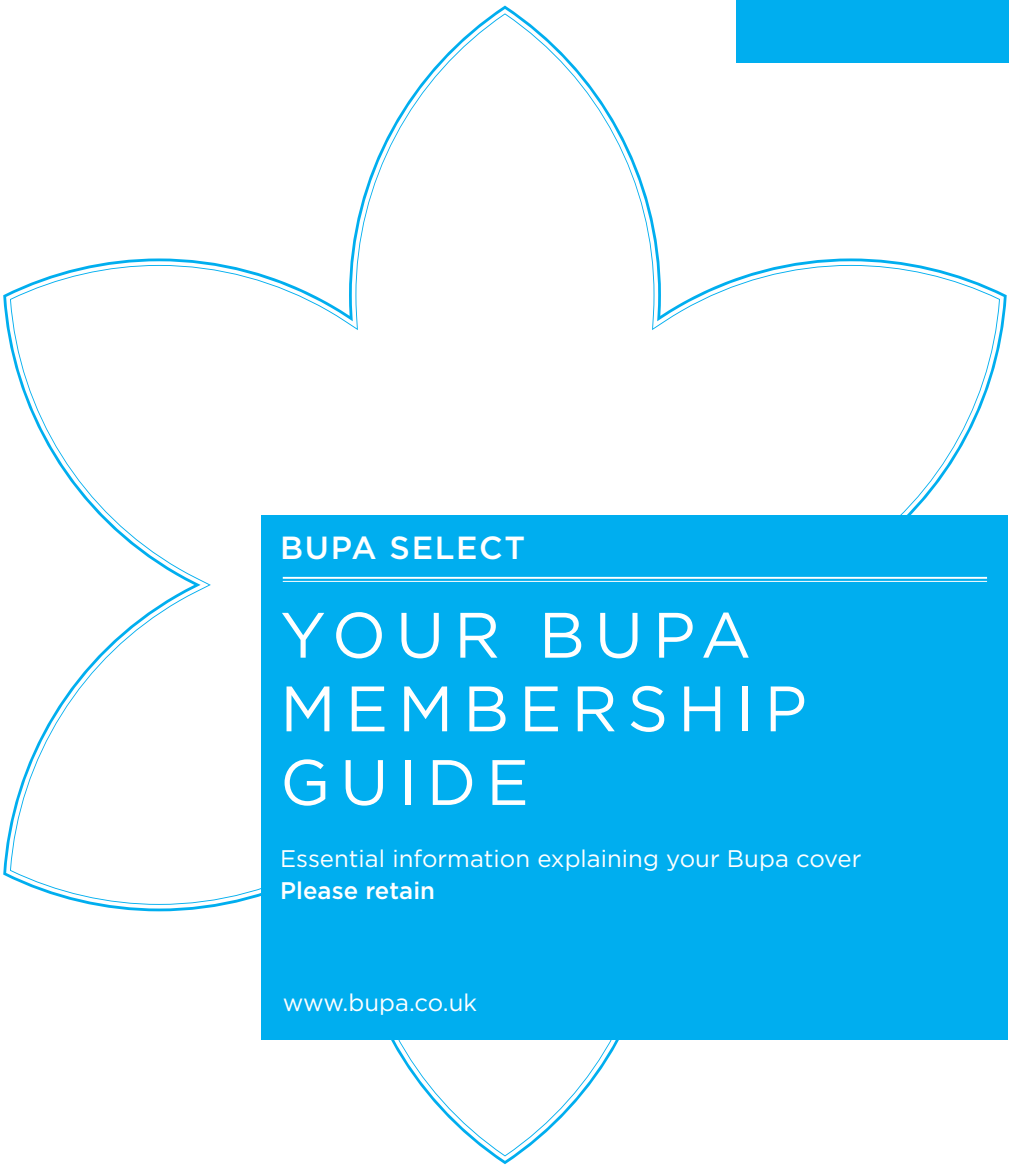

BUPA SELECT

YOUR BUPA MEMBERSHIP GUIDE

Essential information explaining your Bupa cover
Please retain

www.bupa.co.uk

ABOUT THIS GUIDE

Welcome to your Bupa Select 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 italics*** in the text.

TIP:

CROSS-CHECK THE BENEFITS LISTED IN YOUR MEMBERSHIP CERTIFICATE WITH THE RELEVANT PARAGRAPHS IN THE GUIDE TO MAKE SURE THAT YOU HAVE THE COVER THAT YOU WANT.

HOW DO I KNOW WHAT I'M COVERED FOR?

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

HOW DOES THE MEMBERSHIP GUIDE WORK WITH MY MEMBERSHIP CERTIFICATE?

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

HOW DO I CONTACT BUPA?

We're always on hand to help.

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

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

BUPA HEALTHLINE

If you have any questions or worries about your health call our confidential Bupa HealthLine on 0845 6040 537†. 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 monitored.

CONTENTS AT A GLANCE

YOUR RULES AND BENEFITS

Effective from 1 January 2012

These are the rules and benefits of Bupa Select

- For anyone joining Bupa Select they apply from their ***start date***.
- For anyone whose membership of Bupa Select 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 section before you read the rest of this membership guide as it explains how this membership guide and your *membership certificate* work together.

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

This membership guide is a generic guide. It contains the general membership terms that apply to all Bupa Select members. It also contains all the elements of cover that can be provided under Bupa Select. **You may not have all the cover set out in this membership guide** It is your ***membership certificate*** that shows the cover that is specific to your ***benefits***. Any elements of cover in this membership guide that are either:

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

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

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

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

HOW YOUR MEMBERSHIP WORKS

The agreement between 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 sub section 'If you have cause for complaint').

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.

- **The Bupa Select Membership Guide:** this sets out the general terms and conditions of membership (including exclusions) and all the elements of cover that can be provided under Bupa Select.
- ***Your membership certificate***: this shows the cover that is specific to your ***benefits,*** including the underwriting method applied, the limits that apply, any variations to the benefits, terms or conditions explained in this membership guide and whether an ***excess*** or ***co-insurance*** applies to your cover and if it does, the amount and how it applies.

And for ***underwritten members***:

- ***Your*** **application for cover**: this includes any applications for cover for ***underwritten members*** and the declarations that ***you*** made during the application process.

Payment of benefits

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

When you receive private medical treatment you have a contract with the providers of your ***treatment.*** You are responsible for the costs you incur in having private ***treatment***. However, if your ***treatment*** is ***eligible treatment we*** pay the costs that are covered under your ***benefits***. Any costs, including ***eligible treatment*** costs, that are not covered under your ***benefits*** are your sole responsibility.

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

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

Please also see the section 'Claiming'.

When your membership starts, renews and ends

Starting membership

Your 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***.

If your baby's membership would be as:

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

  but only if both the following apply:
- ***you*** and/or ***your partner*** have been covered under the ***scheme*** (and if applicable a ***previous scheme***) for at least 12 continuous months before the baby's birth and
- ***you*** include ***your*** baby under ***your*** membership within three months of the baby's birth.

In which case if ***we*** agree to cover your baby it will be from their date of birth (or ***your start date*** if their date of birth is before ***your start date***).

Renewal of your membership

The renewal of your membership is subject to the ***sponsor*** renewing your membership under the ***agreement***.

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:

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

Your dependants' membership will automatically end if:

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

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

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

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***.

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.

If you have cause for complaint

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

- If you have any complaints the helpline is always the first number to call. You can find the helpline number and other contact details on your ***membership certificate***.
- For members with special needs ***we*** offer a choice of braille, large print or audio for correspondence. please let ***us*** know which you would prefer.
- If ***we*** have not been able to resolve the problem and you wish to take your complaint further, you can contact our customer relations department.
  Please call: **0845 606 6739** (calls may be recorded for training purposes and monitoring).

  Or write to: Bupa, Salford Quays, Manchester, M50 3XL.

  Or contact us via our website at: **www.bupa.co.uk/members/member-feedback**
- It's very rare that ***we*** can't settle a complaint, but if this does happen, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: South Quay Plaza, 183 Marsh Wall, London, E14 9SR or call them on **0800 023 4567** or **0300 123 9 123**.

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

None of these procedures affect your legal rights.

The Financial Services Compensation Scheme (FSCS)

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

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

CLAIMING

Step-by-step guide to making a claim

STEP 1 VISIT YOUR GP

The process starts with a visit to your ***GP***.

Your ***GP*** will advise you if you need to see a consultant or healthcare professional.

STEP 2 ASK FOR A REFERRAL: CHECK WHICH OPTION APPLIES TO YOUR COVER

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

Check the 'Cover option' within the Group Details section of your ***membership certificate*** to see whether the Open Referral Service applies to your cover. If your Cover option does not state open referral, then it does not apply.

- If the Open Referral Service does not apply to you:

We nevertheless recommend that you ask for an 'open referral' which will detail the care your ***GP*** would like you to have, but will not be addressed to a specific consultant, hospital or healthcare professional. An open referral needs to include your ***GP's*** assessment of your symptoms, the body area affected and medical speciality required.

By obtaining an open referral ***we*** can offer you greater flexibility and a choice of consultants, as well as help you to make sure you avoid any extra costs (some consultants charge fees which are outside ***our*** benefit limits and if they do, you may need to pay some of the fees). You'll find a simple open referral form for your ***GP*** to complete on: **www.bupa.co.uk/referral-form**

If your ***GP*** does want to provide you with a referral to a specific consultant make sure you confirm with ***us*** that they charge within ***our*** benefit limits, to avoid being responsible for any unforeseen costs.

- If the Open Referral Service applies to you:

If the Open Referral Service applies to you, you must obtain an open referral from your ***GP*** to ensure that your treatment is covered, and to avoid having to return to your ***GP*** and obtain an open referral.

IMPORTANT: You must call ***us*** to pre-authorise any claim before arranging or receiving any treatment. Failure to obtain pre-authorisation from ***us*** means that you will be responsible for paying for all such treatment. ***We*** will help you find a consultant or healthcare professional within your local area and confirm the benefits available to you under your cover. You'll find a simple open referral form for your ***GP*** to complete on: **www.bupa.co.uk/referral-form**

STEP 3 CALL US

Call ***us*** so that ***we*** can discuss your options and explain which consultants and healthcare professionals are covered under your Bupa membership. ***We*** will let you know what you need to do next and send you any necessary pre-treatment forms you may need to complete.

Remember – if the Open Referral Service applies to you, you must call ***us*** before arranging or receiving any treatment.

STEP 4 GET A PRE-AUTHORISATION NUMBER

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

We recommend you give your pre-authorisation number to the consultant or healthcare professional you see so that the invoice for any treatment costs can be sent to ***us*** directly. If your company has selected the Open Referral Service, then you must call ***us*** to pre-authorise your treatment.

If for any reason you are sent an invoice, simply send it on to: Claims Department, Bupa, Salford Quays, M50 3XL.

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

Claims checklist

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

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

A Making a claim

A1 Claims other than Cash benefits

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

If the Open Referral Service applies to your cover you must ask for an 'open referral' from your *GP* *(please see the 'Step-by step guide to making a claim' earlier in this membership guide)* **and you must call *us* before arranging or receiving any *treatment*. *We*** will confirm the medical providers and ***treatment*** facilities that you must use. Failure to call ***us*** to obtain pre-authorisation for your ***treatment*** means that you will be responsible for paying for all such ***treatment***.

Please see the 'Cover option' section of your ***membership certificate*** – it will state 'Open Referral' if the Open Referral Service applies to your cover.

For moratorium members

As a ***moratorium member*** you are not covered for ***treatment*** of any ***moratorium conditions***. Each time you make a claim you must provide ***us*** with information so ***we*** can confirm whether your proposed ***treatment*** is covered under your ***benefits.***

Before you arrange any consultation or ***treatment*** call ***us*** and ***we*** will send you a pre-treatment form to complete. You will need to provide details of the history of the medical condition you are claiming for, including information that you will need to ask your ***GP*** or ***consultant*** for. Your ***GP*** or ***consultant*** may charge you a fee for providing a report which ***we*** do not pay. Each claim you make while you are a ***moratorium member*** will be assessed on this information and any further information ***we*** ask you to provide to ***us*** at the time you claim.

Once ***we*** receive all the information ***we*** ask you for ***we*** will:

- if the Open Referral Service does not apply to your cover, confirm whether your proposed ***treatment***, medical provider or treatment facility will be ***eligible*** under your ***benefits***
- if the Open Referral Service applies to your cover, confirm whether your proposed ***treatment*** will be eligible under your ***benefits*** and, if so, the medical providers or ***treatment*** facilities you must use
- the level of ***benefits*** available to you, and
- tell you whether you will need to complete a claim form.

Please see the 'Cover option' section of your ***membership certificate*** – it will state 'Open Referral' if the Open Referral Service applies to your cover.

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

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

For non moratorium members

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

- if the Open Referral Service does not apply to your cover, confirm whether your proposed ***treatment***, medical provider or treatment facility will be ***eligible*** under your ***benefits***,
- if the Open Referral Service applies to your cover, confirm whether your proposed ***treatment*** will be eligible under your ***benefits*** and, if so, the medical providers or ***treatment*** facilities you must use
- the level of ***benefits*** available to you, and
- tell you whether you will need to complete a claim form, if you claim.

Please see the 'Cover option' section of your ***membership certificate*** – it will state 'Open Referral' if the Open Referral Service applies to your cover.

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

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

A2 Claims for Cash benefits

For benefit CB1, NHS cash benefit

- **For moratorium members**

Call the helpline and ***we*** will send you a cash benefit pre-treatment form to complete. You will need to provide details of the history of the medical condition you are claiming for, including information that you will need to ask your ***GP*** or ***consultant*** for. Your ***GP*** or ***consultant*** may charge you a fee for providing a report which ***we*** do not pay. Each claim you make while you are a ***moratorium member*** will be assessed on this information and any further information ***we*** ask you to provide to ***us*** at the time you claim.

Once ***we*** receive all the information ***we*** ask you for ***we*** will:

- confirm whether your ***treatment*** will be ***eligible*** for NHS cash benefit
- the level of ***benefits*** available to you, 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. You will need to return your fully completed form to ***us*** as soon as possible and in any event within six months of receiving your ***treatment*** unless this was not reasonably possible.

- **For non moratorium members**

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. You will need to return your fully completed form to ***us*** as soon as possible and in any event within six months of receiving your ***treatment*** unless this was not reasonably possible.

For benefits CB2 to CB5

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

- your completed claim form if you need to complete one – in which case you will need to return your fully completed form to ***us*** as soon as possible and in any event within six months of receiving your ***treatment*** unless this was not reasonably possible.

or

- if you do not need a claim form, a covering letter giving your name, address and membership number,

together with:

- for Family cash benefit: a copy of ***your*** child's birth or adoption certificate
- for other cash benefits: your original invoices and receipts.

A3 Claims for Repatriation and evacuation assistance

You **must** contact ***us*** before any arrangements are made for your repatriation or evacuation. When you contact ***us*** ***we*** will check your cover and explain the process for arranging repatriation or evacuation and making a claim. From outside the ***UK*** – or inside the ***UK*** when your helpline is closed – call ***us*** on: **+ 44 (0) 161 873 0231.** Lines open 24 hours 365 days a year. Calls may be recorded and may be monitoring.

A4 Treatment needed because of someone else's fault

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

- you agree you are responsible for the payment of any costs which may ultimately be recovered from the third party
- you must notify ***us*** as soon as possible that your ***treatment*** was needed as a result of a third party. You can notify ***us*** either by writing to ***us*** or completing the appropriate section on your claim form. You must provide ***us*** with any further details that ***we*** reasonably ask you for

- you must take any reasonable steps ***we*** ask of you to recover from the third party the cost of the ***treatment*** paid for by ***us*** and claim interest if you are entitled to do so
- you (or your solicitor) must keep ***us*** fully informed in writing of the progress and outcome of your claim
- if you recover the cost of any ***treatment*** paid for by ***us***, you must repay the amount and any interest to ***us***.

A5 Other insurance cover

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

B How we will deal with your claim

B1 General information

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

Except for NHS cash benefit and Family 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.

B2 Providing us with information

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

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

- original accounts and invoices in connection with your claim (including any related to ***treatment*** costs covered by your ***excess*** or ***co-insurance*** – if any). ***We*** cannot accept photocopies of accounts or invoices or originals that have had alterations made to them

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

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

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

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

   If you give your consent to us obtaining a report without indicating that ***you*** wish to see it, you can change your mind by contacting your ***GP*** before the report is sent to ***us***. In which case you will have the opportunity to see the report and ask the ***GP*** to change the report or add your comments before it is sent to ***us***, or withhold your consent for its release.
2. You can give your consent, but ask to see any report before it is sent to ***us***, in which case you will have 21 days, after we notify you that ***we*** have requested a report from the ***GP***, to contact your ***GP*** to make arrangements to see the report.

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

   You may ask your ***GP*** to change the report if you think it is misleading. If your ***GP*** refuses, you can insist on adding your own comment to the report before it is sent to ***us***.
3. You can withhold your consent, but if you do, please bear in mind that we may be unable to progress with your claim.

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

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

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

B3 How we pay your claim

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

Claims for cash benefits: ***we*** pay ***eligible*** claims by cheque to the ***main member***. **Claims for overseas emergency treatment under benefit 9:** ***we*** only pay ***eligible*** claims in £sterling. When ***we*** have to make a conversion from a foreign currency to £sterling ***we*** will use the exchange rate published in the ***UK's*** Financial Times on the Monday of the week in which the first day of your ***treatment*** takes place.

C If you want to withdraw a claim

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

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

D Ex-gratia payments

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

E If you have an excess or co-insurance

The ***sponsor*** may have agreed with ***us*** that either an ***excess*** or ***co-insurance*** shall apply to your ***benefits***. The ***membership certificate*** shows if one does apply and if so,

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

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

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

E1 How an excess or co-insurance works

Having an ***excess*** or ***co-insurance*** means that you have to pay part of any ***eligible treatment*** costs that would otherwise be paid by ***us*** up to the amount of your ***excess*** or ***co-insurance***. By ***eligible treatment*** costs ***we*** mean costs that would have been payable under your ***benefits*** if you had not had an ***excess*** or ***co-insurance.***

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 ***recognised facility***. The ***excess*** or ***co-insurance*** must be paid direct to them – not to ***Bupa***. ***We*** will also write to tell the ***main member*** the amount of the ***excess*** or ***co-insurance*** that remains (if any).

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

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

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

- ***we*** apply the ***excess*** or ***co-insurance*** to your claims in the order in which ***we*** process those claims
- when you claim for ***eligible treatment*** costs under a ***benefit*** that has a benefit limit your ***excess*** or ***co-insurance*** amount will count towards your total benefit limit for that ***benefit***
- the ***excess*** or ***co-insurance*** does not apply to Cash benefits.

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:

- benefit limits: these are limits on the amounts ***we*** will pay and/or restrictions on the cover you have under your ***benefits***. Your ***membership certificate*** shows the benefit limits and/or restrictions that apply to your ***benefits***.
- ***excess*** or ***co-insurance***: these are explained in rule E in the section 'Claiming'. Your ***membership certificate*** shows if an ***excess*** or ***co-insurance*** applies to your ***benefits***. If one does apply, your benefit limits shown in your ***membership certificate*** will be subject to your ***excess*** or ***co-insurance***.
- ***overall annual maximum benefit***: this is a limit on the overall amount ***we*** will pay under your ***benefits*** each ***year.*** Your ***membership certificate*** shows if an ***overall annual maximum benefit*** applies to your ***benefits***. If one does apply, your benefit limits shown in your ***membership certificate*** 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***.
- if you are an ***underwritten member*** or a ***moratorium member***,
- if the Open Referral Service applies to your cover. If the Open Referral Service applies to your cover you must obtain an "open referral" from your ***GP*** and you must call ***us*** before arranging or receiving any ***treatment***. We will confirm the medical providers or ***treatment*** facilities you must use. Failure to call ***us*** to obtain pre-authorisation for your ***treatment*** means that you will be responsible for paying for all such ***treatment***. Please see the 'Cover option' section of your ***membership certificate*** – it will state 'Open Referral' if the Open Referral Service applies to your cover.
- 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 ***membership certificate***.

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

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

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

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

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

- the person who has overall responsibility for your ***treatment*** is a ***consultant.*** If the person who has overall responsibility for your ***treatment*** is not a ***consultant*** then none of your ***treatment*** costs are covered - the only exception to this is where a ***GP*** refers you for ***out-patient treatment*** by a ***therapist*** or ***complementary medicine practitioner***
- the medical practitioner or other healthcare professional and the ***recognised facility*** are recognised by ***us*** for treating the medical condition you have and for providing the type of ***treatment*** you need.
- if the Open Referral Service applies to your cover, you use the medical providers and treatment facilities we refer you to when we pre-authorise your ***treatment*** (see below).

Important

If the Open Referral Service does not apply to your cover, you should always call ***us*** before arranging any ***treatment*** to check your ***benefits*** and whether your chosen medical practitioner or other healthcare professional or ***recognised facility*** is recognised by ***us*** for both treating the medical condition you have and for providing the type of ***treatment*** you need. Any ***treatment*** costs you incur that are not covered under your ***benefits*** are your responsibility.

If the Open Referral Service applies to your cover you must obtain an 'open referral' from your ***GP*** and you must call ***us*** before arranging or receiving any ***treatment***. ***We*** will confirm the medical providers or ***treatment*** facilities you must use. Failure to call ***us*** to obtain pre-authorisation for your ***treatment*** means that you will be responsible for paying for all such ***treatment***.

Please see the 'Cover option' section of your ***membership certificate*** – it will state 'Open Referral' if the Open Referral Service applies to your cover.

Reasonable and customary charges

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

What you are covered for

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

Benefit 1 Out-patient consultations and treatment

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

benefit 1.1 out-patient consultations

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

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

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

Out-patient therapies

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

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

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

Charges related to out-patient treatment

We pay provider charges for ***out-patient treatment*** which is related to and is an integral part of your ***out-patient treatment***. ***We*** treat these charges as falling under this benefit 1.2 and subject to its benefit limit.

benefit 1.3 out-patient complementary medicine treatment

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

We do not pay for any complementary or alternative products, preparations or remedies. *Please see Exclusion 14, 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in the section 'What is not covered'.*

benefit 1.4 diagnostic tests

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

We do not pay charges for ***diagnostic tests*** that are not from the ***recognised facility***.

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

benefit 1.5 out-patient MRI, CT and PET scans

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

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

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

Being treated in hospital

Benefit 2 Consultants' fees for surgical and medical hospital treatment

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

benefit 2.1 surgeons and anaesthetists

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

benefit 2.2 physicians

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

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

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

Benefit 3 Recognised facility charges

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

Important: the ***recognised facility*** that you use for your ***eligible treatment*** must be recognised by ***us*** for treating both the medical condition you have and the type of ***treatment*** you need otherwise benefits may be restricted or not payable.

If the Open Referral Service does not apply to your cover, you should 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***.

If the Open Referral Service applies to your cover you must obtain an 'open referral' from your ***GP*** and you must call ***us*** before arranging or receiving any ***treatment***. ***We*** will confirm the medical providers or ***treatment*** facilities you must use. Failure to call ***us*** to obtain pre-authorisation for your ***treatment*** means that you will be responsible for paying for all such ***treatment***.

Please see the 'Cover option' section of your ***membership certificate*** – it will state 'Open Referral' if the Open Referral Service applies to your cover.

benefit 3.1 out-patient surgical operations

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

benefit 3.2 day-patient and in-patient treatment

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

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

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

Using a non-recognised facility

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

benefit 3.2.1 accommodation

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

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

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

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

benefit 3.2.2 parent accommodation

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

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

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

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

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

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

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

benefit 3.2.4 intensive care

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

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

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

- you are receiving private ***eligible treatment*** in a ***recognised facility*** equipped with a ***critical care unit***, and
- the ***intensive care*** is carried out in the ***critical care unit***

in which case your ***consultant*** or ***recognised facility*** should contact ***us*** at the earliest opportunity.

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

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

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

benefit 3.2.5 diagnostic tests and MRI, CT and PET scans

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

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

benefit 3.2.6 therapies

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

benefit 3.2.7 prostheses and appliances

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

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

Benefits for specific medical conditions

Benefit 4 Cancer treatment

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

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

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

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

benefit 4.1 out-patient consultations for cancer

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

We may agree to pay a ***consultant*** or ***recognised facility*** charge for the use of a consulting room used during your ***out-patient*** consultation, where ***we*** do agree ***we*** pay the charge under this benefit 4.1.

benefit 4.2 out-patient therapies and charges related to out-patient treatment for cancer

Out-patient therapies

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

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

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

Charges related to out-patient treatment

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

benefit 4.3 out-patient complementary medicine treatment for cancer

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

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

benefit 4.4 out-patient diagnostic tests for cancer

When requested by your ***consultant*** to help determine or assess your condition as part of ***out-patient treatment*** for ***cancer we*** pay ***recognised facility*** charges (including the charge for interpretation of the results) for ***diagnostic tests***. ***We*** do not pay charges for ***diagnostic tests*** that are not from the ***recognised facility***.

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

benefit 4.5 out-patient cancer drugs

We pay ***recognised facility*** charges for drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out ***out-patient treatment*** for ***cancer***.

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

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

Benefit 5 Mental health treatment

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

Your cover is designed to provide help for short- or medium-term medical ***treatment*** that restores you back to health. ***Mental health conditions*** are often long term in nature and may change in nature over time.

We do not pay for any ***mental health treatment*** for any member who has suffered from or is suffering from a ***chronic mental health condition*** *(see Exclusion 34, chronic mental health conditions)*. If this exclusion applies you will not be covered for this benefit even if your ***membership certificate*** shows it is covered.

What we pay for mental health treatment

We pay ***consultants***' and ***mental health and wellbeing therapist*** fees and ***recognised facility*** charges for ***mental health treatment*** as follows:

benefit 5.1 out-patient mental health treatment

We pay fees and charges as set out in benefits 5.1.1 to 5.1.3.

benefit 5.1.1 consultants' fees

We pay ***consultants'*** fees for ***out-patient*** consultations to assess your ***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 your ***consultant*** refers you to a medical or health practitioner who is not a ***mental health and wellbeing therapist we*** may pay the charges as if the practitioner were a ***mental health and wellbeing therapist*** if all of the following apply:

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

benefit 5.1.3 diagnostic tests

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

We do not pay charges for ***diagnostic tests*** that are not from the ***recognised facility***.

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

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

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

We pay ***consultants***' fees and ***recognised 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 ***recognised facility***.

Recognised facility charges

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

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

Additional benefits

Benefit 6 Treatment at home

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

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

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

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

Benefit 7 Home nursing after private eligible in-patient treatment

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

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

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

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

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

Benefit 8 Private ambulance charges

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

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

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

Benefit 9 Overseas emergency treatment

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

We pay for emergency ***treatment*** that you need because of a sudden illness or injury when you are temporarily travelling outside the ***United Kingdom.*** By temporarily travelling ***we*** mean a trip of up to a maximum of 28 consecutive days starting from the date you leave the ***UK*** and ending on the date you return to the ***UK***. There is no limit to the number of temporary trips outside the ***UK*** that you take each ***year***.

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

- you travelled abroad despite being given medical advice not to travel abroad
- you were told before travelling that you were suffering from a terminal illness
- you travelled abroad to receive ***treatment***
- you knew you would need the ***treatment*** or thought you might
- the ***treatment*** is the type of ***treatment*** that is normally provided by ***GP***s in the ***UK***
- the ***treatment,*** services and/or charges are excluded under your ***benefits***.

You are not covered for:

- ***treatment*** provided by a general practitioner
- ***out-patient*** or take home drugs and dressings.

What we pay for

Subject to the ***treatment*** being Eligible Treatment ***we*** pay for the same type of fees and charges and on the same basis as ***we*** pay for ***treatment*** in the ***UK*** as set out in benefits 1, 2 and 3.

Important: for the purpose of this benefit 9:

- ***we*** only pay for Eligible Treatment carried out by a consultant, therapist or complementary medicine practitioner who is:
  - fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which your ***treatment*** takes place, and
  - is recognised by the relevant authorities in that country as having specialised knowledge of, or expertise in, the ***treatment*** of the disease, illness or injury being treated
- ***we*** only pay facility charges for Eligible Treatment when the facility is specifically recognised or registered under the laws of the territory in which it stands as existing primarily for:
  - carrying out major surgical operations, and
  - providing treatment that only a consultant can provide
- where ***we*** refer to Eligible Treatment ***we*** mean ***treatment*** of an ***acute condition*** together with the products and equipment used as part of the ***treatment*** that:
  - are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the country in which the overseas emergency ***treatment*** is carried out
  - are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided
  - are demonstrated through scientific evidence to be effective in improving health outcomes, and
  - are not provided or used primarily for the expediency of you or your consultant or other healthcare professional

and the ***treatment,*** services or charges are not excluded under your ***benefits***.

Please also see Exclusion 21, 'Overseas treatment' in the section 'What is not covered'.

Benefit 10 Repatriation and evacuation assistance

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

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

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

- you do not have any other repatriation or evacuation insurance cover to help you receive the ***treatment*** you need
- the ***treatment*** you need is either ***day-patient treatment*** or ***in-patient treatment*** that is covered under your ***benefits***
- 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:

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

What we pay for

Important notes: these notes apply equally to benefits 10.1 to 10.3.

- 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.
- ***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***.
- ***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 covered under this benefit.
- ***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 responsible 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 10.1 your repatriation/evacuation

We pay for either:

- your repatriation back to a hospital in the ***UK*** from abroad for your ***day-patient treatment*** *or* ***in-patient treatment,*** or
- 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:
  - you are repatriated to the ***UK***, and
  - your ***day-patient*** or ***in-patient treatment*** is continued immediately you arrive in the ***UK***.

benefit 10.2 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 10.3 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***.

To make a claim for Repatriation and evacuation assistance

You **must** contact ***us*** before any arrangements are made for your repatriation or evacuation. When you contact ***us we*** will check your cover and explain the process for arranging repatriation or evacuation.

From outside the ***UK*** – or inside the ***UK*** when your helpline is closed – call ***us*** on: **+ 44 (0) 161 873 0231.** Lines open 24 hours 365 days a year. Calls may be recorded and may be monitored.

CASH BENEFITS

Your ***membership certificate*** shows which Cash benefits (if any) apply to your ***benefits*** and the benefit limits that apply. If any Cash benefit does not appear on your ***membership certificate*** then you are not covered for that benefit.

Important note for Cash benefits CB3 to CB5

We do not pay Cash benefits CB3 to CB5 for **you**, if you are under 16 years old, or any **dependant** under 16 years old. If these Cash benefits are included in the cover under the **agreement** they will only apply to **you** or such a **dependant** at the **renewal date** following **your** or their 16th birthday and then only if the **sponsor** includes that Cash benefit in **your** or their cover from that **renewal date**.

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 covered for private ***in-patient treatment*** under your ***benefits***.

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

Benefit CB2 Family cash benefit

We pay Family cash benefit for a ***main member*** only.

Waiting period. This benefit is only payable if ***your benefits*** have included cover for Family cash benefit for at least 10 continuous months before the date of ***your*** child's birth or adoption. If ***you*** had cover for Family cash benefit under a ***previous scheme we*** take this into account when assessing ***your*** 10 continuous months cover provided there has been no break in ***your*** cover between the ***previous scheme*** and this ***scheme***.

What we pay

We pay benefits on the birth or adoption of ***your*** child during the ***year***.

Benefit CB3 Optical cash benefit

We only pay benefits during your ***optical benefit period*** and only if, at the time you incur the cost of the goods or services for which you are claiming:

- you are covered under the ***agreement***, and
- Optical cash benefit is covered under your ***benefits***.

What is covered

We pay benefits for the following goods and services when provided to or prescribed for you by an ***optician:***

- routine sight tests
- the purchase of prescribed glasses
- the purchase of non-disposable contact lenses.

We also pay benefits when you receive laser eye surgery to correct your sight when provided to you by a ***consultant*** or other qualified practitioner.

What is not covered

We do not pay for any optical goods or services that are not specified as being covered under this benefit including but not limited to:

- cosmetic contact lenses
- sunglasses whether they have been prescribed for you or not
- prescription diving masks.

Benefit CB4 Accidental dental injury cash benefit

What is covered

We pay benefits for ***dental treatment*** provided to you by a ***dentist*** or orthodontist and which you need as a result of an ***accidental dental injury*** that you suffer while

- you are covered under the ***agreement***, and
- Accidental dental injury cash benefit is covered under your ***benefits.***

We only pay for ***dental treatment*** that takes place:

- within six months of the date on which you received the ***accidental dental injury*** for which your ***dental treatment*** is needed
- while you are member under the ***agreement***, and
- Accidental dental injury cash benefit is covered under your ***benefits.***

What is not covered

We do not pay for any dental or oral surgical or medical services that are not specified as being covered under this benefit including but not limited to:

- ***dental treatment*** where the teeth or gums have been decayed, diseased, repaired restored or treated (other than scaling or polishing) before the ***accidental dental injury*** occurred
- ***dental treatment*** to repair damaged dentures or implants.

Benefit CB5 Prescription cash benefit

What is covered

We pay benefits for prescription charges you incur for prescribed medicines and/or devices used to treat a medical condition and/or alleviate symptoms. Eligible prescription charges include those for:

- ***NHS*** or private prescriptions issued by your ***GP***, hospital or consultant
- drugs and/or dressings for take home use after hospital treatment when prescribed by your consultant or the hospital
- prescription pre-payment certificates.

What is not covered

We do not pay benefit for any prescription charges you incur for medicines used solely to prevent contracting an illness and/or prevent the onset of an illness. For example, ***we*** do not pay when a prescription is for prophylactic medication for malaria.

Benefit CB6 NHS cash benefit for treatment for cancer

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

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

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 you receive ***in-patient treatment*** that is for, or directly related to, ***cancer treatment***. 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

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

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

We pay NHS cash benefit for each day you receive:

- radiotherapy
- chemotherapy, or
- a ***surgical 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.

WHAT IS NOT COVERED

This section explains the ***treatment***, services and charges that are not covered under Bupa Select. 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 Cash benefits CB2 to CB5 as set out in the section 'Cash benefits'.

Exclusion 1 Ageing, menopause and puberty

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

Exclusion 2 AIDS/HIV

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

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

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

Exclusion 3 Allergies or allergic disorders

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

Exclusion 4 Benefits that 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***.

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

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

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

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

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

Exclusion 6 Chronic conditions

We do not pay for ***treatment*** of ***chronic conditions***. By this, ***we*** mean a disease, illness or injury which has at least one of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

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

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

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

Exclusion 7 Complications from excluded conditions treatment and experimental treatment

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

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

Exclusion 8 Contamination, wars, riots and terrorist acts

We do not pay for ***treatment*** for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, terrorist act or any similar event.

Exclusion 9 Convalescence, rehabilitation and general nursing care

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

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

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

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

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

Exclusion 10 Cosmetic, reconstructive or weight loss treatment

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

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

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

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

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

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

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

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

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

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

Exclusion 11 Deafness

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

Exclusion 12 Dental/oral treatment

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

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

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

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

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

Exclusion 13 Dialysis

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

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

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

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

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

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

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

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

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

Exclusion 15 Excluded treatment or medical conditions

We do not pay for:

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

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

Exclusion 16 Experimental drugs and treatment

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

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

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

Exclusion 17 Eyesight

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

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

Exclusion 18 HRT and bone densitometry

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

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

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

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

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

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

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

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

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

Exclusion 20 Learning difficulties, behavioural and developmental problems

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

Exclusion 21 Overseas treatment

We do not pay for ***treatmen*t** that you receive outside the ***United Kingdom***.

Exception: If your ***benefits*** include 'Overseas emergency treatment' ***we*** pay for eligible treatment needed as a result of a sudden illness or injury when you are travelling outside the ***UK*** but only as set out in benefit 9, in the section 'Benefits'.

Exclusion 22 Physical aids and devices

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

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

Exclusion 23 Pre-existing conditions

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

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

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

Exclusion 24 Pregnancy and childbirth

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

- pregnancy or childbirth, including ***treatment*** of an embryo or foetus
- termination of pregnancy, or any condition arising from termination of pregnancy

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

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

Exception 2: ***We*** may pay for ***eligible treatment*** for delivering a baby by caesarean section. However, ***we*** need full clinical details from your ***consultant*** before ***we*** can give ***our*** decision.

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

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

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

Exclusion 25 Screening, monitoring and preventive treatment

We do not pay for:

- health checks or health screening. By health screening ***we*** mean where you may not be aware you are at risk of, or are affected by a disease or its complications but are asked questions or have tests to find out if you are and which may lead to you needing further tests or ***treatment***
- routine tests, or monitoring of medical conditions, including:
  - routine antenatal care or screening for and monitoring of medical conditions of the mother or foetus during pregnancy

- routine checks or monitoring of ***chronic conditions*** such as diabetes mellitus or hypertension

- tests or procedures which, in ***our*** reasonable opinion based on established clinical and medical practice, are carried out for screening or monitoring purposes, such as endoscopies when no symptoms are present
- preventive ***treatment***, procedures or medical services, for example, removing breast tissue when there is no disease or tumour present.

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

Exclusion 26 Sleep problems and disorders

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

Exclusion 27 Special conditions

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

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

Please also see the 'Covering your newborn baby' rule in the section 'How your membership works'.

Exclusion 28 Speech disorders

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

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

Exclusion 29 Telephone consultations

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

Exclusion 30 Temporary relief of symptoms

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

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

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

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

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

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

Please also see the section 'Benefits'.

Exclusion 32 Unrecognised medical practitioners, providers and facilities

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

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

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

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

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

Exclusion 33 Moratorium conditions

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

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

Exclusion 34 Chronic mental health conditions

We do not pay for any ***mental health treatment*** for any member who has suffered from or is suffering from a ***chronic mental health condition***.

GLOSSARY

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

Word / Phrase	Meaning
Accidental dental injury	damage or deformity to teeth or gums arising from an unexpected accidental injury, including one sustained during participation in a sporting activity.
Acute condition	a disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Agreement	the agreement between the ***sponsor*** and ***us*** under which you have cover for your ***benefits***.
Appliance	any appliance which is in ***our*** list of appliances for your ***benefits*** at the time you receive your ***treatment***. The list of appliances may change from time to time. Details of the appliances are available on request.
Benefits	the benefits specified in your ***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 Select membership guide including all exclusions.
Bupa	Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered Office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA. Bupa provides the cover.
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: • 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.

Word / Phrase	Meaning
Chronic mental health condition	a ***mental health condition*** which either: • meets the definition of a ***chronic condition***; or • is a ***mental health condition*** for which benefits for ***mental health treatment*** have been paid by Bupa in three different membership years. These membership years need not be consecutive or relate to the same scheme. This applies to all Bupa administered plans you have been a member of in the past, or may be a member of in the future, whether your membership is continuous or not. (A "membership year" in this definition means the period from: • the date you started cover under any Bupa scheme to the day before the renewal date for that scheme or the date cover ended; or • the renewal date for any Bupa scheme to the day before the next renewal date for that scheme or the date cover ended.)
Co-insurance	the amount that you have to pay towards the cost of ***treatment*** that you receive that would otherwise have been payable under your ***benefits***.
Complementary medicine practitioner	an acupuncturist, chiropractor or osteopath who is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for.
Consultant	a registered medical or dental practitioner who, at the time you receive your ***treatment***: • is recognised by ***us*** as a consultant and has received written confirmation from ***us*** of this, unless ***we*** recognised him or her as being a consultant before 30 June 1996 • is recognised by ***us*** both for treating the medical condition you have and for providing the type of ***treatment*** you need, and • is in ***our*** list of consultants that applies to your ***benefits***. You can contact ***us*** to find out if a medical or dental practitioner is recognised by ***us*** as a consultant and the type of ***treatment we*** recognise them for.

Word / Phrase	Meaning
Critical care unit	any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in ***our*** list of critical care units and recognised by ***us*** for the type of ***intensive care*** that you require at the time you receive your ***treatmen***t. The units on the list and the type of ***intensive care*** that ***we*** recognise each unit for may change from time to time. Details of these critical care units are available on request.
Day-patient	a patient who is admitted to a hospital, treatment facility or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Day-patient treatment	***eligible treatment***, that, for medical reasons, is received as a ***day-patient.***
Dental treatment	dental or oral surgical or medical services (including ***diagnostic tests***) which are needed to diagnose, relieve or cure an ***accidental dental injury***.
Dentist	any general dental practitioner who is registered with the General Dental Council at the time you receive your ***dental treatment***.
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.
Eligible surgical operation	***eligible treatment*** carried out as a ***surgical operation***.

Word / Phrase	Meaning
Eligible treatment	***treatment*** of an ***acute condition*** together with the products and equipment used as part of the ***treatment*** that: • are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the ***UK*** • are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided • are demonstrated through scientific evidence to be effective in improving health outcomes, and • are not provided or used primarily for the expediency of you or your ***consultant*** or other healthcare professional and the ***treatment,*** services or charges are not excluded under your ***benefits***.
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***.
Facility access	the network of recognised facilities for which you are covered under your ***benefits*** as shown on your ***membership certificate*** and being either: • ***participating facility***, or • ***partnership facility***.
GP	a doctor who, at the time he/she refers you for your consultation or ***treatment,*** is on the ***UK*** General Medical Council's General Practitioner Register.
Home	either: • the place where you normally live, or • 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***.

Word / Phrase	Meaning
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.
Medical treatment provider	a person or company who is recognised by ***us*** as a medical treatment provider for the type of ***treatment*** at ***home*** that you need at the time you receive your ***treatment***. These medical treatment providers and the type of ***treatment we*** recognise them for may change from time to time. Details of these medical treatment providers and the type of ***treatment we*** recognise them for are available on request.
Membership certificate	either: • the most recent membership certificate that ***we*** issue to ***you*** for ***your*** current continuous period of membership under the ***agreement***, or • if ***we*** do not issue a membership certificate to ***you*** the most recent Group Certificate that ***we*** issue to your ***sponsor*** that provides the details of the cover that applies to you under the ***agreement.***
Mental health and wellbeing therapist	• a psychologist registered with the Health Professions Council, • a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy or the British Psychoanalytic Council, • a counsellor accredited with the British Association for Counselling and Psychotherapy; or • a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies, who is a ***recognised practitioner***. You can contact us to find out if a practitioner is a ***recognised practitioner*** and the type of treatment we recognise them for.
Mental health condition	a mental health condition, including alcoholism, drug addiction, Anorexia Nervosa and Bulimia Nervosa.
Mental health day-patient treatment	***mental health treatment*** which for medical reasons means you have to be admitted to a ***recognised 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.

Word / Phrase	Meaning
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***.
Moratorium condition	any disease, illness or injury or related condition, whether diagnosed or not, which you: • received medication for • asked for or received, medical advice or ***treatment*** for • experienced symptoms of, or • were to the best of your knowledge aware existed in your ***moratorium qualifying period*** immediately before your ***start date***. By a related condition ***we*** mean any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury. ***We*** may take your cover under a ***previous scheme*** into account when assessing if a condition is a moratorium condition but ***we*** will only do this if ***we*** have specifically agreed with the ***sponsor*** that ***we*** will do this under the ***agreement*** and you have provided ***us*** with evidence of your continuous cover under the ***previous scheme***.
Moratorium member	a member whose ***membership certificate*** shows the underwriting method applied to them is moratorium.
Moratorium qualifying period	the moratorium qualifying period described in the further details section of your ***membership certificate***.
Moratoria start date	the moratoria start date shown on your ***membership certificate***.
NHS	• the national health service operated in Great Britain and Northern Ireland, or • the healthcare system that is operated by the relevant authorities of the Channel Islands, or • the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
Optician	an ophthalmic optician or optometrist under age 70 who is registered with the General Optical Council.

Word / Phrase	Meaning
Optical benefit period	a period of two consecutive ***years***, the entire period of which Optical cash benefit must have been covered under your ***benefits***. Each optical benefit period shall not start until your last optical benefit period expires, this means that: • your second optical benefit period will start on the second ***renewal date*** following either your ***start date*** or the ***renewal date*** on which your first optical benefit period began (as applicable) • your third and any subsequent optical benefit periods will start on the second ***renewal date*** following the ***renewal date*** on which your immediately preceding optical benefit period began.
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.
Participating facility	• a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** participating facility list that applies to your ***benefits***, and is recognised by ***us*** for both: - treating the medical condition you have, and - carrying out the type of ***treatment*** you need. • any other establishment which ***we*** may decide to treat as a participating facility for the purpose of the ***scheme***. The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of ***treatment we*** recognise them for are available on request.
Partner	***your*** husband or wife or civil partner or the person ***you*** live with in a relationship similar to that of a husband and wife whether of the opposite sex or not.

Word / Phrase	Meaning
Partnership facility	• a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment,*** is in ***our*** partnership facility list that applies to your **benefits** and is recognised by **us** for both: - treating the medical condition you have, and - carrying out the type of ***treatment*** you need • any other establishment which ***we*** may decide to treat as a partnership facility for the purpose of the ***scheme.*** The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of ***treatment we*** recognise them for are available on request.
Pre-existing condition	any disease, illness or injury for which in the seven years before your ***start date***: • you have received medication, advice or ***treatment,*** or • you have experienced symptoms whether the condition was diagnosed or not.
Previous scheme	• another ***Bupa*** private medical insurance scheme or ***Bupa*** administered medical healthcare trust • a private medical insurance scheme or medical healthcare trust provided or administered by another insurer that ***we*** specifically agree with the ***sponsor*** will be treated as a previous scheme for the purpose of assessing ***waiting periods***, ***moratoria start date*** or continuous periods of cover provided that there is no break in a member's cover between the previous scheme and their ***scheme.***
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 facility	either a: • ***participating facility***, or • ***partnership facility*** according to the ***facility access*** that applies to your ***benefits***.

Word / Phrase	Meaning
Recognised practitioner	a healthcare practitioner who at the time of your ***treatment***: • is recognised by **us** for the purpose of **our** private medical insurance schemes for treating the medical condition you have and for providing the type of **treatment** you need, and • is in **our** list of recognised practitioners that applies to your **benefits.**
Renewal date	the date each year agreed between the ***sponsor*** and ***us*** on which the group cover is due for renewal.
Scale of cover	if your ***facility access*** is ***participating facility***, the scale that specifies: • the ***participating facility*** list and the category of accommodation for ***participating facilities*** that applies to your ***benefits*** • the practitioner lists that apply to your ***benefits***. Your scale of cover is shown on your ***membership certificate***.
Schedule of procedures	the schedule used by ***Bupa*** for the purpose of providing ***benefits*** which classifies ***surgical operations*** according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under ***Bupa*** schemes. Further information on the schedule is available on request.
Scheme	the cover ***we*** provide as shown on your ***membership certificate*** together with this Bupa Select membership guide subject to the terms and conditions of the ***agreement***.
Special condition	for ***underwritten members***, any exclusions or restrictions to cover that are personal to an individual based on the medical history given to ***us*** for that individual. If special conditions apply to an ***underwritten member's*** cover these are shown in the 'Special conditions' section for that ***underwritten member*** in ***your membership certificate***.
Sponsor	the company, firm or individual with whom ***we*** have entered into an ***agreement*** to provide cover.
Start date	the date you started your current continuous period of cover under the ***scheme***.

Word / Phrase	Meaning
Surgical operation	a surgical procedure or complex investigative/diagnostic procedure including all medically necessary ***treatment*** related to the procedure and all consultations carried out from the time you are admitted to a ***recognised facility*** until the time you are discharged, or if it is carried out as ***out-patient treatment***, all medically necessary ***treatment*** related to the operation and any consultation on the same day which is integral to the operation.
Therapist	• a chartered physiotherapist • a British Association of Occupational Therapists registered occupational therapist • a British and Irish Orthoptic Society registered orthoptist, or • a Royal College of Speech and Language Therapists registered speech and language therapist who is Health Professions Council Registered and is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for.
Treatment	surgical or medical services (including ***diagnostic tests***) that are needed to diagnose, relieve or cure a disease, illness or injury.
Underwritten member	a member who as part of his/her application for cover under the ***agreement*** was required to provide (or the ***main member*** provided on his/her behalf) details of his/her medical history to ***us*** for the purpose of underwriting.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Waiting period	a period of continuous cover during which benefits are not payable. The length of any waiting periods that apply to your ***benefits*** are shown under the 'Waiting periods' section in your ***membership certificate***.
We/our/us	***Bupa***.
Year	• 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*** • for continuing members this is the period beginning on the ***renewal date*** and ending on the day before the next ***renewal date.***
You/your	this means the ***main member*** only.

DATA PROTECTION NOTICE

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

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your GP or to their agents and if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member.

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

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

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

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

Keeping you informed: The Bupa Group would, on occasion, like to keep you informed of The Bupa Group's products and services which we consider may be of interest to you.

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

Call 0800 600 500
for information on all other
Bupa services.

Calls may be recorded
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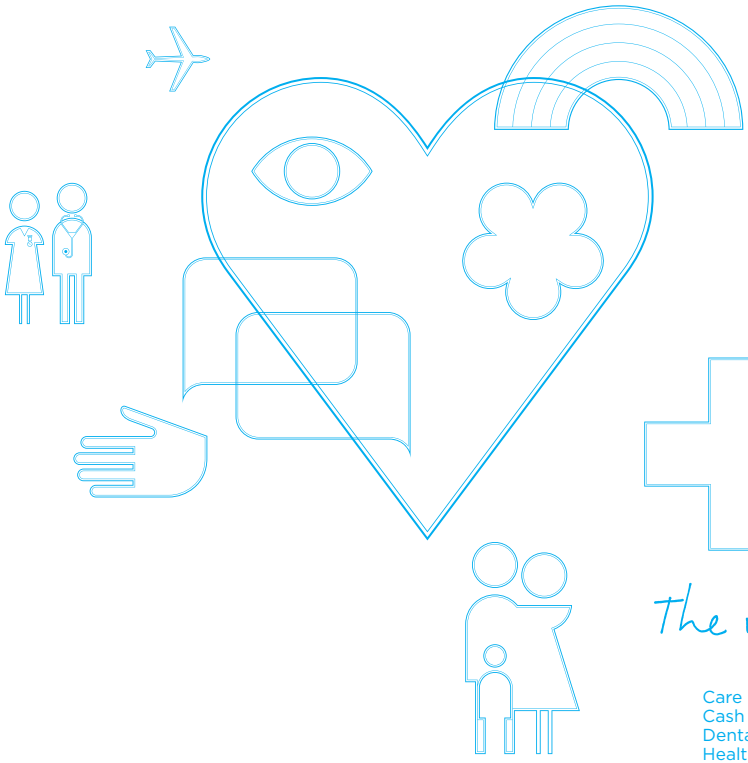

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