** towards the total facility charges and not for each service or charge individually |
| **Additional benefits** | | | |
| ***treatment*** at home | 6 | discretionary benefit | if ***we*** agree, ***we*** pay in full for the charges that ***we*** agree to pay on your behalf |
| home nursing | 7 | yes | up to £600 each ***year*** |
| private ambulance charges | 8 | yes | up to £60 for each single trip up to an overall maximum amount of £120 each ***year*** |





| Type of cover | Benefit note/rule | Waiting period that applies to underwritten members |
|---|---|---|
| **Waiting periods** | | |
| for ClientChoice Plus: ***psychiatric treatment*** | Benefit 5 | 24 months |
| ***treatment*** for infertility investigations | Exclusion 5 | 24 months |
| ***treatment*** for caesarean sections | Exclusion 24 | 12 months |

## 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 (see 'If you have cause for complaint' in this section).

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

- **This Bupa Membership Guide**: this includes:
  - the general terms and conditions of membership (including exclusions) and all the elements of cover that are available for ***Bupa members*** under all their ***schemes***
  - your ***benefit table*** which explains the ***benefits*** which are specific to your ***scheme***, including the limits that apply and any variations to the benefits, terms or conditions explained in this membership guide.
- ***Your membership certificate***: this shows ***your*** current membership details including:
  - who is covered by your Bupa membership, the dates when cover started and when your membership is due for renewal
  - the subscriptions ***you*** will be paying and the method of payment ***you*** have chosen
  - whether an ***excess*** or ***co-insurance*** applies to your cover
  - any ***special conditions*** which apply to ***you*** or anyone covered under ***your*** membership
  - the type of underwriting that applies to your membership
- ***Your*** **application for cover**: this includes any quote request, applications for cover for ***you*** and ***your dependants*** (if any) and the declarations that ***you*** made during the application process.



## 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.

**Covering a new born baby**: ***you*** may apply to include ***your*** newborn baby under ***your*** membership as one of ***your dependants***, free of charge, until your first ***renewal date*** after their birth.

If ***you*** have been a Bupa member for at least 12 continuous months before the baby's birth and ***you*** include ***your*** baby under ***your*** membership within three months of the baby's birth and ***your*** baby's membership under the ***scheme*** would be as:

- an ***underwritten member***, ***we*** will not apply any ***special conditions*** to the baby's cover
- a ***moratorium member***, ***we*** will not exclude ***moratorium conditions*** from the baby's cover - see exclusion 33 in the section 'What is not covered'.

In which case if ***we*** agree to cover your baby it will be from their date of birth.

## Your right to cancel

***You*** may cancel ***your*** membership for any reason by 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 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*** 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 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*** 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*
- 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***.

## 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*** method of payment is shown on ***your membership certificate***.

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

***Your*** no claims discount is based on ***your*** and ***your dependants'*** (if any) claims history during ***your claiming period***.

- If, during ***your claiming period***, ***we*** do not pay any claims for ***you*** or any of ***your dependants we*** will increase ***your*** no claims discount by one level.
- If, during ***your claiming period***, ***we*** pay a claim for ***you*** or any of ***your dependants we*** will reduce ***your*** no claims discount by two levels.

***We*** apply ***your*** no claims discount to ***your*** net subscription rate, excluding IPT.

**No claims discount scale:** this scale shows the amount of discount that applies for each no claims discount level. Discount level 7 is the maximum discount level available.

| Discount level you are on | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Discount you will receive | 0% | 5% | 10% | 15% | 20% | 25% | 30% |

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***.

If ***your*** cover is arranged by a ***group sponsor***, at ***your renewal date we*** may also change or withdraw the amount of any discount or preferential rates.





***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.

If ***your*** cover is arranged by a ***group sponsor***, ***we*** may make changes to the terms and conditions of ***your*** membership on ***your renewal date*** and if ***you*** do not accept any of the changes ***you*** can end ***your*** membership either:

- within 28 days of the date on which the change takes effect, or
- within 28 days of us telling ***you*** about the change,

whichever is later, and if ***you*** do end ***your*** membership within the 28 days ***we*** will treat the changes as not having been made.

## Changes you can make

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

- add, remove or change an ***excess*** or ***co-insurance***
- change your ***scale of cover*** (if any)

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.

## If you have cause for complaint

### Making a complaint

If something has gone wrong, ***we*** want to do everything ***we*** can to put it right. Here's a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible:

- If you have any complaints the helpline is always the first number to call. You can find the helpline number and other contact details on your ***membership certificate***.

  For members with special needs ***we*** offer a choice of Braille, large print or audio for correspondence. Please let ***us*** know which you would prefer.
- If ***we*** have not been able to resolve the problem and you wish to take your complaint further, you can contact ***our*** Customer Relations Department. Please call: **0845 6066 726** between 8am and 5.30pm Monday to Friday, calls may be recorded and may be monitored. Or write to: Bupa, Staines TW18 4XF or fax us on 01784 465 232.
- It's very rare that ***we*** can't settle a complaint, but if this does happen, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0845 08 01 800.

Please let ***us*** know if you want a full copy of ***our*** complaints procedure.

None of these procedures affect your legal rights.



How your membership works

## Applicable law

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

## 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 020 7892 7301 or on its website http://www.fscs.org.uk/

# 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. 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*** you need 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*** or ***co-insurance*** - if any). ***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.





### 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***, i.e. 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 or co-insurance

***You*** may have agreed with ***us*** that either an ***excess*** or ***co-insurance*** 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*** or ***co-insurance*** will apply.

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

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

## E1 How an excess or co-insurance works

Having an ***excess*** or ***co-insurance*** 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*** or ***co-insurance***. By eligible ***treatment*** costs ***we*** mean costs that would have been payable under your ***benefits*** if you had not had an ***excess*** or ***co-insurance***. Costs you incur for ***treatment*** that are not payable under your ***benefits*** do not count towards your ***excess***.

If your ***excess*** or ***co-insurance*** applies each ***year*** it starts at the beginning of each ***year*** even if your ***treatment*** is ongoing. So, your ***excess*** or ***co-insurance*** 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*** or ***co-insurance*** to, for example, your ***consultant***, ***therapist*** or ***recognised facility***. The ***excess*** or ***co-insurance*** must be paid direct to them – not to ***Bupa***. ***We*** will also write to tell the ***main member*** the amount of the ***excess*** or ***co-insurance*** 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*** or ***co-insurance***. Otherwise the amount will not be counted towards your ***excess*** or ***co-insurance*** and you may lose out should you need to claim again.

## E2 How the excess or co-insurance applies to your benefits

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

- ***we*** apply the ***excess*** or ***co-insurance*** 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*** or ***co-insurance*** amount will count towards your total benefit limit for that ***benefit*** – see the example below.
- the ***excess*** or ***co-insurance*** does not apply to Cash benefits.

Example: this is an example only and assumes an ***excess*** of £500 a ***year*** and a benefit limit of £500 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*** | | £500 |
| you incur costs for physiotherapy | | £500 |
| ***we*** pay your ***therapist*** | £0 | |
| ***we*** notify you of ***excess*** amount you pay direct to your ***therapist*** | £500 | |
| Your remaining benefit for ***therapists*** fees for ***out-patient treatment*** for the rest of the ***year*** | | £0 |
| Your remaining ***excess*** for the rest of the ***year*** | | £0 |



# Benefits

**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 – which also contains your ***benefit table*** – and your ***membership certificate*** together set out full details of your ***benefits***. They should not be read as separate documents.

This membership guide is a generic guide and is divided into two parts: the benefit table and the general membership terms that apply to ***Bupa members***. It sets out all the elements of cover that are available for ***Bupa members*** under all their ***schemes***. This means that you may not have all the cover set out in this membership guide. It is your ***membership certificate*** and ***benefit table*** 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 ***benefit table*** as 'not covered', or
- do not appear in your ***benefit table***

you are not covered for and you should therefore ignore them when reading this membership guide.

Your ***membership certificate*** could also show some limitations or exclusions to the terms of the cover set out in this membership guide and your ***benefit table***. When reading this membership guide and your ***membership certificate***, it is your ***membership certificate*** which is personal to you and your ***benefit table*** which detail your cover under your ***scheme***. This means that if there is any contradiction between:

- your ***membership certificate***, the ***benefit table*** and the general membership terms, your ***membership certificate*** will take priority.
- the ***benefit table*** and the general membership terms, the ***benefit table*** will take priority.

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

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

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

- benefit limits: these are limits on the amounts ***we*** will pay and/or restrictions on the cover you have under your ***benefits***. Your ***benefit table*** shows the benefit limits and/or restrictions that apply to your ***benefits***
- ***excess*** or ***co-insurance***: these are explained in rule E in the section 'Claiming'. Your ***membership certificate*** shows if an ***excess*** or ***co-insurance*** applies to your ***benefits***. If one does apply, your benefit limits shown in your ***benefit table*** will be subject to your ***excess*** or ***co-insurance***
- ***waiting periods***: ***waiting periods*** apply to certain benefits and certain exceptions as set out in this membership guide. Your ***benefit table*** 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 ***benefit table*** and/or ***membership certificate***.

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

Your consultation or ***treatment*** must 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.

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 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 health care 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 health care 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 ***benefit table***. You are not covered for any benefits that are either shown on your ***benefit table*** as 'not covered' or do not appear in your ***benefit table***.

### 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.

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

#### Out-patient therapies

***We*** pay ***therapists'*** fees for ***out-patient treatment*** 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*** 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

***We*** pay ***complementary medicine practitioners'*** fees for ***out-patient treatment*** 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.

*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 1.4 diagnostic tests

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 ***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 ***benefit table***. You are not covered for any benefits that are either shown on your ***benefit table*** as 'not covered' or do not appear in your ***benefit table***.

### 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 ***benefit table***. You are not covered for any benefits that are either shown on your ***benefit table*** as 'not covered' or do not appear in your ***benefit table***.

**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, and 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*** and the charges ***we*** pay for are set out in 3.2.1 to 3.2.7.

**Please note**: your cover for ***recognised facility*** charges may also depend on your ***scale of cover***. Some ***recognised facilities*** have three categories of accommodation – A, B and C - with A being the higher and C the lower. If your ***scale of cover*** is:

- Scale A: you are covered for category A, B and C accommodation
- Scale B: you are covered for category B and C accommodation
- Scale C: you are covered for category C accommodation.

***Your benefit table*** will show if a ***scale of cover*** applies to your ***benefits***.

### 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 ***benefit table*** 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, 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.

***We*** do not pay for drugs and surgical dressings used for ***out-patient treatment*** or for you to use after your stay in the ***recognised facility*** except for out-patient cancer drugs as set out in benefit 4.

*Please also 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*** pay for ***intensive care*** when needed as an essential part of your ***day-patient treatment*** or ***in-patient treatment*** but ***we*** only pay if all the following conditions are met:

- the ***intensive care*** is required routinely by patients undergoing the same type of ***treatment*** as yours
- you are receiving private ***eligible treatment*** in a ***recognised facility*** equipped with a ***critical care unit***
- the ***intensive care*** is carried out in the ***critical care unit***, and
- it follows your planned admission to the ***recognised facility*** for private ***treatment***.

***We*** also pay for ***intensive care*** for ***day-patient treatment*** or ***in-patient treatment*** if unforeseen circumstances arise from a medical or surgical procedure which does not routinely require ***intensive care*** as part of the ***treatment*** but only if:

- 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.

***We*** do not pay for any ***intensive care*** in any of the following circumstances:

- 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 is carried out in a unit or facility which is not a ***critical care unit***.

*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

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

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

- ***out-patient treatment*** for ***cancer***
- out-patient 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 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.

### benefit 4.2 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 4.3 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 4.4 out-patient diagnostic tests for cancer

When requested by your ***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 4.5 out-patient cancer drugs

***We*** pay ***recognised facility*** charges for drugs (such as cytotoxic 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 5 Psychiatric treatment

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

***Waiting period***: if a ***waiting period*** applies to your ***benefits*** for ***psychiatric treatment we*** will not consider paying for any ***psychiatric treatment*** during your ***waiting period***. If you had cover for ***psychiatric treatment*** under a ***previous scheme we*** will take this into account when assessing your ***waiting period*** provided there has been no break in your cover for ***psychiatric treatment*** under this ***scheme*** and the ***previous scheme***.

***We*** may, at ***our*** discretion, pay for ***psychiatric treatment*** that you receive from a ***consultant*** or ***psychologist*** but only as set out in this benefit 5. Before receiving any ***psychiatric treatment*** you must ask your ***consultant*** to get ***our*** written agreement. Otherwise ***we*** will not be obliged to pay the ***consultants'*** or ***psychologists'*** fees, or the ***recognised facility*** charges or any other charges. ***We*** need full clinical details from your ***consultant*** before ***we*** can give ***our*** decision.





### Psychiatric treatment that is not covered

***We*** do not pay for ***treatment*** of a ***psychiatric condition*** in the following circumstances:

- if you have received two episodes of ***treatment*** for any ***psychiatric condition*** during your membership of any ***Bupa*** scheme with cover for ***psychiatric treatment*** (including under the ***agreement)*** whether your membership is continuous or not. By an episode of ***treatment we*** mean:
  - seven nights or more ***treatment*** received as an ***in-patient*** whether consecutive or not, or
  - 20 or more separate attendances for ***treatment*** received as a ***day-patient*** or ***out-patient*** in any 12 month period;
- if either before or during your membership of the ***scheme*** you suffer from any ***psychiatric condition*** and/or symptoms of any ***psychiatric condition*** over a period of two years or more. The ***psychiatric condition*** and/or symptoms need not be ongoing or continuous.

### What we pay for psychiatric treatment

If ***we*** agree to pay for ***psychiatric treatment we*** pay ***consultants'*** and ***psychologists'*** fees and ***recognised facility*** charges as follows:

## benefit 5.1 out-patient psychiatric treatment

If ***we*** agree to pay for ***out-patient psychiatric treatment we*** pay fees and charges as set out in benefits 5.1.1 to 5.1.3.

## benefit 5.1.1 consultants' fees

***We*** pay ***consultants'*** fees for ***out-patient*** consultations to assess your ***psychiatric condition*** and for ***out-patient psychiatric treatment***

## benefit 5.1.2 psychologists' fees

***We*** pay ***psychologists'*** fees for ***out-patient psychiatric treatment*** when the ***treatment*** is recommended by your ***GP*** or ***consultant***.

If your ***consultant*** refers you to a medical or health practitioner who is not a ***psychologist we*** may pay the charges as if the practitioner were a ***psychologist*** 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***.

### benefit 5.1.3 diagnostic tests

When requested by your ***consultant*** to help determine or assess your condition as part of ***out-patient psychiatric 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 5.2 day-patient and in-patient psychiatric treatment

Your ***benefit table*** shows the maximum number of days that ***we*** may pay up to for ***psychiatric day-patient treatment*** and ***psychiatric in-patient treatment*** under your ***benefits***.

If ***we*** agree to pay for ***psychiatric day-patient treatment*** or ***psychiatric in-patient treatment*** ***we*** pay ***consultants'*** fees and ***recognised facility*** charges as set out below.

#### Consultants' fees

If ***we*** agree ***we*** pay ***consultants'*** fees for ***psychiatric treatment*** carried out in a ***recognised facility***.

#### Recognised facility charges

If ***we*** agree ***we*** pay the type of ***recognised facility*** charges ***we*** say ***we*** pay for in benefit 3.

*Please also see Exclusion 6 'Chronic conditions' and Exclusion 29, 'Telephone consultations' in the section 'What is not covered'.*

## Additional benefits

### Benefit 6 Treatment at home

You are only covered for this benefit if your ***benefit table*** 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 ***benefit table*** 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 ***benefit table*** then you do not have cover for this benefit.

***We*** pay for travel by private road ambulance if you need 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 and 10 do not apply to your cover

### Benefit 11 Nursing home benefit

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

***We*** may pay nursing home charges for a nursing home stay that immediately follows

either:

- private ***eligible in-patient treatment*** in a ***recognised facility***, or
- private ***eligible cancer treatment*** carried out as ***day-patient treatment*** in a ***recognised facility.***

***We*** only pay if the nursing home stay:

- is on the recommendation of your ***consultant***
- 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***, and
- starts immediately after you leave the ***recognised facility***.

You will need ***our*** written agreement before your move to the nursing home takes place and ***we*** need full clinical details from your ***consultant*** before ***we*** can give ***our*** decision. By a nursing home ***we*** mean a care home as defined by the Care Standards Act 2000 and which, at the time of your stay, is recognised by ***us*** as a nursing home for the purpose of your ***scheme***.

## Benefit 12 Chiropody treatment on GP referral

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

***We*** pay ***chiropodists***' fees for routine chiropody ***treatment*** if

- it is for ***eligible treatment***, and
- is on the recommendation of your ***GP***.



# Cash benefits

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

If this benefit does not appear on your ***benefit table*** 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***.

# What is not covered



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

This Bupa Membership Guide – which also contains your ***benefit table*** – and your ***membership certificate*** together set out full details of your ***benefits***. They should not be read as separate documents.

This membership guide is a generic guide. It contains the general membership terms, including the general exclusions that apply to ***Bupa members*** under all their ***schemes***. This means that you may not have all the cover set out in this membership guide. It is your ***membership certificate*** and ***benefit table*** that shows the cover that is specific to your ***benefits*** and ***scheme***. Your ***membership certificate*** and ***benefit table*** could also show some changes to the terms of cover, including the exclusions set out in this membership guide.

When reading this membership guide and your ***membership certificate***, it is your ***membership certificate*** which is personal to you and your ***benefit table*** which detail your cover under your ***scheme***. This means that if there is any contradiction between:

- your ***membership certificate***, the ***benefit table*** and the general membership terms, your ***membership certificate*** will take priority.
- the ***benefit table*** and the general membership terms, the ***benefit table*** will take priority.

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

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 ***benefit table*** and/or ***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
- sexual problems (including impotence, whatever the cause)
- assisted reproduction (eg IVF ***treatment***), surrogacy, the harvesting of donor eggs or donor insemination
- sex changes or gender reassignments

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

**Exception for main member and partner only:**

***Waiting period***: if a ***waiting period*** applies to your cover for ***treatment*** for infertility investigations ***we*** will not pay benefits under this exception during your ***waiting period***. If you had cover for ***treatment*** for infertility investigations under a ***previous scheme we*** will take this into account when assessing your ***waiting period*** provided there has been no break in your cover for ***treatment*** for infertility investigations under this ***scheme*** and the ***previous scheme***.

For a ***main member*** and/or ***partner we*** pay for ***eligible treatment*** for reasonable investigations into the medical cause of infertility if your ***consultant*** considers that there are symptoms and/or medical evidence to suggest that you are infertile, Once the cause is confirmed, no further payment is made for additional investigations or ***treatment*** in the future.

*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 ***psychiatric 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 resulting from nuclear or chemical contamination, war, riot, revolution, terrorist act 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 ***psychologist***.

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 (i.e. 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: ***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.

## 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 Clinical 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 HRT and bone densitometry

***We*** do not pay for ***treatment*** for hormone replacement therapy (HRT) or bone densitometry.





Exception: ***We*** may pay for bone densitometry recommended by your ***consultant*** to help determine or assess your condition as part of ***eligible treatment***. However, ***we*** need full clinical details from your ***consultant*** before ***we*** can give ***our*** decision. If ***we*** agree to pay for bone densitometry ***we*** only pay for an initial bone densitometry scan and for one follow-up scan if this is carried out:

- within three years of you starting ***treatment***, and
- during your current continuous period of membership under the ***scheme***.

*Please also see 'Ageing, menopause and puberty' in this section.*

## 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 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 or childbirth, including ***treatment*** of an embryo or foetus
- 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: ***Waiting period***: if a ***waiting period*** applies to your ***benefits*** for ***treatment*** for caesarean sections ***we*** will not consider paying benefits under this exception 2 during your ***waiting period***. If you had cover for ***treatment*** for caesarean sections under a ***previous scheme we*** will take this into account when assessing your ***waiting period*** provided there has been no break in your cover for ***treatment*** for caesarean sections under the ***previous scheme*** and this ***scheme***.





***We*** may pay for ***eligible treatment*** for delivering a baby by caesarean section. 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*** 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, for example, removing breast tissue when there is no disease or tumour present.

*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***.

For ***underwritten members 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***.

*Please also see the 'Covering your new-born baby' rule in the section 'How your membership works'.*

## 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 Telephone consultations

***We*** do not pay for any consultation with a ***consultant***, ***therapist***, ***psychologist*** or any other healthcare professional when the consultation is not carried out on a face-to-face basis, for example, if it is carried out by telephone or any other remote medium.

## 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:

- ***partnership facility***
- ***local access facility***
- ***national access facility***
- ***extended access facility***

***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, psychologist 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, psychologists 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 on-going 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: If you apply to add your new born 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.

Exception 3: ***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***.

*Please also see 'Covering a new born baby' in the section 'How your membership works'.*

## Exclusion 34 Neo natal treatment

***We*** do not pay for any ***treatment*** that takes place within the first 28 days of birth including but not limited to ***diagnostic tests***, investigations and scans.

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

## Exclusion 35 Sexually transmitted diseases

***We*** do not pay for ***treatment*** for, related to or arising from any sexually transmitted disease or infection.





## Exclusion 36 Organ Transplants

***We*** do not pay for ***treatment*** for, related to or arising from organ transplants of the heart, liver or kidney.

## Exclusion 37 Bone marrow and stem cell transplants

***We*** do not pay for ***treatment*** for, related to or arising from bone marrow transplants or stem cell transplants.

Exception: ***We*** pay for ***eligible cancer treatment*** for a bone marrow transplant or stem cell transplant.

# Glossary



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

| *Word / Phrase* | Meaning |
|---|---|
| *Acute condition* | a disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery. |
| *Agreement* | the agreement between the ***main member*** and ***us*** to provide cover for ***you*** and ***your dependants*** (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'. |
| *Appliance* | any appliance which is in ***our*** list of appliances for your ***benefits*** at the time you receive your ***treatment***. The list of appliances may change from time to time. Details of the appliances are available on request. |
| *Benefits* | the benefits specified in your ***benefit table*** for which you are entitled as an individual under the ***scheme*** subject to the terms and conditions that apply to your membership in this Bupa Membership Guide including all exclusions. |
| *Benefit table* | the benefits table included in this membership guide which sets out the elements of cover specific to the ***scheme***. |
| *Bupa* | Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover. |
| *Bupa member / Bupa members* | A member covered under one of the following Bupa products as shown on their ***membership certificate***: ClientChoice Plus, ClientChoice, ClientChoice Essential. |
| *Cancer* | a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. |
| *Chiropodist* | a chiropodist who is a ***recognised practitioner.*** You can contact us to find out if a chiropodist is a ***recognised practitioner.*** |
| *Chronic condition* | a disease, illness or injury which has one or more of the following characteristics:<br>• it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests<br>• it needs ongoing or long-term control or relief of symptoms<br>• it requires rehabilitation or for you to be specially trained to cope with it<br>• it continues indefinitely<br>• it has no known cure<br>• it comes back or is likely to come back. |
| *Claiming period* | the first 10 months of ***your*** current ***year*** and the last two months of ***your*** previous ***year*** (if any) making a 12 month period |
| *Co-insurance* | the amount that you have to pay towards the cost of ***treatment*** that you receive that would otherwise have been payable under your ***benefits***. |
| *Complementary medicine practitioner* | an acupuncturist, chiropractor, homoeopath 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. |
| *Consultant* | a registered medical or dental practitioner who, at the time you receive your ***treatment:***<br>• 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<br>• is recognised by ***us*** both for treating the medical condition you have and for providing the type of ***treatment*** you need, and<br>• is in ***our*** list of consultants that applies to your ***benefits.***<br>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. |

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| *Consultant fees schedule* | the schedule used by ***Bupa*** for the purpose of providing ***benefits*** which sets out the benefit limits for ***consultants***' fees based on:<br>• the type of ***treatmen***t carried out<br>• 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***<br>• the ***Bupa*** recognition status of the ***consultant***, and<br>• where the ***treatment*** is carried out both in terms of the treatment facility and the location.<br>The schedule may change from time to time. Details of the schedule are available on request. |
| *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***. |





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| *Eligible treatment* | ***treatment*** of an ***acute condition*** together with the products and equipment used as part of the ***treatment*** that:<br>• are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the ***UK***<br>• are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided<br>• are demonstrated through scientific evidence to be effective in improving health outcomes, and<br>• are not provided or used primarily for the expediency of you or your ***consultant*** or other healthcare professional<br>and the ***treatment***, services or charges are not excluded under your ***benefits***. |
| *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 access facility* | • a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** extended access facility list that applies to your ***benefits*** and is recognised by ***us*** for both:<br>• treating the medical condition you have, and<br>• carrying out the type of ***treatment*** you need.<br>• any other establishment which ***we*** may decide to treat as an extended access facility for the purpose of the ***scheme***.<br>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request. |
| *Facility access* | the network of recognised facilities for which you are covered under your ***benefits*** as shown on your ***membership certificate*** and being either:<br>• ***participating facility***<br>• ***partnership facility***<br>• ***extended access facility***<br>• ***local access facility***, or<br>• ***national access facility***. |

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| *GP* | 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. |
| *Group sponsor* | the company, association, organisation or group (of which the ***main member*** is an employee or member) for whose employees or members ***we*** have agreed to operate the ***scheme*** for the time being. Please contact ***your*** helpline to check if ***your*** cover has been arranged by a ***group sponsor***. |
| *Home* | • the place where you normally live, or<br>• 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. |
| *Local access facility* | • a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** local access facility list that applies to your ***benefits*** and is recognised by ***us*** for both:<br>  • treating the medical condition you have, and<br>  • carrying out the type of ***treatment*** you need.<br>• any other establishment which ***we*** may decide to treat as a local access facility for the purpose of the ***scheme***.<br>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request. |
| *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. |





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| *Membership certificate* | the most recent membership certificate that ***we*** issue to ***you*** for ***your*** current continuous period of membership of the ***scheme***. |
| *Moratorium condition* | any disease, illness or injury or related condition, whether diagnosed or not, which you:<br>  • received medication for<br>  • asked for or received, medical advice or ***treatment*** for<br>  • experienced symptoms of, or<br>  • were to the best of your knowledge aware existed<br>in the five years before 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.<br>***We*** may take the start date of your cover under a ***previous scheme*** into account when assessing whether a medical condition is a moratorium condition but only if ***we*** specifically agreed ***we*** would do this when you joined the ***scheme***. |
| *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. |
| *National access facility* | • a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** national access facility list that applies to your ***benefits*** and is recognised by ***us*** for both:<br>  • treating the medical condition you have, and<br>  • carrying out the type of ***treatment*** you need.<br>• any other establishment which ***we*** may decide to treat as a national access facility for the purpose of the ***scheme***.<br>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request. |

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| *NHS* | • the national health service operated in Great Britain and Northern Ireland, or<br>• the healthcare scheme that is operated by the relevant authorities of the Channel Islands, or<br>• 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***. |
| *Participating facility* | • a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** participating facility list that applies to your ***benefits***, and is recognised by ***us*** for both:<br>  • treating the medical condition you have, and<br>  • carrying out the type of ***treatment*** you need.<br>• any other establishment which ***we*** may decide to treat as a participating facility for the purpose of the ***scheme***.<br>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. |
| *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. |
| *Partnership consultant* | a ***consultant*** who, at the time you receive your ***treatment***, is recognised by ***us*** as a partnership consultant. You can contact ***us*** to find out if a ***consultant*** is a partnership consultant. |





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| *Partnership facility* | • a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** partnership facility list that applies to your ***benefits*** and is recognised by ***us*** for both:<br>  • treating the medical condition you have, and<br>  • carrying out the type of ***treatment*** you need.<br>• any other establishment which ***we*** may decide to treat as a partnership facility for the purpose of the ***scheme***.<br>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request. |
| *Pre-existing condition* | any disease, illness or injury for which in the 7 years before your ***start date***:<br>• you have received medication, advice or ***treatment***, or<br>• you have experienced symptoms<br>whether the condition was diagnosed or not. |
| *Previous scheme* | • another ***Bupa*** private medical insurance scheme, or<br>• a private medical insurance scheme or medical healthcare trust provided or administered by another insurer<br>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. |
| *Prosthesis* | 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. |
| *Psychiatric condition* | a mental or addictive condition, including alcoholism, drug addiction and eating disorders. |
| *Psychiatric day-patient treatment* | ***psychiatric treatment*** which for medical reasons means you have to be admitted to a ***recognised facility*** because you need a period of clinically-supervised ***psychiatric treatment*** as a day case but do not have to occupy a bed overnight and the ***psychiatric treatment*** is provided on either an individual or group basis. |
| *Psychiatric in-patient treatment* | ***psychiatric treatment*** that, for medical reasons, is received as an ***in-patient***. |

Glossary

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| *Psychiatric treatment* | ***eligible treatment*** of a ***psychiatric condition***. |
| *Psychologist* | a Chartered Psychologist registered with the British Psychological Society 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. |
| *Recognised facility* | the:<br>• ***participating facility***<br>• ***partnership facility***<br>• ***national access facility***<br>• ***local access facility***, or<br>• ***extended network facility***<br>in accordance with your ***facility access*** that applies to your ***benefits***. |
| *Recognised practitioner* | a healthcare practitioner who at the time of your ***treatment***:<br>• 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<br>• is in ***our*** list of recognised practitioners that applies to your ***benefits***. |
| *Renewal date* | • each anniversary of ***your start date***, or<br>• 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. |
| *Scale of cover* | the scale that specifies:<br>• which<br>  • ***participating facility***<br>  • ***partnership facility***,<br>  • ***national access facility***,<br>  • ***local access facility***, or<br>  • ***extended network facility***<br>  list applies to your ***benefits***<br>• the category of accommodation for ***recognised facilities*** that applies to your ***benefits***<br>• the practitioner lists that apply to your ***benefits***.<br>Your ***benefit table*** shows if a scale of cover applies to your ***benefits***. |

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| *Schedule of procedures* | the schedule used by ***Bupa*** for the purpose of providing ***benefits*** which classifies ***surgical operations*** according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under ***Bupa*** schemes. Further information on the schedule is available on request. |
| *Scheme* | the cover 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***. |
| *Session* | periods of 24 hours during which the specified type of ***treatment*** is received for an ***acute condition***. |
| *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***. |
| *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* | • a chartered physiotherapist<br>• a British Association of Occupational Therapists registered occupational therapist<br>• a British and Irish Orthoptic Society registered orthoptist, or<br>• a Royal College of Speech and Language Therapists registered speech and language therapist<br>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. |
| *Treatment* | surgical or medical services (including ***diagnostic tests***) that are needed to diagnose, relieve or cure a disease, illness or injury. |

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| *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. |



# Data protection notice

**Confidentiality:** The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies 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, including your GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

**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.

**Telephone calls:** In the interest of continuously improving our service to members, your call may be recorded and may be monitored.

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

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

**Names and addresses:** Bupa does not make the names and addresses of members or patients available to other organisations.

**Keeping you informed:** Bupa would, on occasion, like to keep you informed of Bupa products and services which it considers may be of interest to you.

**Contact address:** If you do not wish to receive information about Bupa's products and services, or have any other Data Protection queries please write to the Bupa Group Information Protection Manager, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@Bupa.com.

# For your notes