

How to make a claim

You should always call Bupa on 0845 600 9673*† before you see a consultant or therapist and before your treatment begins. You will also need to have your Bupa membership number handy when you call. Lines are open 8am to 8pm Monday to Friday and 9am to 1pm Saturday. (See Section 4 of the policy membership guide)

Making a complaint

If we have not been able to resolve a problem and you wish to take your complaint further, you can contact our Customer Relations Department. Please write to: The Customer Relations Department, Bupa, Staines TW18 4XF. Fax on 01784 893175 or phone 0845 606 6726*† between 8:30am and 5:30pm Mondays to Fridays.

It is rare that we are unable to 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 080 1800.

For members with special needs

For hearing and speech impaired members who have a textphone, please call on:

0845 6066 863*

between 9am to 5pm Monday to Friday. We can also offer a choice of braille, large print or audio for correspondence.

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. The first £2,000 of any claim paid by the FSCS would be met in full and above this amount, 90 percent of the remainder will be met.

Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or on its website <http://www.fscs.org.uk/>

*BT landline calls to 0845 numbers will cost no more than 3 pence per minute. Charges from other providers may vary and calls from mobiles usually cost more.

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



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Bupa ClientChoice Plus policy summary

keyfacts®

This policy summary contains key information about Bupa ClientChoice Plus. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover which you will find in the policy membership guide (CLC/5210/MAY07). Please also refer to your membership certificate. Copies of these documents are available on request.

The provider

Bupa ClientChoice Plus is provided by Bupa Insurance Limited, a subsidiary of the British United Provident Association Limited. Other services are provided by or via other subsidiary companies.

The insurance and the cover that it provides

Bupa ClientChoice Plus offers you private medical insurance which aims to fund medical treatment. It will cover the costs of your eligible treatment in the UK, up to the limits of your chosen cover, by Bupa recognised consultants, therapists and practitioners. There is no overall maximum amount paid out in any year, although there are set limits for certain particular benefits.

Bupa ClientChoice Plus provides cover for eligible hospital treatment at Bupa partnership network hospitals. Bupa partnership network hospitals may change from time to time.

The types of membership

Bupa ClientChoice Plus is available as moratorium membership or underwritten membership. With moratorium membership you are not required to complete a medical questionnaire before you arrange cover. Each time you make a claim we will ask you to provide to us medical details, including medical information that you will need to ask your GP to provide to you. Each claim you make during your membership will be assessed on this information and any further information we ask you to provide. If you have chosen moratorium membership we do not provide cover for any pre-existing and related medical conditions that you

have had in the five years before your start date, unless after two years of continuous membership you have not received any medication, advice or treatment, or experienced any symptoms related to those conditions, in which case you may become eligible for cover.

You should not forego any medical treatment in an attempt to become eligible for cover earlier than you would normally be.

(See section 2.1.c of the policy membership guide).

No claims discount

Bupa ClientChoice Plus gives you the benefit of an immediate no claims discount on joining.

Any claims you make during your membership year will be reflected in your no claims discount which applies in future years.

You should not forego any medical treatment due to concerns about losing your no claims discount.

(See section 1.3 of the policy membership guide).

Summary of cover

The summary of cover overleaf sets out the eligible:

- out-patient consultations, diagnostic tests and hospital in-patient and day-patient treatment; and
- therapies

which are covered.

Summary of cover

Bupa ClientChoice Plus	Benefits	Notes
In-patient and day-patient treatment		
Hospital charges	✓	In a Bupa partnership network hospital
Consultants'/specialists' fees	✓	In a Bupa partnership network hospital - Bupa benefit limits apply if the consultant is not a Bupa partnership consultant
Diagnostic tests	✓	In a Bupa partnership network hospital
Radiotherapy/chemotherapy	✓	In a Bupa partnership network hospital. Benefit limits apply if the consultant oncologist is not a Bupa partnership consultant
Psychiatric treatment	Up to a maximum of 28 days	By a Bupa recognised consultant and only after two years continuous membership. Claims should be authorised before treatment begins.
Out-patient treatment		
Consultations with a consultant/specialist	Up to £1000 a year ^Δ	On GP referral with a Bupa recognised consultant.
Diagnostic tests	✓	MRI, CT and PET scans in a Bupa recognised out-patient diagnostic imaging centre on consultant referral
Radiotherapy/chemotherapy	✓	In a Bupa partnership network hospital or, for certain conditions, a Bupa specialist treatment centre. Benefit limits apply if the consultant oncologist is not a Bupa partnership consultant
Physiotherapy (and other therapies)	Up to £1000 a year ^Δ	On a GP or Bupa recognised consultant referral to a Bupa recognised therapist. This is a combined overall benefit limit for all therapies
Psychiatric treatment	Up to £1000 a year ^Δ	By a Bupa recognised consultant and only after two years continuous membership. Claims should be authorised before treatment begins.
Additional benefits		
Nursing at home	Up to £600 a year	Following eligible private in-patient treatment covered by your scheme
Private ambulance	Up to £120 a year	£60 maximum for any one trip
Parent accommodation	✓	When staying with a child under 12 receiving eligible private in-patient treatment. one parent only
NHS cash benefit	X	
Complementary medicine	Up to £250 of available cover ^Δ	On GP or Bupa recognised consultant referral, with a Bupa recognised complementary medicine practitioner

Wide range of cover

Please note Bupa ClientChoice Plus covers eligible treatment of acute medical conditions including:

- surgery
- hospital accommodation and nursing
- diagnostics
- out-patient consultations and therapies
- treatment for cancer
- private hospital treatment following an accident or emergency admission
- injuries from dangerous hobbies
- self-inflicted injuries.

2

^Δ Please note that this is the total amount we will pay for both consultations and physiotherapy (and other therapies) and psychiatric treatment combined. This also includes the £250 complementary medicine benefit. Please note the out-patient benefit limit restrictions do not apply when the out-patient treatments are for eligible treatment of cancer.

What your policy does not cover

Exclusions (See section 3 of the policy membership guide for full details)

There are a number of conditions and treatments which Bupa ClientChoice Plus does not cover. Amongst these are:

- if you have chosen moratorium membership, any disease, illness or injury which existed in the five years before cover starts, unless after two years continuous membership of the scheme you don't receive medication, advice or treatment or experience symptoms of that disease, illness or injury
- if you have chosen fully underwritten membership, conditions you had before your policy started (commonly known as 'pre-existing conditions')
- conditions you had before your policy started (commonly known as 'pre-existing conditions')
- services you receive from your GP
- long-term illnesses which cannot be cured (usually referred to as 'chronic conditions')
- accident and emergency admission (although Bupa ClientChoice Plus does cover any eligible hospital treatment that you receive afterwards)
- treatment for conditions or symptoms arising from physiological or natural causes (such as ageing, menopause or puberty) or desensitisation of allergies
- convalescence
- routine health checks or dental/oral treatment (such as fillings and treatment for gum disease)
- treatment relating to learning, behavioural and developmental problems
- sleep-related breathing disorders
- overseas treatment or repatriation
- intensive care, except when routinely needed after private treatment
- neo-natal care
- organ transplant surgery
- sexually transmitted diseases.

Policy excesses (See section 4.4 of the policy membership guide)

You can choose to pay a policy excess of the eligible treatment costs in any year and your Bupa ClientChoice Plus policy will then pay the rest. The excess is payable per person, per membership year on the cover. Details of the excess amount is shown in your membership certificate.

How long your cover will last

Bupa ClientChoice Plus is an annual contract that is automatically renewed each year and will continue until:

- you stop paying subscriptions to it
- you cease to live in the UK
- you die.

(See section 1.2 of the policy membership guide)

Bupa has the right to make changes to the terms and conditions of your cover on any annual anniversary date after your policy has started or to end the scheme.

(See section 1.4 of the policy membership guide)

Where cover extends to dependants' cover it may end at a different date to the main member's. Cover for dependants will always end when the main member's cover ends.

Changing your mind

You can change your mind within 21 days:

- of the day when your policy starts or, if later,
- the day when you receive your policy membership guide and your membership certificate

As long as you have not made any claims, we will refund all your subscriptions.

After this time, if you decide for any reason that you do not want your Bupa ClientChoice Plus policy after all, we will refund any subscriptions you have paid which relates to a period after your cover ends. (See section 1.2 of the policy membership guide)

Getting in touch

The Bupa helpline is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on **0845 600 9673***† between 8am and 8pm, Monday to Friday and 9am and 1pm on Saturdays. Alternatively you can write to us at: Bupa Envoy Customer Care, PO Box 79, Chertsey Lane, Staines, TW18 4XF or fax us on 01784 893 232.