

Designed for

Arranged and provided by

Your Bupa membership guide for platinum private medical cover plan



The Royal Bank of Scotland

Effective from 1 October 2017

Essential information explaining your [Bupa cover](#)

Please retain



ABOUT THIS GUIDE

Welcome to your Bupa membership guide.

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

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

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

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

HOW DO I KNOW WHAT I'M COVERED FOR?

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

These pages must be read together as a whole and in their entirety, applying to people who join and renew from the renewal date as defined in the glossary. The details in this Membership Guide may be altered by changes agreed between your employer and Bupa, so please always call the helpline to check your cover before arranging any treatment.

HOW DO I CONTACT BUPA?

We're always on hand to help.

For queries about your cover we have provided a dedicated number which you will find on your membership certificate.

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

BUPA HEALTHLINE

If you have any questions or worries about your health call our confidential Bupa HealthLine on **0345 607 7777**[†]. Our qualified nursing team is on hand 24 hours a day, so whatever your health question or concern, they have the skills and practical, professional experience to help.

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

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YOUR RULES AND BENEFITS

EFFECTIVE FROM 1 OCTOBER 2017

These are the rules and benefits that apply to the Platinum Private Medical Cover Plan

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

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

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

This Bupa Membership Guide – which 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 divided into two parts: the section ‘Your benefit table’ and the general membership terms. Your *benefit table* sets out the elements of your cover that are specific to your *scheme*. It is your *membership certificate* together with your *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:

- o shown in your benefit table as ‘not covered’ or
- o do not appear in your benefit table

you are not covered for and you should therefore ignore them when reading this membership guide. Also, your *benefit table* could show some changes to the general membership terms in this guide particularly in the ‘Further details’ section.

Your *membership certificate* could also show some limitations or exclusions to the terms of 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* that details your cover under your *scheme*. This means that if there is any contradiction between your *membership certificate*, your *benefit table* and the general membership terms, your *membership certificate* will take priority.

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

YOUR BENEFIT TABLE

This section contains the **benefit table** that applies to your **scheme**. All the limits in the following table are subject to your **overall annual maximum benefit** and any maximum annual benefit limits and/or **excess** or **co-insurance** that applies. Call the helpline if you are unsure of your benefits.

Type of benefit	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Finding out what is wrong and being treated as an out-patient			
out-patient consultations and diagnostic tests	1.1, 1.4	yes	paid in full
out-patient therapies	1.2	yes sports massage is not covered for dependants	paid in full subject to: a maximum of 2 sessions each year for podiatry a maximum of 2 consultations each year with a dietician
out-patient complementary medicine	1.3	yes	paid in full
out-patient MRI, CT and PET scans	1.5	yes	treatment facility: paid in full
GP fees and GP home visits	1.6	yes	GP fees: paid in full GP home visits: up to £50 each visit
prescribed drugs and dressings	1.7	yes	paid in full
medical aids	1.8	yes	up to £2,000 each year
Being treated in hospital			
consultants' fees	2	yes	consultants in a treatment facility: paid in full
facility access	3	treatment facilities	
parent accommodation	3.2.2	yes	under 16
facility charges for surgical operations carried out as out-patient treatment	3	yes	treatment facility: paid in full
facility charges for day-patient treatment and in-patient treatment	3	yes	treatment facility: paid in full

YOUR BENEFIT TABLE

continued

Type of benefit	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Cancer treatment			
<i>out-patient</i> consultations, therapies and <i>diagnostic tests</i>	4	yes	paid in full
<i>out-patient</i> complementary medicine	4	yes	paid in full
<i>out-patient cancer</i> drugs	4	yes	<i>treatment facility</i> charges: paid in full
Mental health treatment			
<i>mental health treatment</i>	5	yes	up to a maximum of 28 days each <i>year</i> for <i>mental health day-patient treatment</i> and <i>mental health in-patient treatment</i> combined and not individually
<i>consultants' fees, mental health and wellbeing therapists' fees and diagnostic tests for out-patient mental health treatment</i>	5	yes	paid in full
<i>consultants' fees for mental health day-patient treatment and mental health in-patient treatment</i>	5	yes	<i>consultants</i> in a <i>treatment facility</i> : paid in full
facility charges for <i>mental health day-patient treatment</i> and <i>mental health in-patient treatment</i>	5	yes	<i>treatment facility</i> : paid in full
Additional benefits			
<i>treatment</i> at home	6	discretionary benefit	if <i>we</i> agree, <i>we</i> pay in full for the charges that <i>we</i> agree to pay on your behalf
home nursing	7	yes	paid in full up to a maximum of 180 days each <i>year</i>
private ambulance charges	8	yes	paid in full
Repatriation and evacuation assistance			
your repatriation/evacuation	9	yes	paid in full
accompanying partner/relative	9	yes	paid in full
repatriation of mortal remains	9	yes	up to £7500
burial expenses	9	yes	up to £7500

YOUR BENEFIT TABLE

continued

Type of benefit	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Pregnancy and childbirth			
routine maternity and baby care	10	yes	up to £10,000 each <i>year</i> <i>co-insurance</i> : 20% of eligible <i>treatment</i> costs each <i>year</i>
Dental treatment			
routine dental treatment	11	yes	up to £750 each <i>year</i> <i>excess</i> : £50 each <i>year</i>
<i>accidental dental injury treatment</i>	11	yes	paid in full
Cash benefits			
NHS cash benefit for <i>in-patient treatment</i>	CB1	yes	£50 each night up to a maximum of 100 nights each <i>year</i>
NHS cash benefit for NHS <i>in-patient</i> stays that you receive radiotherapy, chemotherapy or a <i>surgical operation</i> that is for <i>cancer treatment</i>	CB6.1	yes	£100 each night
NHS cash benefit for NHS <i>out-patient</i> or <i>day-patient treatment</i> or NHS <i>home treatment</i> for <i>cancer</i>	CB6.2	yes	£100 for each day you receive radiotherapy in a hospital setting £100 for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy or part thereof £100 on the day of your <i>surgical operation</i>
Procedure Specific cash benefits	CB7	yes	up to the amount <i>we</i> pay for each specific procedure you receive for <i>eligible treatment</i>

Type of benefit	Benefit note/rule	Waiting period that applies to underwritten members
Waiting periods		
Routine maternity	Benefit 10	for a <i>new member</i> : 10 months for a <i>returning member</i> : 24 months

YOUR BENEFIT TABLE

continued

BENEFIT LIMITS

- o The **overall annual maximum benefit** is the maximum amount **we** will pay up to each **year**. All benefits **we** pay to you and any **co-insurance** or **excess** that you pay will count towards your **overall annual maximum benefit** limit.
- o In addition, maximum annual limits apply to **treatment** of certain **conditions**. All the benefits **we** pay to you and any **co-insurance** or **excess** that you pay in respect of **treatment** for that **condition** counts towards your maximum annual limit for it.

Overall annual maximum benefit

Overall annual maximum benefit	£1,000,000 each member each year
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Maximum annual limit and/or co-insurance

Type of treatment	Maximum annual benefit limit and/or co-insurance for each member
complications of pregnancy when the pregnancy is a result of normal conception or artificial insemination	co-insurance: 20% up to a maximum of £2,000 each year
complications of pregnancy when the pregnancy is a result of assisted conception (excluding artificial insemination)	maximum annual limit: £30,000 each year co-insurance: 20% up to a maximum of £2,000 each year
treatment during first 90 days following birth for a baby born as a result of assisted conception (excluding artificial insemination)	maximum annual limit: £30,000 each year
organ transplants when treatment is inside the UK	treatment facility: paid in full
organ transplants when treatment is outside the UK	maximum annual limit: £100,000 each year

Excess

Who it applies to	Rule	Excess amount
Each member	E	£50
The excess amount applies to each member individually. The excess applies each year to treatment costs for eligible treatment which is for routine dental treatment as set out in benefit 11.1 in the section 'Benefits'.		

Further details

Direct access to muscle, bone and joint treatment without seeing your GP

Your **scheme** includes fast and convenient access to muscle, bone and joint support and **eligible treatment** through our telephone assessment service usually without the need for a **GP** referral.

The telephone assessment will not impact on the **out-patient benefits** payable under your **scheme**. Your **excess** does not apply to the telephone assessment.

HOW YOUR MEMBERSHIP WORKS

The agreement between the sponsor and us

Your cover is provided under an **agreement** between the **sponsor** and **Bupa**. There is no legal contract between you and **us** for your cover under the **agreement**. Only the **sponsor** and **Bupa** have legal rights under the **agreement** and are the only ones who can enforce the **agreement**, although we will allow anyone who is covered under the **agreement** complete access to **our** complaints process (please also see 'Making a complaint' in this section).

The documents that set out your cover

The following documents set out the details of the cover **we** will provide for you under the **agreement**. These documents must be read together as a whole, they should not be read as separate documents.

- o **This Bupa Membership Guide:** this includes:
 - your **benefit table** which explains the **benefits** which are specific to your **scheme**, including the limits that apply, any variations to the benefits, terms or conditions in this membership guide,
 - the general membership terms (including exclusions) which may include benefits available for Bupa members under the other schemes.
- o **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 **excess** or **co-insurance** that applies to your cover.

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 membership under the **agreement** must be confirmed by the **sponsor**.

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

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

Covering a newborn baby

If the **sponsor** agrees, **you** may apply to include **your** newborn baby under **your** membership as one of **your dependants**.

Renewal of your membership

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

The renewal of **your** membership is subject to the sponsor renewing **your** membership under the **agreement**. **Your** membership will renew automatically unless **your** membership ends, or the **agreement** is terminated or otherwise ends.

How membership can end

You or the **sponsor** can end **your** membership or the membership of any of **your dependants** at any time. If **you** want to end **your** membership or that of **your dependants you** must write to **us**. If **your** membership ends the membership of all **your dependants** will also end.

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

- o the **agreement** is terminated
- o the terms of the **agreement** say that it must end
- o the **sponsor** does not pay subscriptions or any other payment due under the **agreement** for **you** or any other person
- o **you** stop living in the **UK** (**you** must inform **us** if **you** stop living in the **UK**), or
- o **you** die.

Your dependants’ membership will automatically end if:

- o **your** membership ends
- o the terms of the **agreement** say that it must end
- o the **sponsor** does not renew the membership of that **dependant**
- o that **dependant** stops living in the **UK** (**you** must inform **us** if that **dependant** stops living in the **UK**), or
- o that **dependant** dies.

A child **dependant’s** cover will automatically end on the first **renewal date** either after they reach age 26 or after their marriage, whichever happens first.

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

carelessly, which may influence **us** when deciding:

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

When **your** membership or **your dependants'** membership ends, **we** may be able to offer **you** or them continuation of membership on a **Bupa** personal policy as an ex-group scheme member depending upon how long **you** or they have been a **Bupa** group scheme member. This would allow **you** or them to transfer without any additional **special conditions** if **you** or they transferred within three months of leaving the group scheme, without any break in cover. If **you** would like to consider this option please call **0800 600 500**† to discuss it with **us**.

Paying subscriptions and other charges

The **sponsor** must pay to **us** subscriptions and any other payment due for **your** membership and that of every other person covered under the **agreement**.

Bupa Insurance Services Limited acts as **our** agent for arranging and administering **your** policy. Subscriptions are collected by Bupa Insurance Services Limited as our agent for the purpose of receiving, holding and refunding premiums and claims monies.

If **you** contribute to the cost of subscriptions for **you** and/or **your dependants** (for example by payroll deduction or by Direct Debit collected by **Bupa** on behalf of the **sponsor**) this arrangement does not in any way affect the contractual position set out in the rule 'The agreement between the sponsor and us' in this section.

Making changes

Changes to your membership

The terms and conditions of your membership, including your **benefits**, may be changed from time to time by agreement between the **sponsor** and **us**.

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 **sponsor** and **us** and confirmed in writing.

General information

Change of address

You should call or write to tell **us** if **you** change **your** address.

Correspondence and documents

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

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

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

Applicable law

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

Private Healthcare Information Network

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

Making a complaint

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

If Bupa, or any representative of Bupa, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you. If you are a member of a company or corporate scheme please call your dedicated Bupa helpline, this will be detailed on your *membership certificate*.

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

By phone: **0345 606 6739**‡

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

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

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

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

Or via twitter: **@AskBupaUK**

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

If *we* can resolve your complaint within three working days after the day you made your complaint, we'll write to you to confirm this. Where we're unable to resolve your complaint within this time, we'll promptly write to you to acknowledge receipt. We'll then continue to investigate your complaint and aim to send you *our* final written decision within four

weeks from the day of receipt. If we're unable to resolve your complaint within four weeks following receipt, we'll write to you to confirm that we're still investigating it.

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

If you remain unhappy with *our* response, or after eight weeks you do not wish to wait for *us* to complete *our* review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: Exchange Tower, London E14 9SR or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** calls to this number are now free on mobile phones and landlines or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

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

Your complaint will be dealt with confidentially and will not affect how *we* treat you in the future.

Whilst *we* are bound by the decision of the Financial Ombudsman Service, you are not.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchased online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For Bupa, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above.

For more information about ODR please visit **http://ec.europa.eu/consumers/odr/**

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that **we** cannot meet **our** financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: **www.fscs.org.uk**



CLAIMING

A STEP-BY-STEP GUIDE TO THE CLAIMS PROCESS

Step 1

In most cases you will need to visit your **GP** to determine whether you need to see a consultant (please refer to benefit tables in this document for treatments that require **GP** referral). If so, please retain the name of the consultant for future reference. You must have your treatment pre-authorised.

There are some conditions where a **GP** referral is not required and details of these are available from **us** on request. For information on these conditions please call your Bupa helpline or go to bupa.co.uk/policyinformation. These details may be updated from time to time.

Step 2

Call the Bupa Helpline on **0345 266 8824***. After **we** have confirmed your treatment is eligible, **we** will issue you with a pre-authorisation number, which can also be sent via text or email. You can then arrange your treatment directly with the provider. To help **us** to make the claims process as simple and swift as possible, please have the following information close to hand when you call to make a claim:

- o the condition you are suffering from
- o details of the treatment that has been recommended
- o date(s) on which you are to receive treatment
- o the name of the consultant or other healthcare professional involved
- o details of where your proposed treatment will take place
- o your expected length of stay in hospital (if applicable)

Step 3

At the time of treatment, provide your pre-authorisation number to the consultant so the invoice is sent directly to Bupa. If you are sent the invoice, please email it to rbs@bupa.com or post to:

The Royal Bank of Scotland Team, Bupa, 5th Floor, Anchorage 4, Anchorage Quay, Salford Quays, Manchester M50 3XL. Alternatively fax to: 0161 877 4483.

Step 4

Once your claim has been processed, **we** will send you a summary of your claim and treatment details. From time to time, **we** may need to request medical information from you. If so, a member of the dedicated The Royal Bank of Scotland Team will be in contact.

***We** may record or monitor **our** calls.

Making a claim

Claims other than Cash benefits

Always call **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.

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

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

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.

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:

- o you agree you are responsible for the payment of any costs which may ultimately be recovered from the third party
- o 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
- o 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
- o you (or your solicitor) must keep **us** fully informed in writing of the progress and outcome of your claim
- o if you recover the cost of any **treatment** paid for by **us**, you must repay the amount and any interest to **us**.

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.

How we will deal with your claim

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**.

We reserve the right to change the procedure for making a claim. If so, **we** will write and tell the **sponsor** about any changes.

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:

- o medical reports and other information about the **treatment** for which you are claiming
- o the results of any independent medical examination which **we** may ask you to undergo at **our** expense
- o 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.

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

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

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

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

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

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

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

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

Whether or not you indicate that you wish to see the report before it is sent, you have the right to ask your doctor

to let you see a copy, provided that you ask them within six months of the report having been supplied to **us**.

Your doctor is entitled to withhold some or all of the information contained in the report if, in their opinion, this information (a) might cause serious harm to your physical or mental health or that of another person, or (b) it would reveal the identity of another person without their consent (other than that provided by a healthcare professional in their professional capacity in relation to your care).

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

How we pay your claim

Direct settlement with a provider of your treatment

For **treatment** in the **UK**: **we** will, in most cases, pay eligible **treatment** costs direct to the provider of your **treatment** – such as the **treatment facility** or **consultant** – or whichever other person or treatment facility is entitled to receive the payment.

For **treatment** outside the **UK**: where **we** can arrange direct settlement of eligible **treatment** costs with the provider of your **treatment** **we** will, where possible, pay in the currency of the invoice. Where direct settlement isn't possible **we** pay you in £ sterling. When **we** have to make a conversion from one currency to another **we** use the exchange rate that applies on either the date on which the invoices were issued or the last date of the **treatment** whichever is later. The exchange rate used will be the average of the buying and selling rates across a wide range of quoted rates by the banks in London on

that date. If the date is not a working day **we** will use the exchange rate that applies on the last working day before that date.

Paying you direct

Where:

- o there is no direct settlement and you are claiming for treatment you have already paid for you must send us the original accounts and invoices
- o you are claiming for NHS cash benefits you must send us
 - o for **day-patient** or **in-patient treatment**: your discharge note from the **NHS** hospital
 - o for **out-patient treatment**: your appointment card or confirmation letter from the **NHS** hospital

together with a covering letter giving your name, address and registration number 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 benefit CB7, Procedure Specific cash benefits

Call the helpline to check your **benefits**. **We** will confirm your **benefits** and send you a claim form which you will need to take with you to the hospital and ask them to complete the hospital sections. Alternatively, **we** may ask you to provide a discharge summary in place of a claim form. You will need to return your fully completed claim form/discharge summary to **us** as soon as possible and in any event within six months of receiving your **treatment** unless this was not reasonably possible.

We will pay claims to the **main member** unless a **dependant member** asks **us** to pay them instead at the time of the claim. **We** will pay by cheque.

We will write to tell the **main member** how **we** have dealt with any claim.

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**.

Ex-gratia payments

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

Your excess or co-insurance

Your **benefit table** shows the **excess** or **co-insurance** that applies to your **benefits**, including

- o the amount
- o who it applies to
- o what type of **treatment** it is applied to, and
- o 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 **benefit table** or contact the helpline.

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**.

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**.

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 **treatment 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.

How the excess or co-insurance applies to your benefits

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**.

The **excess** or **co-insurance** does not apply to Cash benefits.

The **excess** or **co-insurance** does not apply to any telephone assessments as set out in the 'Further details' section.

BENEFITS

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

Notes on benefits

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

Restrictions and/or limitations to benefits

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

- o **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**.
- o **Excess or co-insurance:** these are explained in the section 'Claiming'. Your **benefit table** shows the **excess** and **co-insurance** that applies to your **benefits**. Your benefit limits shown in your **benefit table** will be subject to your **excess** or **co-insurance**.
- o **Overall annual maximum benefit:** this is a limit on the overall amount **we** will pay under your **benefits** each **year**. Your **benefit table** shows the **overall annual maximum benefit** that applies to your **benefits**. Your benefit limits shown in your **benefit table** will be subject to your **overall annual maximum benefit**. Your **excess**, **co-insurance** and any amounts **we**

pay to you on an ex-gratia basis will count towards your **overall annual maximum benefit**. In addition, maximum annual limits apply to **treatment** of certain **conditions**. All the benefits **we** pay you, including any ex-gratia payments, and any **co-insurance** or **excess** that you pay in respect of **treatment** for that **condition** will count towards your maximum annual limit for that **condition**.

- o Exclusions that 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**.
- o You are not eligible for any benefits that are shown on your **benefit table** as 'not covered'.

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

Unless **we** specifically say otherwise in this guide 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.

There are some conditions where a **GP** referral is not required and details of these are available from **us** on request. For information on these conditions please call member services or go to **bupa.co.uk/policyinformation**. The list of conditions for

which a **GP** referral is not required may be updated from time to time.

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

- o the medical practitioners, other healthcare professionals and **treatment facilities** you use can affect the level of benefits **we** pay you
- o certain medical practitioners, other healthcare professionals and **treatment 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
- o the medical practitioners, other healthcare professionals and **treatment 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:

- o 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 eligible – the only exceptions to this are:
 - o where a **GP** refers you (or where **we** refer you when **we** have told you that a **GP** referral is not required for your condition) for **out-patient treatment** by a **therapist** or **complementary medicine practitioner**,
 - o where **we** specifically state that an **employee member** can self-refer for **out-patient treatment**, or
 - o for benefits payable under benefits 1.6 to 1.8 and benefits 10 and 11
- o the medical practitioner or other healthcare professional and the **treatment**

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 **treatment 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 in your **benefit table**.

benefit 1.1 out-patient consultations

We pay **consultants'** fees for out-patient consultations that are to assess your **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 **treatment 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.

We do not pay for podiatry under this benefit 1.1, see benefit 1.2.

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* or where **we** have told you that a *GP* referral is not required for your condition by **us** or if you are an *employee member* and you refer yourself to a *therapist*.

If your *consultant* refers you to a *supporting practitioner* **we** may pay the charges of the *supporting practitioner* as if the practitioner were a *therapist* but only if your *consultant* refers you to the *supporting practitioner* before the *out-patient treatment* takes place and remains in overall charge of your care.

Out-patient podiatry

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

Out-patient dietetics

We pay *dieticians'* fees for *out-patient treatment* when you are referred for the *treatment* by your *consultant* or *GP* or if you are an *employee member* and you refer yourself to a *dietician*.

Out-patient sports massage

For *employee members* only, **we** pay *sports massage practitioner* fees for *out-patient treatment* when you are referred for the *treatment* by a *GP* or *therapist* and it is carried out in a *nominated facility*.

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*, or if you are an *employee member* and you refer yourself to the *complementary medicine practitioner*.

We do not pay for any complementary or alternative products, preparations or remedies.

Please see the Exclusion 'Complementary and alternative products and non-prescription drugs' 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 *treatment 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 *treatment 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 *treatment facility* charges (including the charge for interpretation of the results), for:

- o MRI scans (magnetic resonance imaging)

- o CT scans (computed tomography)
- o PET scans (positron emission tomography).

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

benefit 1.6 GP consultations and services and GP home visits

We pay **GP** fees for consultations and non-surgical **treatment**. **We** also pay for **GP home visits** when medically necessary.

We do not pay fees or charges for surgical **treatment**, vaccinations or consultations and/ or **treatment** for contraception.

benefit 1.7 prescription drugs and dressings

We pay benefits for prescribed drugs when prescribed for you by your **GP, consultant, healthcare practitioner** or **treatment facility**.

By prescription drugs **we** mean medicines, preparations or substances used to treat a medical **condition** and/or alleviate symptoms of a **condition** and which are recognised by the pharmaceutical regulator in the country in which the drug is prescribed as being required for the **treatment** of and/ or stabilisation of a medical condition. **We** also pay for prescribed vitamins or minerals but only when they are prescribed for you during your pregnancy or for **treatment** of a diagnosed medical **condition** with a clinically significant vitamin deficiency.

We do not pay benefit for any medicines used solely to prevent contracting an illness and/ or prevent the onset of an illness for example, for prophylactic medication for malaria or vaccines.

Please also see the Exclusion 'Complementary and alternative products and non-prescription drugs' in the section 'What is not covered'.

benefit 1.8 medical aids

We pay for a **medical aid**, including the fitting of a prosthetic device, when it is prescribed for you by an applicable healthcare practitioner.

Please also see the Exclusion 'Physical aids and devices' in the section 'What is not covered'.

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 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 **treatment facility**.

benefit 2.2 physicians

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

Benefit 3 Treatment facility charges

This benefit 3 explains the type of facility charges **we** pay for **eligible treatment**. The benefits you are covered for and the amounts **we** pay are shown in your **benefit table**.

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

benefit 3.2 day-patient and in-patient treatment

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

benefit 3.2.1 accommodation

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

We pay for accommodation in a room that is no more expensive than the **treatment facility's** single room with a private bathroom. **We** do not pay benefits for the extra cost of a deluxe, executive or VIP suite.

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

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

- o the charge is for an overnight stay for **treatment** that would normally be carried out as **out-patient treatment** or **day-patient treatment**
- o the charge is for use of a bed for **treatment** that would normally be carried out as **out-patient treatment**
- o the accommodation is primarily used for any of the following purposes:
 - o convalescence, rehabilitation, supervision or any purpose other than receiving **eligible treatment**
 - o 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 **treatment facility**
 - o receiving services from a **therapist**, **complementary medicine practitioner** or **mental health and wellbeing therapist**.

benefit 3.2.2 parent accommodation

We pay for each night a parent needs to stay in the **treatment 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:

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

We do not pay for any sundry or personal expenses incurred by the parent such as meals or refreshments, telephone calls or newspapers.

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

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

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

We pay for drugs and surgical dressings used for **out-patient treatment** or for you to use after your stay in the **treatment facility** but only as set out in benefit 1.7 in the section 'Benefits'.

We also pay for **out-patient common drugs**, **advanced therapies** and **specialist drugs** for **eligible treatment** of **cancer** but only as set out in benefit 4 in the section 'Benefits'.

Please also see the Exclusion 'Complementary and alternative products and non-prescription drugs' in the section 'What is not covered'.

benefit 3.2.4 intensive care

For **treatment** in the **UK**: We only pay for **intensive care** either:

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

or

- if unforeseen circumstances arise from a medical or surgical procedure which does not routinely require **intensive care** as part of the **treatment** and:
 - you are receiving private **eligible treatment** in a **treatment 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 **treatment facility** should contact **us** at the earliest opportunity.

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

- you have been discharged from an **NHS critical care unit** to an **NHS** general ward for more than 24 hours, and
- it is agreed by both your referring and receiving consultants that it is clinically safe and appropriate to transfer your care, and
- we have confirmed that your **treatment** is eligible under your **benefits**.

However, we need full clinical details from your **consultant** before we can make our decision.

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

For **treatment** outside the **UK**: We pay for **intensive care** in a **critical care unit** but only if you are receiving private **day-patient treatment** or **in-patient treatment** in a **treatment facility** and

- the **intensive care** is required routinely by patients undergoing the same type of **treatment** as yours, or
- the **intensive care** is medically essential due to unforeseen circumstances arising

from a medical or surgical procedure which does not routinely require **intensive care** as part of the **treatment** in which case your **consultant** should contact us at the earliest opportunity.

Please also see the Exclusion '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 **treatment facility** charges for:

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

benefit 3.2.6 therapies

We pay **treatment 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 **treatment 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

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

- o **out-patient treatment** for **cancer**

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

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

benefit 4.1 out-patient consultations for cancer

We pay **consultants'** fees for consultations that are to assess your **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 **treatment 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 **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:

- o your **consultant** refers you to the practitioner before the **out-patient treatment** takes place and remains in overall charge of your care, and
- o 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.

Please also see the Exclusion 'Complementary and alternative products and non-prescription drugs' 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 **treatment 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 **treatment 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 **treatment 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 also see the Exclusion 'Complementary and alternative products and non-prescription drugs' in the section 'What is not covered'.

Benefit 5 Mental health treatment

We pay for **mental health treatment** that you receive from a **consultant** or **mental health and wellbeing therapist** but only as set out in this benefit 5.

Before receiving any **mental health treatment** you must ask your **consultant** to get *our* written agreement. *We* need full clinical details from your **consultant** before *we* can give *our* decision.

What we pay for mental health treatment

benefit 5.1 out-patient mental health treatment

We pay fees and charges for **out-patient mental health treatment** 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 **mental health condition** and for **out-patient mental health treatment**.

benefit 5.1.2 mental health and wellbeing therapists' fees

We pay **mental health and wellbeing therapists'** fees for **out-patient mental health treatment** when the **treatment** is recommended by your **GP** or **consultant**.

If your **GP** or **consultant** refers you to a **supporting practitioner** *we* may pay the charges as if the practitioner were a **mental health and wellbeing therapist** if your **GP** or **consultant** refers you to the **supporting practitioner** before the **out-patient treatment** takes place and remains in overall charge of your care.

For **employee members** only: if your **GP** refers you for Cognitive Behavioural Therapy to a **supporting practitioner** we may pay the charges of the **supporting practitioner** as if the practitioner were a **mental health and wellbeing therapist** if your **GP** refers you to the practitioner before the **out-patient treatment** takes place and remains in overall charge of your care.

benefit 5.1.3 diagnostic tests

When requested by your **consultant** to help determine or assess your condition as part of **out-patient mental health treatment** we pay **treatment 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 **treatment facility**.

(MRI, CT and PET scans are not paid under this benefit – see benefit 1.5.)

benefit 5.2 day-patient and in-patient mental health treatment

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

We pay **consultants' fees** and **treatment facility** charges for **mental health day-patient treatment** and **mental health in-patient treatment** as set out below.

Consultants' fees

We pay **consultants' fees** for **mental health treatment** carried out in a **treatment facility**.

Treatment facility charges

We pay the type of **treatment facility** charges we say we pay for in benefit 3.

Please also see the Exclusion 'Remote consultations' in the section 'What is not covered'.

Additional benefits

Benefit 6 Treatment at home

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:

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

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

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

For **treatment** in the **UK**: **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:

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

For **treatment** outside the **UK**: **We** pay for travel by local road ambulance if you need private **day-patient treatment** or **in-patient treatment**, and it is medically essential for you to travel by ambulance.

Benefit 9 Repatriation and evacuation assistance

We only pay repatriation and evacuation assistance benefit at **our** discretion.

We will only consider repatriation or evacuation if all the following apply:

- o you do not have any repatriation or evacuation insurance cover to help you receive the **treatment** you need
- o the **treatment** you need is either **day-patient treatment** or **in-patient treatment** that is eligible under your **benefits**
- o you need to get **eligible treatment** from a **consultant** which, for medical reasons, cannot be provided in the country or location you are visiting.

We will not consider repatriation or evacuation if any of the following apply:

- o you travelled abroad despite being given medical advice that you should not travel abroad
- o you were told before travelling abroad that you were suffering from a terminal illness
- o you travelled abroad to receive **treatment**
- o you knew that you would need **treatment** before travelling abroad or thought you might
- o repatriation and/or evacuation would be against medical advice.

What we pay for

Important notes: these notes apply equally to benefits 9.1 to 9.3.

- o You must provide **us**, and where applicable the **medical assistance company**, with any information or proof that **we** may reasonably ask you for to support your request for repatriation/evacuation.
- o **We** only pay costs that are reasonable. **We** only pay costs incurred for you by the **medical assistance company** and only when the arrangements have been made in advance of your repatriation/evacuation by the **medical assistance company**. **We** do not pay any costs that have not been arranged by the **medical assistance company**.
- o **We** only pay for transport costs incurred during your repatriation and/or evacuation. **We** do not pay any other costs related to the repatriation and/or evacuation such as hotel accommodation or taxis. Costs of any **treatment** you receive are not payable under this benefit.
- o **We** may not be able to arrange evacuation or repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area; for example from an oil rig or within a war

zone. **We** also cannot be held liable for any delays or restrictions associated with the transportation that are beyond **our** control such as weather conditions, mechanical problems, restrictions imposed by local or national authorities or the pilot.

If **we** agree to your request for repatriation or evacuation **we** pay the following travel costs subject to **us** agreeing with your consultant whether you should be repatriated or evacuated.

benefit 9.1 your repatriation/evacuation

We pay for either:

- o your repatriation back to a hospital in the **UK** from abroad for your **day-patient treatment or in-patient treatment**, or
- o when medically essential, for evacuation to the nearest medical facility where your **day-patient treatment or in-patient treatment** is available if it is not available locally. This could be another part of the country you are in or another country, whichever is medically appropriate. Following such **treatment**, **we** pay for your immediate onward repatriation to a hospital in the **UK** but only if it is medically essential that:
 - o you are repatriated to the **UK** and
 - o your **day-patient or in-patient treatment** is continued immediately you arrive in the **UK**.

benefit 9.2 accompanying partner/relative

We pay for your **partner** or a relative to accompany you during your repatriation and/or evacuation but only if **we** have authorised this in advance of the repatriation and/or evacuation.

benefit 9.3 in the event of death

If you die abroad **we** will pay reasonable transport costs to bring your body back to a

port or airport in the **UK**, including reasonable statutory costs associated with transporting the body but only when all the arrangements are made by the **medical assistance company**.

If your body is not repatriated to the **UK**, **we** will pay reasonable costs for your body to be buried/cremated in the country in which you died but only when the arrangements are made by the **medical assistance company**.

We do not pay for any ceremonial costs such as but not limited to food, beverages, travel, accommodation, flowers or sympathy cards.

To make a claim for Repatriation and evacuation assistance

We must be contacted before any arrangements are made for your repatriation or evacuation. **We** will check your cover and explain the process for arranging repatriation or evacuation.

Benefit 10 Routine maternity and baby care

Waiting periods

- o For **new members** a waiting period of 10 months applies to this benefit. This means that if the due date of your baby is within 10 months of the date you join the **scheme we** will not pay for any **treatment** set out under this benefit during the first 10 months that you are a **member** under this **scheme**.
- o For **returning members** a waiting period of 24 months applies to this benefit. This means that if the due date of your baby is within 24 months of the date you join the **scheme we** will not pay for any **treatment** set out under this benefit during the first 24 months that you are a **member** under this **scheme**.
- o For all other **members** no waiting period applies.

Routine maternity

We pay fees and charges for routine maternity care. By routine maternity care **we** mean medically necessary expenses incurred by the mother during pregnancy and childbirth including:

- o routine pre-natal care such as ultrasound scans and common screening and follow-up test. For women over age 35 this includes amniocentesis and DNA-analysis if directly related to the amniocentesis
- o routine post-natal care carried out in the 6 weeks following the delivery
- o treatment facility charges, obstetricians' and midwives' fees for normal childbirth.

Routine baby care

We also pay for routine baby care for your baby from the mother's routine maternity benefit. By routine baby care **we** mean the essential procedures carried out immediately following birth such as the examinations to assess the integrity and basic function of the child's organs and skeletal structure. **We** do not pay for routine swabs, blood typing or hearing tests.

Any **eligible treatment** for medically essential follow-up investigations or non-routine **treatment** may be payable under the baby's own **benefits** if they are a **dependant**.

Benefit 11 Dental treatment

benefit 11.1. routine dental treatment

We pay for routine **dental treatment** provided by a **dentist**. By routine **dental treatment we** mean:

- o preventive **treatment** such as check-ups, X-rays, scale and polishing
- o routine **treatment** such as fillings, extractions and root canal therapy

- o major restorative **treatment** such as crowns, bridges or implants or orthodontic **treatment** of overbite or under bite etc.
- o restoration of the function of dental prostheses.

benefit 11.2 accidental dental injury treatment

We pay benefits for emergency **dental treatment** provided by a **dentist** or orthodontist which you need as a direct result of an **accidental dental injury**. By emergency **dental treatment we** mean **dental treatment**:

- o received for the immediate relief of pain caused by natural teeth being lost or damaged due to the **accidental dental injury** and
- o is carried out immediately after the accident to which it is related.

CASH BENEFITS

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

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 eligible 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 payable 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**.

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

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

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

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

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

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

We pay NHS cash benefit as follows:

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

which is *treatment* for *cancer* carried out as *out-patient treatment*, *day-patient treatment* or in your *home*, when it is provided to you free under your **NHS**.

We only pay NHS cash benefit if your *treatment* would otherwise have been covered for private *out-patient* or *day-patient treatment* under your *benefits*.

We only pay this benefit once for each day you have *treatment* even if you have more than one *eligible treatment* on the same day.

Benefit CB7 Procedure Specific NHS cash benefits

None of these Procedure Specific NHS cash benefits is payable at the same time as any other cash benefit.

We pay Procedure Specific NHS cash benefits in relation to certain specific **treatment** provided to you free under your **NHS**. **We** only pay Procedure Specific NHS cash benefits if your **treatment** would otherwise have been covered for private **treatment** under your **benefits**. For information on Procedure Specific NHS cash benefits please call **us** or go to www.bupa.co.uk/pscb. These cash benefits may change from time to time.

WHAT IS NOT COVERED

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

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

This section does not apply to benefit 1.6 in the section 'Benefits'.

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.

Benefits that are 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**.

Birth control, conception, sexual problems and sex changes

We do not pay for **treatment** for any type of:

- o contraception, including insertion or removal of contraceptives
- o sterilisation
- o sexual problems (including impotence, whatever the cause)
- o assisted reproduction (e.g. IVF **treatment**), surrogacy, the harvesting of donor eggs or donor insemination
- o sex changes or gender reassignments
- o infertility investigations

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

Exception: **We** pay for the insertion and removal of the progestogen-only intra-uterine system (IUS), Mirena®, but only where it is prescribed for **treatment** of a **condition** and not when it is used solely as a contraceptive.

Please also see 'Pregnancy termination and caesareans' in this section.

Complementary and alternative products and non-prescription drugs

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.

We do not pay for any non-prescription drugs, vitamins or minerals, nutritional or dietary supplements, including but not limited to infant formula and cosmetic products even if medically recommended or prescribed or acknowledged as having therapeutic effects.

Exception: **We** pay for prescribed vitamins or minerals but only as set out in benefit 1.7 in the section 'Benefits'.

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

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.

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**.

Contamination, wars, riots and terrorist acts

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

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

Convalescence, rehabilitation and general nursing care

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

- o convalescence, rehabilitation, supervision or any purpose other than receiving **eligible treatment**
- o 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 **treatment facility**
- o receiving services from a **therapist, complementary medicine practitioner or mental health and wellbeing therapist**.

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

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

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,

- o 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
- o 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:

- o an accident, or
- o 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 a **previous scheme** provided there has been no break in your cover between this **scheme** and the **previous 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 and preventive treatment' in this section.

Deafness

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

Dialysis

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

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

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

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

Excluded treatment or medical conditions

We do not pay for:

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

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

Experimental drugs and treatment

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

For **treatment** outside the **UK: We** do not pay for **treatment** including medication and procedures, which in **our** reasonable opinion is experimental or has not been proved to be effective, based on established medical practice, and which has not been approved as appropriate by a recognised body in the country in which you receive the **treatment**.

Exception: We may pay for this type of **treatment** of a **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 'Complementary and alternative products and non-prescription drugs' in this section.

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 – laser eye correction, spectacles or contact lenses.

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

Health hydros and spas

We do not pay for any **treatment** in a spa, nature cure clinic, health hydro or resort or any similar establishment regardless of whether:

- o the facility is registered or licensed under the local countries laws as a medical or surgical facility or not or
- o the treatment or cure has been medically prescribed or not.

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

For **treatment** in the **UK: We** do not pay for any **intensive care** if:

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

For **treatment** outside the **UK: We** do not pay for any **intensive care** that is not carried out in a **critical care unit**. **We** also do not pay for any **treatment** carried out in a **critical care unit** that is not **intensive care**.

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

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.

Exception: *We* may pay for **treatment** for significant developmental delay when a child **dependant** has not attained developmental milestones expected for a child of that age in one or more of the developmental areas as measured by an appropriately qualified healthcare practitioner.

Organ donation

We do not pay for the transportation or storage of donor organs or tissue or any related administration costs such as the donor search. *We* also do not pay any costs that are for or related to the acquisition of donor organs or tissue or for the **treatment** costs for the harvesting of organs or tissue.

Exception: *We* pay **treatment** costs for a live donor to donate an organ or tissue but only when all the following apply:

- o the donor and the recipient are immediate relatives e.g. parent or sibling
- o either the donor and/or the recipient is a **member**
- o the operations to both the donor and recipient are carried out simultaneously
- o all **treatment** for or related to the transplant for both the recipient and the donor is carried out in the **UK**

Where a **member:**

- o donates an organ or tissue to a non-member recipient *we* do not pay any costs for or towards the recipient's **treatment**.
- o receives an organ or tissue from a donor who is not a member *we* pay the donor's **treatment** costs for harvesting the organ or tissue they are donating to the **member**. *We* do not pay for any other **treatment** costs for the donor including any costs for complications arising or resulting from the harvesting of the organ or tissue. This benefit applies to the **member's** benefits

and eligible **treatment** costs for the donor are payable from the **member's benefits**.

Pandemic

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

Physical aids and devices

We do not pay for supplying or fitting physical aids and devices.

Exception: *We* pay for **prostheses** and **appliances** as set out in benefit 3, and **medical aids** as set out in benefit 1.8 in the section 'Benefits'.

Pregnancy termination and caesareans

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

- o an embryo or foetus
- o termination of pregnancy, or any condition arising from termination of pregnancy
- o delivering a baby by caesarean section for any reason other than a medical necessity, for example if it is done for social reasons or for the convenience of the medical practitioners or treatment facility

or **treatment** arising or resulting from any of the above.

Exception 1: *We* pay for **eligible treatment** for termination of pregnancy where the mother's life is at risk.

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

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

- o the **treatment** is required due to a flare-up of the medical condition, and
- o 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' in this section.

Professional sport and racing

We do not pay for **treatment** of any disease, illness or injury that is directly or indirectly related to or arises from your participation in any sport or activity as a professional.

We do not pay for **treatment** of any disease, illness or injury that is directly or indirectly related to or arises from your participation in any form of racing other than foot races.

Remote consultations

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

Screening and preventive treatment

We do not pay for:

- o 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**

- o routine gynaecological tests, routine baby checks or baby or child development checks
- o 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
- o preventive **treatment**, procedures or medical services, for example, removing breast tissue when there is no disease or tumour present, or vaccinations
- o genetic testing.

Exception 1: We pay for **eligible treatment** for:

- o routine maternity tests and routine tests on a new born baby
- o DNA testing when directly related to an eligible amniocentesis test carried out on a **member** over age 35

as set out in benefit 10, 'Routine maternity and baby care' in the section 'Benefits'.

Exception 2: If you are being treated for **cancer**, have strong direct family history of **cancer** and your **consultant** has advised that you receive a genetically-based test to evaluate future risk of developing further cancers, **we** may at **our** discretion cover this test as well as the recommended prophylactic surgery when it is recommended by your **consultant**. You must have **our** written agreement before you have tests, procedures or **treatment** and **we** will need full clinical details from your **consultant** before we can give **our** decision.

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).

Speech disorders

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

We also do not pay for speech therapy for developmental delay, developmental co-ordination disorder, dyslexia, or expressive language disorder.

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.

Treatment in a facility that is not a treatment facility

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

Exception: **We** may pay **consultants'** fees and facility charges for **eligible treatment** in a facility that is not a **treatment facility** when your proposed **treatment** cannot take place in a **treatment 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'.

Unrecognised medical practitioners, providers and facilities

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

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

- o the healthcare practitioner who carries out your treatment does not meet the definition criteria for that type of practitioner as set out in the glossary. In respect of **treatment** in the **UK**, **Bupa** does not recognise consultants, therapists, complementary medicine practitioners, mental health and wellbeing therapist or other healthcare professionals for the purpose of **our** private medical insurance schemes in the following circumstances:
 - o where **we** do not recognise them as having specialised knowledge of, or expertise in, the **treatment** of the disease, illness or injury being treated
 - o where **we** do not recognise them as having specialised expertise and ongoing experience in carrying out the type of **treatment** or procedure needed
 - o where **we** have sent a written notice to them saying that **we** no longer recognise them for the purposes of **our** schemes
- o the hospital, treatment facility, centre or unit does not meet the definition of a **treatment facility** that applies to your **benefits**.

GLOSSARY

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

Word / Phrase	Meaning
<i>Accidental dental injury</i>	damage or deformity to teeth or gums arising from an unexpected accidental injury, including one sustained during participation in a sporting activity.
<i>Acute condition</i>	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.
<i>Advanced therapies</i>	new and innovative targeted/bespoke therapies using advanced materials and methods to be used as part of your eligible treatment that are at the time of your eligible treatment included on our list of advanced therapies that applies to your benefits , which is available at bupa.co.uk/policyinformation and on request. The advanced therapies on the list may change from time to time.
<i>Agreement</i>	the agreement between the sponsor and us under which you have cover for your benefits .
<i>Appliance</i>	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.
<i>Artificial insemination</i>	intracervical insemination (ICI) or intrauterine insemination (IUI) using partner or donor sperm.
<i>Benefits</i>	the benefits specified in your benefit table and, where applicable your membership certificate 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.
<i>Benefit table</i>	the benefit table that applies to your scheme as set out in this in this Bupa membership guide.
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered Office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover.

Word / Phrase	Meaning
Cancer	a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chronic condition	a disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none"> ○ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests ○ it needs ongoing or long-term control or relief of symptoms ○ it requires rehabilitation or for you to be specially trained to cope with it ○ it continues indefinitely ○ it has no known cure ○ it comes back or is likely to come back.
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 .
Common drugs	commonly used medicines, such as antibiotics and painkillers that in our reasonable opinion based on established clinical and medical practice should be used as part of your eligible treatment .
Complementary medicine practitioner	an acupuncturist, chiropractor or osteopath who at the time of your treatment is legally qualified and entitled to practice as such in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the disease, illness or injury being treated.
Condition	an acute condition or chronic condition

Word / Phrase	Meaning
Consultant	<p>a surgeon, anaesthetist or physician who, at the time of your treatment,</p> <ul style="list-style-type: none"> o is legally qualified to practice medicine following attendance at a recognised medical school, and o is legally entitled to practice medicine in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in the field of, or expertise in, the treatment of the disease, illness or injury being treated. <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
Critical care unit	<ul style="list-style-type: none"> o for treatment in the UK: any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which, at the time of your treatment, is in our list of critical care units for your benefits and is listed for the type of intensive care that you require. The units on the list and the type of intensive care that each unit is listed for may change from time to time. Details of these critical care units are available on request. o for treatment outside the UK: any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which, at the time of your treatment, is registered, or recognised under the local country's laws, for providing the type of intensive care that you require.
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 .
Dental treatment	dental or oral surgical or medical services (including diagnostic tests) which are needed to diagnose, relieve or cure an accidental dental injury .

Word / Phrase	Meaning
Dentist	a person who, at the time of your dental treatment , is legally qualified to practice dentistry, and is legally entitled to practice dentistry in accordance with the laws of the country in which your dental treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the dental disease, illness or injury being treated.
Dependant	your partner and any child of yours who, with the sponsor's approval, is a member under the agreement .
Diagnostic tests	investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Dietician	a person who at the time of your treatment is legally qualified as a dietician and is legally entitled to practice as such in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the disease, illness or injury being treated.
Eligible surgical operation	eligible treatment carried out as a surgical operation .
Eligible treatment	<p>treatment of a condition together with the products and equipment used as part of the treatment that:</p> <ul style="list-style-type: none"> o are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK o are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided o are demonstrated through scientific evidence to be effective in improving health outcomes, and o are not provided or used primarily for the expediency of you or your consultant or other healthcare professional <p>and the treatment, services or charges are not excluded under your benefits.</p>
Employee member	a member who is employed by the sponsor .
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 .

Word / Phrase	Meaning
GP	a person who, at the time of your treatment and/or GP visit, is legally qualified to practice medicine and provide medical treatment which does not need a consultant's training following attendance at a recognised medical school and who is legally entitled to practice such medicine in accordance with the laws of the county in which your treatment and/or GP visit takes place. By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Home	either: <ul style="list-style-type: none"> o the place where you normally live, or o any other establishment, including a non-healthcare setting, which we may decide to treat as a home for the purpose of your benefits.
In-patient	a patient who is admitted to a hospital or treatment facility and who occupies a bed overnight or longer for medical reasons.
In-patient treatment	eligible treatment that, for medical reasons, is received as an in-patient .
Intensive care	eligible treatment for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Main member	the person who is covered under the agreement by virtue of being eligible in his or her own right rather than as a dependant .
Medical aid	a medical aid, device, apparatus or appliance which is in our list of medical aids for your benefits at the time it is prescribed for you. The list may change from time to time and details are available on request.
Medical assistance company	the company who is appointed by Bupa as a medical assistance company for the purpose of its medical insurance schemes for arranging repatriation and/or evacuation at the time that you need repatriation and/or evacuation. The medical assistance company may change from time to time and current details are available on request.

Word / Phrase	Meaning
<i>Medical treatment provider</i>	<ul style="list-style-type: none"> o for treatment in the UK: a person or company 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 are available on request. o for treatment outside the UK: a person or company who at the time of your treatment is legally entitled in accordance with the laws of the country in which your treatment takes place to provide the type of treatment at home that you need and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, providing such treatment at home.
<i>Member</i>	the main member or a dependant who is covered under the agreement .
<i>Membership certificate</i>	the most recent membership certificate that we issue to you for your current continuous period of membership under the agreement .
<i>Mental health and wellbeing therapist</i>	a person who, at the time of your treatment , is legally qualified as a mental health and wellbeing therapist and is legally entitled to practice as such in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the disease, illness or injury being treated.
<i>Mental health condition</i>	<p>a mental, nervous or eating disorder and/or syndrome that meets all of the following criteria:</p> <ul style="list-style-type: none"> o it is associated with present distress or substantial impairment of a person's ability to function in a major life activity, for example, employment o it is clinically significant and not merely an expected response to a particular event, for example, bereavement, relationship, academic or acculturation problem and o it meets the criteria for classification under the International Classification of Diseases (CD-10) or the Diagnostic and Statistical Manual (DSV-IV-TR).

Word / Phrase	Meaning
Mental health day-patient treatment	mental health treatment which for medical reasons means you have to be admitted to a treatment facility because you need a period of clinically-supervised mental health treatment as a day case but do not have to occupy a bed overnight and the mental health treatment is provided on either an individual or group basis.
Mental health in-patient treatment	mental health treatment that, for medical reasons, is received as an in-patient .
Mental health treatment	eligible treatment of a mental health condition .
New member	a member notified by the sponsor to us as being a new member.
NHS	<ul style="list-style-type: none"> o the national health service operated in Great Britain and Northern Ireland, or o the healthcare system that is operated by the relevant authorities of the Channel Islands, or o the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nominated facility	a treatment facility which at the time of your treatment is in our list of nominated facilities for your benefits and is listed for carrying out the type of treatment you need. The list may change from time to time and details are available on request.
Nurse	a person who at the time of your treatment , is legally qualified as a nurse and who is legally entitled to practice as such in accordance with the laws of the county in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, providing the type of nursing you need.
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 .
Overall annual maximum benefit	the total amount we pay up to each year for eligible treatment covered under your benefits . This is the amount we pay up to collectively each year for all your eligible treatment and not for each type of treatment individually. Your excess, co-insurance and any amounts we pay to you on an ex-gratia basis all count towards your overall annual maximum benefit.

Word / Phrase	Meaning
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 and is a dependant .
Podiatrist	a person who, at the time of your treatment , is legally qualified as a podiatrist and is legally entitled to practice as such in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the disease, illness or injury being treated.
Previous scheme	<ul style="list-style-type: none"> o another Bupa private medical insurance scheme or Bupa administered medical healthcare trust o a private medical insurance scheme or medical healthcare trust provided or administered by another insurer <p>that we specifically agree with the sponsor will be treated as a previous scheme for the purpose of assessing waiting periods or continuous periods of cover.</p>
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.
Recognised practitioner	a healthcare practitioner who at the time of your treatment : <ul style="list-style-type: none"> o 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 o is in our list of recognised practitioners that applies to your benefits.
Renewal date	the date each year agreed between the sponsor and us on which the group cover is due for renewal.
Returning member	a member notified by the sponsor to us as being a returning member.
Scheme	the cover we provide as shown in your benefit table and, where applicable, 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 condition .

Word / Phrase	Meaning
<i>Specialist drugs</i>	drugs and medicines to be used as part of your eligible treatment , which are not common drugs and are at the time of your eligible treatment included on our list of specialist drugs that applies to your benefits that is available at bupa.co.uk/policyinformation and on request. The specialist drugs on the list may change from time to time.
<i>Sponsor</i>	the company, firm or individual with whom we have entered into an agreement to provide cover.
<i>Sports massage practitioner</i>	a healthcare practitioner who has been notified by the sponsor to us as being a sports massage practitioner for the purpose of the scheme and at the time of your treatment is in our list of sports massage practitioners for your benefits . The list of sports massage practitioners may change from time to time. Details of these practitioners are available on request.
<i>Start date</i>	the date you started your current continuous period of cover under the scheme .
<i>Supporting practitioner</i>	a person who, at the time of your treatment is legally qualified as an audiologist, optometrist, psychotherapist, hypnotherapist, orthotist, manual lymphatic drainage practitioner, midwifery nurse, stoma nurse, breast care nurse or diabetes nurse and is legally entitled to practice as such in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the disease, illness or injury being treated.
<i>Surgical operation</i>	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.
<i>Therapist</i>	a person who, at the time of your treatment is legally qualified as a physiotherapist, occupational therapist, orthoptist, or speech therapist and is entitled to practice as such in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the treatment of the disease, illness or injury being treated.

Word / Phrase	Meaning
<i>Treatment</i>	surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.
<i>Treatment facility/facilities</i>	<ul style="list-style-type: none"> o a medical or surgical hospital, treatment facility, centre or unit which at the time of your treatment is legally entitled, in accordance with the laws of the country in which your treatment takes place, to carry out the type of treatment you need and is registered or recognised by the relevant authorities in that country as being able to carry out such treatment. o any other establishment which we may decide to treat as a treatment facility for the purpose of the scheme.
<i>United Kingdom/UK</i>	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
<i>Waiting period</i>	a period of continuous cover during which benefits are not payable. The length of any waiting periods that apply to your benefits are shown in your benefit table .
<i>We/our/us</i>	Bupa .
<i>Year</i>	<ul style="list-style-type: none"> o when you first become a member under the scheme this is the period beginning on your start date and ending on the day before the renewal date o for continuing members this is the period beginning on the renewal date and ending on the day before the next renewal date.
<i>You/your</i>	this means the main member only.

PRIVACY NOTICE

Personal information

In providing you with our services, Bupa may handle your personal information. Personal information is information about you from which you can be identified, such as your name and contact details. Depending on what services you receive from us, this may include sensitive personal information such as medical information.

By providing your data and/or information, or by using the Bupa website or other online or digital platforms, you consent to the use of your data and information as described or referred to in this privacy notice and the cookie policy. The provisions of Bupa's social media terms and conditions may also apply. If we make a change to any of the ways in which we process personal information, we will update this notice on www.bupa.co.uk/privacy so please check back regularly for updates. You can also email dataprotection@bupa.com and ask us to send you the latest version at any time.

Confidential and Medical information

The confidentiality of your personal information is of paramount concern to Bupa and we comply with UK data protection law and all the applicable medical confidentiality guidelines issued by professional bodies such as the General Medical Council and the Nursing and Midwifery Council.

Your confidential medical information will only be disclosed to those involved with your treatment or care, or in accordance with UK law and guidelines from professional bodies,

or for the purposes of clinical audit (unless you object). If you receive services from Bupa and that service transfers to a new provider, we may share your personal and confidential medical information with the new provider.

Securing information

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect. All Bupa staff have a legal duty to respect the confidentiality of your information, and access to your confidential information is restricted only to those who have a reasonable need to access it.

When using a Bupa website, if the URL of a web page starts with HTTPS, or you see a locked/green padlock symbol, your data should be encrypted when it is sent from your computer to our server. However, we cannot ensure the security of your data when it is being transmitted to our website or other digital sites from other pages. All transmission of personal information and other data is done at your own risk.

Information submitted to Bupa through a website is normally unprotected until it reaches us. In addition, users are also requested not to send confidential details or credit card numbers, for example, by email.

Information we may hold about you

The information we hold about you may include the following:

- o basic details such as name, address, contact details and next of kin
- o details of contact we have had with you such as referrals and quotes
- o details of services you have received
- o patient experience feedback and treatment outcome information you provide
- o information about complaints and incidents
- o notes and reports about your health and any treatment and care you have received or need, including about clinic and hospital visits and medicines administered
- o information from customer surveys, competitions and marketing activities
- o recordings of calls we receive or make
- o other information we receive from other sources, including from your use of websites and other digital platforms we (or our group companies) operate or the other services we provide, information from business partners, advertising networks, analytics providers, or information provided by other companies who have obtained your permission to share information about you

When we collect your information

Information about you is collected when:

- o you apply for a quote or policy
- o you enter into a contract with Bupa for the provision of services, and when you use those services
- o you submit a query to us, for example by email, telephone or social media, including where you reference the Bupa group of companies in a public social media post
- o you participate in any marketing activity

We may also collect personal information about you from other people when:

- o you are named in an application form or as a dependant under an individual or corporate scheme
- o we process an application or claim (where we may carry out credit or fraud checks), or when we obtain medical reports
- o we liaise with your family, employer, health professional or other treatment or benefit provider. We may only share information in this way where you have provided your consent or in circumstances where you are incapable of giving consent, or we are unable or it is not reasonable to seek your permission, or we are required to by law or in accordance with guidance from professional bodies
- o you use a third party application to provide information to one of our mobile applications or websites.

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

Using your information

We use your personal information to provide you with our services, and to improve and extend our services. This may include:

- o responding to your queries, including providing quotes
- o supporting your medical treatment or care and other benefits

- o internal record keeping and administration
- o responding to requests where we have a legal or regulatory obligation to do so
- o checking the accuracy of information about you, and the quality of your treatment or care, including auditing medical and billing information for insurance claims
- o supporting your doctor, nurse, carer or other healthcare professional
- o assessing the type and quality of care you have received and any concerns or complaints you raise, so that these can be properly investigated
- o using your contact information to send you service related information
- o using your contact information to send promotional material about new products, special offers or other information we think you may find interesting (see 'Keeping you informed' below for more information)
- o using your contact information to give you an opportunity to complete a customer satisfaction survey
- o using your contact information to conduct and analyse market research

Sharing information

Information about you may be shared by the companies in the Bupa group for all the purposes identified under "Using your information" to enable us to manage our relationship with you as a Bupa customer and update and improve our records. We may also share information in aggregated form with the companies in the Bupa group.

Bupa works with other individuals and organisations to provide our services to you, and this may involve them handling your personal information. This handling of your personal information may be done outside of the European Economic Area in countries

with different data protection laws. In that case we ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

We do not share your personal information with anyone outside of the Bupa group to use for their own purposes, except:

- o when we have your permission
- o when we are permitted or obliged to do so by law. For example, we are required to provide information to organisations such as the National Registries (e.g. The Cancer Registry) and to notify the government of certain infectious diseases such as TB and meningitis (but not HIV/Aids)
- o if we are under a duty to disclose or share personal data in order to enforce or apply our terms of use (of our website or any part of it) or terms and conditions of supply of any relevant products or services and other agreements
- o to protect the rights, property, or safety of Bupa, our customers, or others
- o in order to detect, prevent and help with the prosecution of financial crime. For example we may share information with fraud prevention or law enforcement agencies, and other organisations. If we suspect fraudulent activity we may inform the person or organisation who administers or funds your Bupa services
- o if there are other exceptional circumstances, and we are unable or it is not appropriate to seek your permission

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member.

You may also receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information, only for the administration of the scheme or services, with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents. We won't share the details of your health condition, illness, injury or treatment with the employer without your permission.

In the event that we (or any member(s) of our group) sell or buy any business or assets, we may disclose your personal data to the prospective seller or buyer of such business or assets.

Keeping information

We will only keep your personal information for as long as is necessary and in accordance with UK law.

Keeping you informed

The Bupa group would like to keep you informed of the Bupa group's products and services that we consider may be of interest to you (via mail, email, phone or SMS). When we collect your information, we will ask you if you would like us to keep you updated in this way. We may use your personal information to:

- o decide which services which we think are relevant to you
- o decide which media, including social media platforms, would best be utilised to reach the customers who wish to receive marketing materials
- o contact you with details of our products and services, including displaying interest-based adverts via social media

If you do not wish to receive marketing information about our products and services,

or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team on the details shown below.

Accessing information

If you have any data protection queries, please contact the Bupa UK Information Governance team:

Email: dataprotection@bupa.com

Write: **4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ**

You should also contact the Bupa UK Information Governance team to request a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information. We may charge a small amount for providing you with a copy of your personal information. We may also ask you to provide additional documentation to confirm your identity or, if you are seeking to access personal information of another individual, proof of their consent or your legal right to receive their personal information.

Updating this Privacy Notice

We review and update this notice regularly. The latest copy of this notice and the trading companies that comprise the Bupa group can be found on www.bupa.co.uk/privacy

FINANCIAL CRIME AND SANCTIONS

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

Bupa, through its administration of this *trust*, shall not be liable to pay any claim where this would expose **Bupa** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where **Bupa** transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.

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Bupa health insurance is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 203332.

Bupa insurance policies are administered by Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 312526.

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

Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

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