Your Bupa membership guide

Bupa Select for NatWest Platinum Private Medical Cover Plan

Effective from 1 October 2023

Essential information explaining your Bupa cover
Please retain

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*** have made this guide as simple as possible. You will 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 will need it when you come to claim.

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

How do I know what I'm covered for?

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

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

Family Mental HealthLine^
If you are a parent or care for a young person, and have concerns about their mental wellbeing, ***our*** Family Mental HealthLine is available to provide advice, guidance and support. A trained adviser and/or mental health nurse will listen to what your family is experiencing and give you advice about what to do next. Call ***our*** Family Mental HealthLine on **0345 266 7938***†. The young person does not have to be covered under your policy for you to be able to use this service.

^Bupa Anytime HealthLine and Family Mental HealthLine are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

†Telephone support between 8am to 6pm Monday to Friday.

*Calls may be recorded and to maintain the quality of our service a nursing manager may monitor some calls always respecting the confidentiality of the call.

How do I contact Bupa?

We are always on hand to help.

Bupa digital account

Creating an account provides on the go access to your ***Bupa*** policy. Giving you a comprehensive, personalised view of your cover in one place, visit **bupa.co.uk** to create an account or download the Bupa Touch App. From here you can call or use webchat to get in touch, which is the quickest way of reaching ***us***.

Call

For any queries about your cover please call ***us*** on the dedicated number found on your ***membership certificate***. ***We*** may record or monitor ***our*** calls.

Webchat

You can now chat with ***us*** either using your ***Bupa*** digital account, or by visiting **bupa.co.uk**. You can use this service to ask general queries and authorise treatment. ***We*** may ask you to call ***us*** based on your needs.

If you have difficulties

For those with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit **www.relayuk.bt.com**. ***We*** also offer documents in Braille, large print or audio.

Write

You can also write to ***us*** at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

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

Contents at a glance

Your rules and benefits

Effective from 1 October 2023

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

They apply to members of the ***scheme*** whose 'Group contract start date', as stated in the Group details section of their ***membership certificate***, is on or after the 'Effective from' date.

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

Important note

Please read this note before you read the rest of this membership guide as it explains how this membership guide which contains your *benefit table* and your *membership certificate* work together. These are your membership documents and set out full details of your *benefits*. They should not be read as separate documents.

This membership guide is divided into two parts: 'Your benefit table' and the general membership terms. Your ***benefit table*** sets out the elements of your cover that are specific to your ***scheme***. It is your ***membership certificate*** together with your ***benefit table*** that shows the cover that is specific to your ***benefits*** and ***scheme***.

Your ***membership certificate*** could also show some limitations or exclusions to the terms of cover set out in this membership guide and your ***benefit table***.

When reading this membership guide and your ***membership certificate***, it is your ***membership certificate*** which is personal to you and your ***benefit table*** that details your cover under your scheme. This means that if there is any contradiction between your ***membership certificate***, your ***benefit table*** and the general membership terms, your ***membership certificate*** will take priority.

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

Your benefit table

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

Service	Membership guide section	Cover	Limits
Direct Access service	Benefits section – Notes on benefits	▪ yes – for muscles, bones and joints ▪ yes – for mental health ▪ yes – for ***cancer*** symptoms	▪ for further details, and the age limits that apply, see **bupa.co.uk/direct-access** or call ***us***

Type of cover	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Finding out what is wrong and being treated as an out-patient			
▪ ***out-patient*** consultations	1.1	yes	paid in full
▪ ***out-patient*** therapies	1.2	yes (sports massage is not covered for ***dependants***)	paid in full
out-patient complementary medicine	1.3	yes	paid in full
out-patient diagnostic tests	1.4	yes	paid in full
out-patient MRI, CT and PET scans	1.5	yes	***treatment facility***: paid in full
GP fees	1.6	yes	paid in full
prescribed ***out-patient*** drugs and dressings	1.7	yes	paid in full
medical aids	1.8	yes	up to £2,000 each ***year***
diagnosis of ***gender dysphoria***	1.9	yes	paid up to and from within your available ***out-patient*** consultations limit above
out-patient fertility check	1.10	yes	one ***out-patient*** fertility check each ***year*** from within your available ***out-patient*** consultations limit above
digital primary care services	1.11	yes	***digital primary care provider***: paid in full

Type of cover	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Being treated in hospital			
consultants' fees	2	yes	***consultants*** in a ***treatment facility***: paid in full
facility access	3	***treatment facility***	
parent accommodation	3.2.2	yes	aged 17 or under
facility charges for ***surgical operations*** carried out as ***out-patient treatment***	3	yes	***treatment facility***: paid in full
facility charges for ***day-patient treatment*** and ***in-patient treatment***	3	yes	***treatment facility***: paid in full
Cancer treatment			
cancer treatment	4	yes	
▪ ***out-patient*** consultations ▪ ***out-patient*** therapies ▪ ***out-patient diagnostic tests***	4.1.1, 4.1.2, 4.1.4	yes	paid in full
out-patient complementary medicine	4.1.3	yes	paid in full
out-patient cancer drugs	4.1.5	yes	***treatment facility*** charges: paid in full
Mental health treatment			
mental health treatment	5	yes	up to a maximum of 28 days each ***year*** for ***mental health day-patient treatment*** and ***mental health in-patient treatment*** combined and not individually
consultant psychiatrists' fees, ***mental health and wellbeing therapists'*** fees and ***diagnostic tests*** for ***out-patient mental health treatment***	5, 5.1.1, 5, 5.1.2, 5, 5.1.3	yes	paid in full
consultant psychiatrists' fees for ***mental health day-patient treatment*** and ***mental health in-patient treatment***	5, 5.2	yes	***consultants*** in a ***treatment facility***: paid in full up to the maximum number of days each ***year*** for ***mental health day-patient treatment*** and ***mental health in-patient treatment*** shown above
facility charges for ***mental health day-patient treatment*** and ***mental health in-patient treatment***	5, 5.2	yes	***treatment facility***: paid in full up to the maximum number of days each ***year*** for ***mental health day-patient treatment*** and ***mental health in-patient treatment*** shown above

Type of cover	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Additional benefits			
treatment at ***home***	6	yes	▪ ***consultants'*** fees: paid on the same basis as ***consultants'*** fees in a ***treatment facility*** under benefit note 2 ▪ ***medical treatment providers'*** fees: paid in full
home nursing	7	yes	paid in full up to a maximum of 180 days each ***year***
private ambulance charges	8	yes	paid in full
Repatriation and evacuation assistance			
your repatriation/evacuation	9	yes	paid in full
accompanying partner/relative	9	yes	paid in full
repatriation of mortal remains	9	yes	up to £7,500
burial expenses	9	yes	up to £7,500
Pregnancy and childbirth			
routine maternity and baby care	10	yes	up to £10,000 each ***year*** ***co-insurance***: 20% of eligible ***treatment*** costs each ***year***
Dental treatment			
routine ***dental treatment***	11.1	yes	up to £750 each ***year*** ***excess***: £50 each ***year***
accidental dental injury treatment	11.2	yes	paid in full
Assisted fertility treatment			
Assisted fertility treatment and ***egg freezing***	12	yes	up to £15,000 ***lifetime allowance*** for the ***main member*** and (where applicable) their ***partner*** combined
Cash benefits			
NHS cash benefit for ***NHS in-patient treatment***	CB1	yes	£50 each night up to a maximum of 100 nights each ***year***
NHS cash benefit for ***NHS in-patient treatment*** for ***cancer***	CB6.1	yes	£100 each night as set out in benefit note CB6.1

Type of cover	Benefit note	Cover	Limits for each member (subject to benefit note(s))
Cash benefits (continued)			
NHS cash benefit for ***NHS out-patient*** or ***day-patient treatment*** or ***NHS home treatment*** for ***cancer***	CB6.2	yes	£100 each day as set out in benefit note CB6.2
NHS cash benefit for oral drug ***treatment*** for ***cancer***	CB6.3	yes	£100 for each three-weekly interval as set out in benefit CB6.3
Cash benefit for wigs or hairpieces	CB6.4	yes	£100 as set out in benefit CB6.4
Cash benefit for mastectomy bras	CB6.5	yes	£200 as set out in benefit CB6.5
Procedure Specific NHS cash benefit	CB7	yes	▪ the amount ***we*** pay depends on the type of ***treatment*** you receive ▪ for more information call ***us*** or go to **bupa.co.uk/pscb**. The cash benefits available will change from time to time

Advanced therapies list

Type of cover	Benefit note	Cover
Advanced therapies	3, 4	Advanced therapies list A

Waiting periods

Waiting periods	Benefit note/rule	Waiting period that applies
Routine maternity and baby care	10	for a ***new member***: 10 months for a ***returning member***: 24 months

Benefit limits

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

Overall annual maximum benefit

overall annual maximum benefit	£1,000,000 each *member* each *year*

Maximum annual limit and/or co-insurance

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

Excess

Who it applies to	Rule	Amount
each member	E	£50

The ***excess*** amount applies to each member individually. The ***excess*** applies each ***year*** to ***treatment*** costs for ***eligible treatment*** which is for routine ***dental treatment*** as set out in benefit 11.1 in the section 'Benefits'.

How your membership works

The agreement between the sponsor and us

Your cover is provided under a group insurance policy governed by the ***agreement*** and the terms and conditions of your membership have been agreed between your ***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***. However:

- if ***you*** are a ***contributing member you*** will have legal rights as set out in this membership guide. Please see the section 'Contributing members'
- if ***you*** are not a ***contributing member we*** allow you access to the claims and complaints processes as set out in this membership guide.

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 includes:
  - your ***benefit table*** which explains the ***benefits*** which are specific to your ***scheme***, including the limits that apply, any variations to the benefits, term or conditions in this membership guide
  - the general terms and conditions of membership (including exclusions).
- **Your *membership certificate*:** this shows your current membership details including:
  - who is covered by your Bupa membership, the dates when your cover started and when your membership is due for renewal
  - the ***excess*** or ***co-insurance*** that applies to your cover.

Payment of benefits

We only pay ***benefits*** for ***treatment*** you receive while you are covered under the ***agreement*** and ***we*** only pay ***benefits*** in accordance with the cover that applies to you on the date the ***treatment*** takes place. ***We*** do not pay for any ***treatment***, including any ***treatment we*** have pre-authorised, that takes place on or after the date your cover ends.

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 ***treatment 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 ***treatment facility*** may charge for ***treatment facility*** charges, ***consultants'*** fees and ***diagnostic tests*** all together.

Other than in relation to the reimbursement of ***eligible treatment*** costs, there is no contract between you and ***us*** in respect of any private medical treatment or any other clinical services that you receive under your policy. ***We*** are not the provider of these things and this means that ***we*** are not responsible for the delivery of your private medical treatment or other clinical services.

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*** directly – such as the ***treatment 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*** or ***dependant*** having ***treatment*** (when aged 16 and over) when there is an amount for them to pay in relation to any claim (for example if they have an ***excess*** or ***co-insurance*** amount to pay) and who payment should be made to.

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 cover start date***.

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

Cover for a newborn baby

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

Renewal of your membership

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

If ***you*** are a ***contributing member*** please see the section 'Contributing members'.

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 any of ***your dependants you*** must write to ***us***. If ***your*** membership ends the membership of all ***your dependants*** will also end.

If ***you*** are a ***contributing member*** please see the section 'Contributing members'.

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. If ***you*** are a ***contributing member*** please see the section 'Contributing members'.
- ***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 that ***dependant*** stops living in the ***UK***), or
- that ***dependant*** dies.

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

If there is reasonable evidence that ***you*** or a ***dependant*** did not take reasonable care in answering ***our*** questions (by this ***we*** mean giving false information or keeping necessary information from ***us***) then if this was:

- intentional, ***we*** may treat ***your*** or (if applicable) ***your dependant's*** cover as if it never existed and refuse to pay all claims
- careless, then depending on what ***we*** would have done if ***you*** or they had answered ***our*** questions correctly, ***we*** may treat ***your*** or (if applicable) ***your dependant's*** cover as if it never existed and refuse to pay all claims (in which case ***you*** may need to repay any claims ***we*** have paid and if ***you*** are a ***contributing member we*** will return to the ***sponsor*** any subscriptions ***you*** have paid in respect of ***your*** or (if applicable) ***your dependant's*** cover), change ***your*** or their cover, or ***we*** could reduce any claim payment.

When ***your*** membership or ***your dependants'*** membership ends, ***we*** may be able to offer ***you*** or them continuation of membership on a ***Bupa*** personal policy as an ex-group scheme member depending upon how long ***you*** or they have been a ***Bupa*** group scheme member. But only if, ***you*** or they transfer within three months of the date ***your*** or their cover under the ***Bupa*** group scheme ends without any break in ***your*** or their cover. If ***you*** would like to consider this option please call **0800 600 500** to discuss it with ***us***. ***We*** may record or monitor ***our*** calls.

Paying subscriptions and other charges

The ***sponsor*** must pay to ***us*** subscriptions and any other payment due for ***your*** membership and that of every other person covered under the ***agreement***. Bupa Insurance Services Limited acts as ***our*** agent for arranging and administering ***your*** policy. Subscriptions are collected by Bupa Insurance Services Limited as ***our*** agent for the purpose of receiving, holding and refunding premiums and claims monies.

If ***you*** are a ***contributing member*** please see the section 'Contributing members'.

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***.

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.

If ***you*** are a ***contributing member*** please see the section 'Contributing members'.

General information

Change of address

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

Correspondence and documents

Membership documents are sent to the ***main member***.

All claims correspondence is sent to the ***main member***, or to the ***dependant*** having the ***treatment*** when they are aged 16 and over.

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.

Bupa digital account

When ***you*** or any ***dependant*** aged 16 or over, provides ***us*** with an email address, ***we*** will invite ***you*** or your ***dependant*** by email to create a ***Bupa*** digital account.

Applicable law

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

Private Healthcare Information Network

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

Making a complaint

We are sorry if you need to complain. ***We*** will do ***our*** best to understand what has happened and put things right.

Ways to get in touch

- Call us: using your ***Bupa*** helpline phone number, which can be found on your ***membership certificate***. If you can't find your ***Bupa*** helpline phone number, you can contact Customer Relations on **0345 606 6739**‡
- Chat to us online: **bupa.co.uk/complaints**
- Email us: **customerrelations@bupa.com**

  If you need to send ***us*** sensitive information you can email ***us*** securely using Egress.

  For more information and to sign up for a free Egress account, go to **https://switch.egress.com**. You will not be charged for sending secure emails to a ***Bupa*** email address using the Egress service.
- Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

‡We may record or monitor our calls. For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit **www.relayuk.bt.com**

We also offer documents in Braille, large print or audio.

What happens with my complaint?

We will carefully consider your complaint and do ***our*** best to resolve it quickly. If ***we*** can't resolve it straight away, ***we*** will email or write to you within five business days to explain the next steps.

We will keep you updated on ***our*** progress and once ***we*** have fully investigated your complaint, ***we*** will email or write to you to explain ***our*** decision. If ***we*** have not resolved it within eight weeks ***we*** will write to you and explain the reasons for the delay.

If ***we*** have not resolved your complaint within eight weeks, or if you are unhappy with ***our*** decision, you may be able to refer your complaint to the Financial Ombudsman Service for an independent review. The service they provide is free and impartial. You can visit their website, **financial-ombudsman.org.uk**, or:

- call them on **0800 023 4567**
- submit a complaint online at **financial-ombudsman.org.uk/contact-us/complain-online**
- email them at **complaint.info@financial-ombudsman.org.uk**

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. ***We*** will only give them what's necessary to investigate your complaint and this may include medical information. If you are concerned about this please contact ***us***.

The Financial Services Compensation Scheme (FSCS)

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

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

Contributing members

This section only applies to ***contributing members***.

The ***sponsor*** must pay to ***us*** subscriptions and any other payment due for ***your*** membership, and that of ***your dependants*** and every other person covered under the ***agreement***. ***You*** contributing to the cost of subscriptions for ***you*** and/or any of ***your dependants*** does not in any way affect the contractual position set out in the section 'The agreement between the sponsor and us'.

Contributions paid by ***you*** to the subscriptions the ***sponsor*** has paid for ***you*** (eg by payroll deduction) will be deemed to have been received by ***Bupa*** once they are received by ***your sponsor***.

As soon as reasonably practicable ***you*** will be provided with the terms and conditions that will apply to ***your*** cover, and the ***sponsor*** will notify ***you*** of the contribution you will need to make to the cost of subscriptions from the ***cover start date*** for the next membership ***year***.

If you do not want ***your*** cover (and therefore the cover for ***your dependants***) or the individual cover for any of ***your dependants*** to renew at the ***renewal date you*** can notify ***your sponsor*** at any time in advance of the ***renewal date***.

If ***you*** wish to end ***your membership*** (and therefore that of ***your dependants***) the following terms apply:

- ***You*** may end ***your*** membership (and therefore the membership of ***your dependants***) by informing the ***sponsor*** within 21 days of either:
  - the date you receive ***your*** terms and conditions (including ***your membership certificate***) confirming your cover, or
  - your ***cover start date***

  whichever is the later. During this 21 day period if you have not made any claims ***we*** will refund to the ***sponsor*** all of the subscriptions the ***sponsor*** has paid for ***you*** for that ***year***.

  After this 21 day period ***you*** can end ***your*** membership (and therefore the membership of all ***your dependants***) by informing the ***sponsor*** at any time during the ***year***. In which case ***we*** will refund to the ***sponsor*** any subscriptions the ***sponsor*** has paid for ***you*** that relate to the period after ***your*** membership ends.
- ***You*** may end the membership of any ***dependant*** by informing the ***sponsor*** within 21 days of either:
  - the date you receive ***your*** terms and conditions (including ***your membership certificate***) confirming the cover for that ***dependant***, or
  - the ***cover start date*** for that ***dependant***

  whichever is the later. During this 21 day period if no claims have been made in respect of that ***dependant we*** will refund to the ***sponsor*** all of the subscriptions the ***sponsor*** has paid for you that relate to that ***dependant*** for that ***year***.

  After this 21 day period ***you*** can cancel a ***dependant's*** membership by informing the ***sponsor*** at any time during the ***year***. In which case ***we*** will refund to the ***sponsor*** any subscriptions the ***sponsor*** has paid for ***you*** in respect of that ***dependant*** for the period after their membership ends.

Your membership and that of ***your dependants*** will automatically end if the ***sponsor*** does not pay subscriptions or any other payment due under the ***agreement*** for ***you*** or any other person, however, ***we*** will continue to pay eligible claims for ***you*** and/or ***your dependant*** for the period for which you can provide evidence (eg on payslips) that ***you*** paid contributions to subscriptions to the ***sponsor***.

Where ***we*** have refunded to the ***sponsor*** subscriptions paid for ***you*** or ***your dependants***, you should contact the ***sponsor*** in order to obtain a refund of the contributions ***you*** made to those refunded subscriptions.

Changes to your membership

If:

- any changes to the terms and conditions of your membership, including your ***benefits***, are agreed between the ***sponsor*** and ***us***, or
- ***we*** change the procedure for making a claim

you will be informed before the change takes effect. If ***you*** do not accept any of the changes ***you*** can end your membership by informing the ***sponsor*** either:

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

whichever is later.

Demands and needs statement

The cover provided under membership of the ***scheme*** is generally suitable for someone who is looking to cover the cost of a range of health expenses. ***We*** have not provided you with any advice about your cover and how it meets your individual needs. Please read your ***membership certificate*** and this membership guide to make sure that the cover meets your needs (including the needs of anyone else covered).

Claiming

Step-by-step guide to making a claim

Being referred for treatment

Your consultation or ***treatment*** must follow an initial referral by:

- ***our*** Direct Access service (for ***treatment*** in the ***UK***), if you have cover for it as explained in 'Step 1 Find out if the Direct Access service is available to you'
- a ***GP*** (including via a digital ***GP*** service), or
- another healthcare practitioner. The situations in which ***we*** will accept such a referral are set out on **bupa.co.uk/referrals**

Digital primary care services

You have cover for benefit 1.11 digital primary care services under your policy, no referral or pre-authorisation is needed to book a digital primary care appointment under this benefit. If further ***treatment*** is recommended by the ***digital primary care provider***, you will need to follow the claims process set out in this section for that recommended ***treatment***.

Step 1 Find out if the Direct Access service is available to you

For ***treatment*** in the ***UK*** it applies only to certain medical conditions and has two parts to it:

- first you can contact ***us*** directly without consulting a ***GP*** for a remote assessment with a trained advisor, ***therapist, mental health and wellbeing therapist*** or other clinician who specialises in your condition. This may lead to a referral for a consultation or ***treatment***
- second, if you already have a ***GP*** referral, you may also be offered the option to speak to a ***therapist***, practitioner or other clinician who specialises in your condition to explore all of your ***treatment*** options.

For details about cover for the Direct Access service and how it works please see the Benefits section in this guide under the heading 'Direct Access service' and your ***benefit table***.

Step 2 If Direct Access is not available (or if you prefer) – consult a GP for an open referral

Sometimes, when you have had a consultation with another healthcare practitioner before consulting a ***GP*** and they believe referral to a ***consultant*** is appropriate, a ***GP*** appointment may not be clinically necessary. The situations in which ***we*** will accept such a referral are set out on **bupa.co.uk/referrals** or you can call ***us***.

Consult a *GP*, they will assess if you need to see a ***consultant***. If they decide that you do, ask them for an 'open referral' (unless a paediatric referral is required – see 'Information about cover for children' in this Step 2). This allows ***us*** to offer you a choice of nearby ***recognised practitioners*** including ***consultants*** covered under your policy.

Some ***GPs*** may prefer to give a 'named referral' to a certain ***consultant***, however you should call ***us*** before you make an appointment to confirm that ***we*** recognise them under your ***benefits***, to avoid your being liable to pay.

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

- help you find a ***fee-assured consultant*** or ***recognised practitioner*** within your local area covered under your ***benefits***, and
- confirm the ***benefits*** available to you under your cover.

Important note
Failure to obtain pre-authorisation from ***us*** means that you will be responsible for paying for all such ***treatment*** if ***we*** would not have pre-authorised that ***treatment***.

Information about cover for children aged 17 or under
It is not always possible for ***us*** to find you a paediatric ***consultant*** so when a paediatric referral is required ***we*** ask that you obtain a named referral from a ***GP***.

Some private hospitals do not provide services for children or have restricted services available for children, so ***treatment*** may be offered at an ***NHS*** hospital. You can ask ***us*** about ***treatment facilities*** where paediatric services are available or you can find them on **finder.bupa.co.uk**

Where ***in-patient*** or ***day-patient eligible treatment*** is required, children are likely to be treated in a general children's ward. This is in line with good paediatric practice.

Step 3 Contact us

You can call the Bupa helpline on **0345 266 8824**[+] and ***we*** will talk you through your options. Alternatively, you can contact ***us*** via ***our*** webchat service or complete the online request for treatment form. ***We*** will explain which nearby ***consultants***, facilities and healthcare professionals are covered under your ***Bupa*** membership and provide you with a pre-authorisation number, which can also be sent via text or email. You can then arrange your ***treatment*** directly with the provider.

If your ***consultant*** recommends further tests or ***treatment***, it is important you check back with ***us*** to obtain further pre-authorisation.

[+]We may record or monitor our calls.

Step 4

At the time of ***treatment***, provide your pre-authorisation number to the ***consultant*** so the invoice is sent directly to ***Bupa***. If you are sent the invoice, please email it to **natwest@bupa.com** or post to: **NatWest Team, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**. Alternatively fax to: **0161 877 4483**.

If you need to send ***us*** sensitive information you can email ***us*** securely using Egress.

For more information and to sign up for a free Egress account, go to **https://switch.egress.com**. You will not be charged for sending secure emails to a ***Bupa*** email address using the Egress service.

Step 5

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

Claims checklist

What you will 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 contact ***us*** to make a claim:

- your ***Bupa*** membership number
- details of the condition you are suffering from
- details of when your symptoms first began
- details of when you first consulted a ***GP*** about your condition
- details of the ***treatment*** that has been recommended.

Information on claiming

Claims other than Cash benefits

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

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

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

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

Case management

If ***we*** believe you are having ***eligible treatment*** that could benefit from ***our*** case management support ***we*** will provide a case manager to help you navigate through your healthcare experience. Your case manager will contact you by phone and will work with you to understand your individual needs and the best way to help you. This can include discussing options available to you, liaising with healthcare professionals and helping you get the most from your policy.

Claims for Cash benefits

For benefits CB1 NHS cash benefit for NHS hospital in-patient treatment and CB6 Cash benefit for treatment for cancer and CB7 Procedure Specific NHS cash benefit

Call the helpline to check whether your ***treatment*** will be eligible for cash benefit. ***We*** will confirm your ***benefits*** and, if required, 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.

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 inside or outside the ***UK*** please contact ***us*** using your dedicated helpline. When your helpline is closed call ***us*** on: **+44 (0)1925 361 337**. Lines open 24 hours 365 days a year. ***We*** may record or monitor ***our*** calls.

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'), it is your responsibility to notify ***us*** as soon as reasonably possible and ensure ***our*** interests are protected in any legal action required so that ***we*** are able to recover any costs that ***we*** have paid for your ***treatment***. This includes:

- notifying ***us*** as soon as you become aware that you require (or may require) ***treatment*** that was caused by or was otherwise the fault of a third party. You can contact ***us*** with this information on **0800 028 6850**[§] or email **infothirdparty@bupa.com**^
- taking steps ***we*** ask of you to recover from the third party the cost of the ***treatment*** paid for by ***us***. This includes ensuring that ***we*** are able to liaise with you and your legal representative (if you appoint one) in relation to this and that you or your legal representative regularly keep ***us*** updated as to progress with any recovery action.
- ensuring that where you agree settlement with a third party, the settlement includes the cost of ***treatment*** that ***we*** have paid for you in full, and that you pay such sum (and applicable interest) to ***us*** as soon as reasonably possible.

[§]We may record or monitor our calls.

^If you need to send us sensitive information you can email us securely using Egress. For more information and to sign up for a free Egress account, go to **https://switch.egress.com**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

Other insurance cover

You can only claim for eligible private medical costs once. This means that if you have two policies that provide private medical cover, the costs of your ***treatment*** may be split between ***Bupa*** and the other insurance company. You will be asked to provide ***us*** with full details of any other relevant insurance policy at the time of claim.

How we will deal with your claim

General information

When ***we*** have determined that your ***treatment*** is ***eligible treatment***, ***we*** will discuss your claim with you and issue you with a 'pre-authorisation number' confirming the ***treatment*** is eligible under your current cover.

You can then contact your ***consultant*** or healthcare professional to arrange an appointment. ***We*** recommend that you give them your 'pre-authorisation number' so the invoice for your ***treatment*** costs can be sent to ***us*** direct.

Please note: If your cover ends for any reason ***we*** will not pay for any ***treatment*** that takes place on or after the date your cover ends – even if ***we*** have pre-authorised the ***treatment***.

Except for NHS cash benefit and Cash benefit for treatment for cancer, ***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*** or a ***dependant*** break any of the terms and conditions of ***your*** or their membership, which are related to the claim. If there is reasonable evidence that ***you*** or a ***dependant*** did not take reasonable care in answering ***our*** questions (by this ***we*** mean giving false information or keeping necessary information from ***us***) then if this was:

- intentional, ***we*** may treat ***your*** or (if applicable) ***your dependant's*** cover as if it never existed and refuse to pay all claims
- careless, then depending on what ***we*** would have done if ***you*** or they had answered ***our*** questions correctly, ***we*** may treat ***your*** or (if applicable) ***your dependant's*** cover as if it never existed and refuse to pay all claims (in which case ***you*** may need to repay any claims ***we*** have paid and if ***you*** are a ***contributing member we*** will return to the ***sponsor*** any subscriptions ***you*** have paid in respect of ***your*** or (if applicable) ***your dependant's*** cover), change ***your*** or their cover, or ***we*** could reduce any claim payment.

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. If ***you*** are a ***contributing member*** please see the section 'Contributing members'.

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***). ***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.

Medical reports – when we need more information from your doctor

When ***we*** need to ask your doctor for more information in writing, about your consultation, tests or treatment for insurance purposes, ***we*** will need your permission. **The Access to Medical Reports Act 1988** or the **Access to Personal Files and Medical Reports (NI) Order 1991** give you certain rights, which are:

1. you can give permission for your doctor to send ***us*** a medical report without asking to see it before they send it to ***us***.
2. you can give permission for your doctor to send ***us*** a medical report and ask to see it before they send it to ***us***.
    - you will have 21 days from the date ***we*** ask your doctor for your medical report to contact them and arrange to see it
    - if you do not contact your doctor within 21 days ***we*** will ask them to send the report straight to ***us***
    - you can ask your doctor to change the report if you think it is inaccurate or misleading. If they refuse, you can insist on adding your own comments to the report before they send it to ***us***
    - once you have seen the report, it will not be sent to ***us*** unless you give your doctor permission to do so.
3. you can withhold your permission for your doctor to send ***us*** a medical report. If you do, ***we*** will be unable to see whether the consultation, test or treatment is covered by your policy, and ***we*** will not be able to give you a pre-authorisation number or confirm whether ***we*** can contribute to the costs.

In any event you also have the right to ask your doctor to let you see a copy of your medical report within six months of it being sent to ***us***.

Your doctor can withhold some or all the information in the report if, in their view, the information:

- might cause physical or mental harm to you or someone else or
- it would reveal someone else's identity without their permission (unless the person is a healthcare professional and the information is about your care provided by that person).

We may be able to pay towards the cost of a medical report. ***We*** will let you know when ***we*** ask for your permission to request the report from your doctor. If ***we*** can pay towards it, you will need to pay any remaining amount.

How we pay your claim

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

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 ***treatment 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*** or ***dependant*** having ***treatment*** (when aged 16 and over) when there is an amount for them to pay in relation to any claim (for example if they have an ***excess*** amount to pay) and who the payment should be made to (for example their ***consultant*** or ***treatment facility***).

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

For ***treatment*** outside the ***UK***: ***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 on **Oanda.com** on the date you paid for your ***treatment***.

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***.

Treatment costs outside the terms of your cover

When you receive private medical treatment you have a contract with the providers of your ***treatment***. You are responsible for paying any costs that are not covered under your ***benefits***.

Your excess or co-insurance

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

- 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 ***benefit table***.

If you are unsure:

- whether an ***excess*** or ***co-insurance*** does apply to you, or
- how your ***excess*** or ***co-insurance*** works

please refer to your ***benefit table*** or contact the helpline.

How an excess or co-insurance works

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

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*** or ***dependant*** having ***treatment*** (when aged 16 and over) to tell them who to pay their ***excess*** or ***co-insurance*** to, for example, their ***consultant***, ***therapist*** or ***treatment facility***. The ***excess*** or ***co-insurance*** must be paid direct to them – not to ***Bupa***.

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

How the excess or co-insurance applies to your benefits

Unless ***we*** say otherwise on your ***benefit table***:

- ***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 benefit 1.11 digital primary care services and 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 ***benefit table*** shows the benefit limits and/or restrictions that apply to your ***benefits***
- ***Excess*** or ***co-insurance***: these are explained in rule E in the section 'Claiming'. Your ***benefit table*** shows the ***excess*** or ***co-insurance*** that applies to your ***benefits***. Your benefit limits shown on your ***benefit table*** 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 ***benefit table*** shows the ***overall annual maximum benefit*** that applies to your ***benefits***. Your benefit limits shown on your ***benefit table*** will be subject to your ***overall annual maximum benefit***. Your ***excess*** and/or ***co-insurance*** will count towards your ***overall annual maximum benefit***
- 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 on your ***benefit table*** and/or ***membership certificate***
- You are not eligible for any benefits that are shown on your ***benefit table*** as 'not covered'.

Being referred for treatment

Unless ***we*** specifically say otherwise in this guide your consultation or ***treatment*** must follow an initial referral by:

- ***our*** Direct Access service for ***treatment*** in the ***UK***, if you have cover for it. For details about cover for Direct Access and how it works see the section 'Direct Access service'
- a ***GP*** (including via a digital ***GP*** service), or
- another healthcare practitioner. The situations in which ***we*** will accept such a referral are set out on **bupa.co.uk/referrals**

Direct Access service

Our Direct Access service applies only to certain medical conditions and has two parts to it:

- first, it can help provide a fast and convenient way for you to access ***eligible treatment*** without the need for a ***GP*** referral, and
- second, if you already have a ***GP*** referral, you may also be offered the option to speak to a ***therapist***, practitioner or other clinician who specialises in your condition to explore all of your ***treatment*** options.

Age limits apply to who can use the service. Further details about the Direct Access service, including the age limits that apply, can be found on **bupa.co.uk/direct-access** or you can contact ***us***.

Please note:

- Direct Access service is only available for ***eligible treatment*** in the ***UK***
- you can use the Direct Access service in the ***UK***, when your medical condition is not covered by your ***benefits***. For example, if you have a general exclusion the Direct Access service will still be available to you for a remote assessment. Any ***out-patient*** consultations, therapies or ***treatment*** that is recommended by the Direct Access service for those conditions would not be covered under your ***benefits***
- **if benefit limits apply to your *benefits* for *out-patient* consultations and therapies** and you have used all the ***out-patient benefits*** available to you for the ***year*** you can still use the Direct Access service but any ***out-patient*** consultations or therapies you are referred for would not be covered under your ***benefits***.

The charge for any remote assessments required as part of ***our*** Direct Access service will not:

- erode your ***out-patient*** benefit limit, nor
- be subject to your ***excess*** or ***co-insurance***.

However, the charge will count towards your ***overall annual maximum benefit***.

If you go on to receive and claim for ***eligible treatment*** following referral by ***our*** Direct Access service, that ***treatment*** will be treated as a normal claim under your cover.

Medical practitioners and treatment facilities

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

Please note:

- the medical practitioners, other healthcare professionals and ***treatment facilities*** you use can affect the level of ***benefits we*** pay you
- certain medical practitioners, other healthcare professionals and ***treatment facilities*** that ***we*** recognise may only be recognised by ***us*** for certain types of ***treatment*** or treating certain medical conditions or certain levels of benefits
- the medical practitioners, other healthcare professionals and ***treatment facilities*** that ***we*** recognise and the type of medical condition and/or type of ***treatment*** and/or level of benefit that ***we*** recognise them for will 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 exceptions to this are:
  - where a ***GP*** or ***our*** Direct Access service refers you for ***out-patient treatment*** by a ***therapist***, or ***complementary medicine practitioner***, or
  - where ***we*** specifically state that an ***employee member*** can self-refer for ***out-patient treatment***, or
  - for benefits payable under benefits 1.6 to 1.8, benefits 1.10 and 1.11 and benefits 10 and 11
- the medical practitioner or other healthcare professional and the ***treatment facility*** are recognised by ***us*** for treating the medical condition you have and for providing the type of ***treatment*** you need.

For treatment outside of the UK:
Your cover for ***eligible treatment*** costs depends on you using certain medical and other health practitioners and ***treatment facilities*** that are legally entitled to provide the type of ***treatment*** you need.

Please note:

- the medical practitioners, other healthcare professionals and ***treatment facilities*** you use can affect the level of ***benefits we*** pay you
- certain medical practitioners, other healthcare professionals and ***treatment facilities*** may only be legally entitled to provide certain types of ***treatment*** or treat certain medical conditions or be associated with certain levels of benefits.

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 are:
  - where a ***GP*** refers you for ***out-patient treatment*** by a ***therapist*** or ***complementary medicine practitioner***, or
  - where ***we*** specifically state that an ***employee member*** can self-refer for ***out-patient treatment***, or
  - for benefits payable under benefits 1.6 to 1.8 and benefits 10 and 11
- the medical practitioner or other healthcare professional and the ***treatment facility*** are legally entitled to treat the medical condition you have and to provide the type of ***treatment*** you need.

Changes to lists

Where ***we*** refer to a list that ***we*** can change, it will be for one or more of the following reasons:

- where ***we*** are required to by any industry code, law or regulation
- where a contract ends or is amended by a third party for any reason
- where ***we*** elect to terminate or amend a contract, for example because of quality concerns or changes in the provision of facilities and/or specialist services

- where the geographic balance of the service ***we*** provide is to be maintained
- where effectiveness and/or costs are no longer in line with similar treatments or services, or accepted standards of medical practice, or
- where a new service, ***treatment*** or facility is available.

The lists that these criteria are applied to include the following:

- *advanced therapies*
- *appliances*
- *critical care units*
- *fertility check facilities*
- *medical treatment providers*
- *prostheses*
- *treatment facilities*
- *recognised practitioners*
- *specialist drugs*.

Please note that ***we*** cannot guarantee the availability of any facility, practitioner or ***treatment***.

Reasonable and customary charges

In the ***UK, we*** only pay reasonable and customary charges for ***eligible treatment*** performed by ***recognised practitioners*** in the ***treatment facility*** available under your cover. This means that the amount ***we*** will pay medical practitioners, other healthcare professionals and/or ***treatment*** facilities for ***eligible treatment*** will be in line with what the majority of ***our*** members are charged for similar ***treatment*** or services. If you see a ***consultant*** who does not charge within ***our*** benefit limits without prior approval from ***us***, ***we*** will fund up to the limits in ***our consultant fees schedule***. The schedule will change from time to time. Details of the schedule can be found at **bupa.co.uk/codes**

If there is another proven ***treatment*** for your condition which is available in the ***UK***, that is more costly than the ***treatment*** that the majority of ***our*** members receive and does not provide a better clinical outcome, ***we*** will fund what the majority of ***our*** members are charged for similar ***treatment*** or services.

What you are covered for

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

Benefit 1 Out-patient consultations and treatment

This benefit 1 explains the type of charges ***we*** pay for ***out-patient treatment***. The benefits you are covered for and the amounts ***we*** pay are shown on your ***benefit table***.

We will pay for ***out-patient treatment*** at ***home*** when recommended by your treatment provider or offered by ***us***. ***We*** only pay if your treatment provider is recognised by ***us*** for ***treatment*** at ***home***.

benefit 1.1 out-patient consultations

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

- ***our*** Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

In the ***UK, we*** pay for remote consultations by telephone or via any other remote medium with a ***consultant*** if the ***consultant*** is, at the time of your ***treatment***, recognised by ***us*** to carry out remote consultations. You can contact ***us*** to find out if a ***consultant*** is recognised by ***us*** for remote consultations or you can access the details at **finder.bupa.co.uk**

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

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

Out-patient therapies

We pay ***therapists'*** fees for ***out-patient treatment*** when you are referred for the ***out-patient treatment*** by:

- ***our*** Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section, or
- where ***we*** have told you that a ***GP*** referral is not required for your ***condition***, by ***us*** or if you are an ***employee member*** and you refer yourself to a ***therapist***.

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

Out-patient podiatry

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

Out-patient sports massage

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

In the ***UK, we*** pay for remote consultations by telephone or via any other remote medium with a ***therapist*** if they are, at the time of your ***treatment***, recognised by ***us*** to carry out remote consultations. You can contact ***us*** to find out if a ***therapist*** is recognised by ***us*** for remote consultations or you can access the details at **finder.bupa.co.uk**

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***, including ***treatment facility*** charges for ***prostheses*** or ***appliances*** needed as part of that ***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:

- ***our*** Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section, or
- if you are an ***employee member*** and you refer yourself to the ***complementary medicine practitioner***.

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

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

benefit 1.4 out-patient diagnostic tests

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

We do not pay charges for ***diagnostic tests*** that are not from a ***treatment facility*** or from a ***consultant*** who is not recognised by ***us*** to carry out ***diagnostic tests***.

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

benefit 1.5 out-patient MRI, CT and PET scans

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

- 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 ***treatment facility***.

benefit 1.6 GP consultations and services

We pay ***GP*** fees for consultations and non-surgical ***treatment***.

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

benefit 1.7 prescription drugs and dressings

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

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

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

benefit 1.8 medical aids

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

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

benefit 1.9 diagnosis of gender dysphoria

If you are aged 18 or over, ***we*** pay for the diagnosis of ***gender dysphoria*** as follows:

- one ***out-patient*** consultation with a ***consultant*** psychiatrist
- one ***out-patient*** consultation with a chartered clinical psychologist who is a ***recognised practitioner***
- one ***out-patient*** consultation with a ***consultant*** endocrinologist.

These consultations are payable under benefit 1.1 out-patient consultations and subject to any benefit limit that applies to that ***benefit***.

benefit 1.10 out-patient fertility check

You should always contact ***us*** before receiving a fertility check to confirm that it is eligible under your ***benefits***.

If you are aged 18 or over, ***we*** pay for one fertility check per ***year*** at a ***fertility check facility***. ***We*** do not pay for any ***treatment*** and/or further investigations arising from the fertility check.

A fertility check consists of individual tests delivered in an ***out-patient*** setting for men or women to investigate their fertility. After the tests have been done, as part of the check a follow up consultation will take place at the ***fertility check facility*** to discuss the results.

benefit 1.11 digital primary care services

We will pay for you to have a consultation with a ***digital primary care provider*** recognised by ***us*** for the provision of digital primary care consultations under this benefit. A digital primary care consultation may be with a ***GP*** or with another healthcare practitioner such as a physiotherapist, ***nurse*** or pharmacist available through the ***digital primary care provider***. The number of appointments you can have is unlimited subject to the ***overall annual maximum benefit*** on your policy.

We will let you know which ***digital primary care provider*** you can use to access this benefit. If you are unsure, please contact ***us***.

Please note: Claims under this benefit will not erode any ***out-patient*** benefit limit nor be subject to any ***excess*** or ***co-insurance*** that you have on your policy. However, the charge for each appointment will count towards your ***overall annual maximum benefit***.

You will need to pay for the cost of any medicines prescribed by the ***digital primary care provider***, unless your policy includes cover for these medicines.

If the ***digital primary care provider*** refers you for any further ***treatment***, this ***treatment*** will be treated as a different claim under your policy and pre-authorisation for the ***treatment*** will be needed. You should always contact ***us*** to check you are covered for any such ***treatment***.

Being treated in hospital

Benefit 2 Consultants' fees for surgical and medical hospital treatment

This benefit 2 explains the type of ***consultants'*** fees ***we*** pay for ***eligible treatment***. The ***benefits*** you are covered for and the amounts ***we*** pay are shown on your ***benefit table***.

benefit 2.1 surgeons and anaesthetists

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

benefit 2.2 physicians

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

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

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

Benefit 3 Treatment facility charges

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

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

benefit 3.1 out-patient surgical operations

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

benefit 3.2 day-patient and in-patient treatment

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

benefit 3.2.1 accommodation
We pay for your ***treatment facility*** accommodation including your own meals and refreshments while you are receiving your ***treatment***.

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

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

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

- 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 ***treatment facility***
  - receiving services from a ***therapist*** or ***complementary medicine practitioner*** or ***mental health and wellbeing therapist***.

benefit 3.2.2 parent accommodation
We pay for each night a parent needs to stay in the ***treatment facility*** with their child. ***We*** only pay for one parent each night. This benefit applies to the child's cover and any charges are payable from the child's ***benefits***. The child must be:

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

benefit 3.2.3 theatre charges, nursing care, drugs and surgical dressings
We pay for use of the operating theatre and for nursing care, ***common drugs***, ***advanced therapies***, ***specialist drugs*** and surgical dressings when needed as an essential part of your ***day-patient treatment*** or ***in-patient treatment***. ***We*** do not pay for extra nursing services in addition to those that the ***treatment facility*** would usually provide as part of normal patient care without making any extra charge.

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

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

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

benefit 3.2.4 intensive care

For ***treatment*** in the ***UK***: ***We*** pay for ***intensive care*** when needed as an essential part of your ***eligible treatment*** if all the following conditions are met:

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

If you are receiving private ***eligible treatment*** which does not routinely require ***intensive care*** as part of that ***eligible treatment*** and unforeseen circumstances arise that require ***intensive care we*** will only pay for the ***intensive care*** if you are receiving your private ***eligible treatment*** in a ***treatment facility*** and either:

- the ***treatment facility*** is equipped with a ***critical care unit***, and your ***intensive care*** is carried out in that ***critical care unit***, or
- the ***treatment facility*** is not equipped with a ***critical care unit*** but has a prior agreement with ***us*** to follow an emergency protocol agreed with another ***treatment facility*** that is equipped with a ***critical care unit***, which is either adjacent or is part of the same group of companies, and you are transferred under that prior emergency protocol and your ***intensive care*** is carried out in that ***critical care unit***

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

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

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

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

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

- the ***intensive care*** is required routinely by patients undergoing the same type of ***treatment*** as yours, or
- the ***intensive care*** is medically essential due to unforeseen circumstances arising from a medical or surgical procedure which does not routinely require ***intensive care*** as part of the ***treatment*** in which case your ***consultant*** should contact ***us*** at the earliest opportunity.

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

Please also see 'Intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)' and 'Accident & Emergency treatment' in the section 'What is not covered'.

benefit 3.2.5 diagnostic tests and MRI, CT and PET scans
When recommended by your ***consultant*** to help determine or assess your condition as part of ***day-patient treatment*** or ***in-patient treatment we*** pay ***treatment facility*** charges for:

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

benefit 3.2.7 prostheses and appliances
We pay ***treatment facility*** charges for ***prostheses*** or ***appliances*** needed as part of your ***day-patient treatment*** or ***in-patient treatment***.

We do not pay for any further ***treatment*** which is associated with or related to ***prostheses*** or ***appliances*** such as maintenance, refitting or replacement when you do not have acute symptoms that are directly related to that ***prosthesis*** or ***appliance***.

Benefits for specific medical conditions

Benefit 4 Cancer treatment

Benefit 4.1 Cancer cover
You are only covered for this benefit after a diagnosis of ***cancer*** has been confirmed.

This benefit 4.1 explains what ***we*** pay for:

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

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

benefit 4.1.1 out-patient consultations for cancer
We pay ***consultants'*** fees for consultations that are to assess your ***acute condition*** of ***cancer*** when carried out as ***out-patient treatment*** and you are referred for the ***out-patient*** consultation by:

- ***our*** Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

In the ***UK, we*** pay for remote consultations by telephone or via any other remote medium with a ***consultant*** if the ***consultant*** is, at the time of your ***treatment***, recognised by ***us*** to carry out remote consultations. You can contact ***us*** to find out if a ***consultant*** is recognised by ***us*** for remote consultations or you can access the details at **finder.bupa.co.uk**

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

Out-patient therapies
We pay ***therapists'*** fees for ***out-patient treatment*** for ***cancer*** when you are referred for the ***treatment*** by:

- ***our*** Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

In the ***UK, we*** pay for remote consultations by telephone or via any other remote medium with a ***therapist*** or ***recognised practitioner*** if they are, at the time of your ***treatment***, recognised by ***us*** to carry out remote consultations. You can contact ***us*** to find out if a ***therapist*** or ***recognised practitioner*** is recognised by ***us*** for remote consultations or you can access the details at **finder.bupa.co.uk**

Other out-patient charges
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***. ***We*** also pay charges for clinical reviews that ***we*** may request to establish the eligibility of ***treatment***.

benefit 4.1.3 out-patient complementary medicine treatment for cancer
We pay ***complementary medicine practitioners'*** fees for ***out-patient treatment*** for ***cancer*** when you are referred for the ***treatment*** by a ***GP***, ***consultant*** or ***our*** Direct Access service.

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

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

benefit 4.1.4 out-patient diagnostic tests for cancer
When requested by your ***consultant*** to help determine or assess your condition as part of ***out-patient treatment*** for ***cancer we*** pay ***treatment facility*** charges or ***consultant*** charges (including the charge for interpretation of the results) for ***diagnostic tests***.

We do not pay charges for ***diagnostic tests*** that are not from a ***treatment facility*** or from a ***consultant*** who is not recognised by ***us*** to carry out ***diagnostic tests***.

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

benefit 4.1.5 out-patient cancer drugs
We pay ***treatment facility*** charges for ***common drugs***, ***advanced therapies*** and ***specialist drugs*** that are related specifically to planning and carrying out ***out-patient treatment*** for ***cancer*** either:

- when they can only be dispensed by a hospital and are not available from a ***GP***; or
- when they are available from a ***GP*** and you are prescribed an initial small supply on discharge from the ***treatment facility*** to enable you to start your ***treatment*** straight away.

We do not pay for any ***common drugs***, ***advanced therapies*** and ***specialist drugs*** that are otherwise available from a ***GP*** or are available to purchase without a prescription. ***We*** do not pay for any complementary, homeopathic or alternative products, preparations or remedies for ***treatment*** of ***cancer***.

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

Benefit 5 Mental health treatment

Cover is subject to the limits shown on your ***benefit table***.

We pay for ***eligible treatment*** of ***mental health conditions*** as set out in this Benefit 5.

Your ***eligible treatment*** must be provided by a ***consultant*** psychiatrist or a ***mental health and wellbeing therapist***.

We do not pay for ***treatment*** of dementia, behavioural or developmental conditions.

What we pay for mental health treatment
We pay ***consultant*** psychiatrists' and ***mental health and wellbeing therapists'*** fees and ***treatment facility*** charges for ***mental health treatment*** as follows:

benefit 5.1 out-patient mental health treatment

We pay fees and charges for ***out-patient mental health treatment*** as set out in benefits 5.1.1 to 5.1.3.

benefit 5.1.1 out-patient mental health consultants' fees
We pay ***consultant*** psychiatrists' fees for ***out-patient*** consultations to assess your ***mental health condition*** and for ***out-patient mental health treatment*** and you are referred for the consultation or ***treatment*** by:

- ***our*** Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

Remote consultations by telephone or via any other remote medium with a ***consultant*** psychiatrist are only covered in the ***UK*** and only if the ***consultant*** is, at the time of your ***treatment***, recognised by ***us*** to carry out remote consultations. You can contact ***us*** to find out if a ***consultant*** psychiatrist is recognised by ***us*** for remote consultations or you can access the details at **finder.bupa.co.uk**

benefit 5.1.2 out-patient mental health and wellbeing therapists' fees
We pay:

- ***mental health and wellbeing therapists***' fees for ***out-patient mental health treatment***
- for you to have access to an online supported therapy programme/service. The online therapy is based on guided self help and you must use the online programme/service ***we*** direct you to when the ***treatment*** or therapy is recommended by:
  - ***our*** Direct Access service
  - a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
  - another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

Remote consultations by telephone or via any other remote medium with a ***mental health and wellbeing therapist*** are only covered in the ***UK*** and only if they are, at the time of your ***treatment***, recognised by ***us*** to carry out remote consultations. You can contact ***us*** to find out if a ***mental health and wellbeing therapist*** is recognised by ***us*** for remote consultations or you can access the details at **finder.bupa.co.uk**

benefit 5.1.3 out-patient mental health diagnostic tests
When requested by your ***consultant*** psychiatrist to help determine or assess your condition as part of ***out-patient mental health treatment we*** pay ***treatment facility*** charges (including the charge for interpretation of the results) for ***diagnostic tests***.

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

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

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

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

We only pay for one addiction ***treatment*** programme in each member's lifetime. This applies to all ***Bupa*** schemes and/or ***Bupa*** administered trusts you have been a member and/or beneficiary of in the past or may be a member and/or beneficiary of in the future, whether your being a member and/or beneficiary is continuous or not. By addiction ***treatment*** programme ***we*** mean a period of ***eligible treatment*** carried out as ***mental health in-patient treatment*** and/or ***mental health day-patient treatment*** for the ***treatment*** of substance related addictions or substance misuse, including detoxification programmes.

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

Consultants' fees
We pay ***consultant*** psychiatrists' fees for ***mental health treatment*** carried out in a ***treatment facility***.

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

benefit 5.3 treatment otherwise excluded by the 'What is not covered' section

We pay for ***eligible treatment*** of mental health symptoms related to or arising from ***treatment*** otherwise excluded by the following exclusions in the 'What is not covered' section of this membership guide:

- Ageing, menopause and puberty
- Accident and emergency treatment
- Allergies, allergic disorders or food intolerances
- Birth control, conception and sexual problems
- Cosmetic, reconstructive or weight loss treatment
- Deafness
- Dialysis
- Eyesight
- Learning difficulties, behavioural and developmental conditions
- Pregnancy termination and foetal treatment

- Screening and preventive treatment
- Sleep problems and disorders
- Speech disorders
- Gender dysphoria or gender affirmation
- Varicose veins of the legs.

Additional benefits

Benefit 6 Treatment at home

This benefit applies when you receive ***eligible treatment*** at ***home*** where this would otherwise require ***in-patient treatment*** or ***day-patient treatment*** or ***chemotherapy*** as an ***out-patient***. ***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 ***in-patient treatment*** or ***day-patient treatment*** or ***chemotherapy*** as an ***out-patient***, and
- the ***treatment*** is provided to you by a ***medical treatment provider***.

Before your ***treatment*** at ***home*** starts you must have ***our*** confirmation that the above criteria have been met and ***we*** need full details from your ***consultant*** before ***we*** can determine this.

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***. You are covered on the same basis as set out in benefits 2 and 3. This benefit does not apply to ***out-patient treatment*** which takes place at ***home*** as explained in benefit 1.

Benefit 7 Home nursing after private eligible in-patient treatment

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

- the ***home*** nursing:
  - is for ***eligible treatment***
  - is needed for medical reasons ie not domestic or social reasons
  - is necessary ie without it you would have to remain in the ***treatment facility***
  - starts immediately after you leave the ***treatment 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 confirmation before the ***treatment*** starts that the above criteria have been met and ***we*** need full clinical details from your ***consultant*** before ***we*** can determine this.

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

Benefit 8 Private ambulance charges

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

Benefit 9 Repatriation and evacuation assistance

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 9.1 to 9.3.

- 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 ***we*** consider to be reasonable. This means that the amount ***we*** will pay will be in line with what the majority of ***our*** members are charged for similar ***treatment*** or services. ***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 9.1 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 after you arrive in the ***UK***.

benefit 9.2 accompanying partner/relative

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

benefit 9.3 in the event of death

If you die abroad ***we*** will pay reasonable transport costs to bring your body back to a port or airport in the ***UK***, including reasonable statutory costs associated with transporting the body, but only when all the arrangements are made by the ***medical assistance company***.

To make a claim for repatriation and evacuation assistance

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

From inside or outside the ***UK*** please contact ***us*** using your dedicated helpline. When your helpline is closed call ***us*** on: **+44 (0)1925 361 337**. Lines open 24 hours 365 days a year. ***We*** may record or monitor ***our*** calls.

Benefit 10 Routine maternity and baby care

Waiting periods

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

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

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

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

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

Benefit 11 Dental treatment

benefit 11.1. routine dental treatment
We pay for routine ***dental treatment*** provided by a ***dentist***. By routine ***dental treatment we*** mean:

- preventive ***treatment*** such as check-ups, X-rays, scale and polishing
- routine ***treatment*** such as fillings, extractions and root canal therapy
- major restorative ***treatment*** such as crowns, bridges or implants or orthodontic ***treatment*** of overbite or under bite, etc
- restoration of the function of dental prostheses.

benefit 11.2 accidental dental injury treatment
We pay benefits for emergency ***dental treatment*** provided by a ***dentist*** or orthodontist which you need as a direct result of an ***accidental dental injury***. By emergency ***dental treatment we*** mean ***dental treatment***:

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

Benefit 12 Assisted fertility treatment and egg freezing
You or (where applicable) ***your partner*** should always contact ***us*** before receiving any ***assisted fertility treatment*** and/or ***egg freezing*** to confirm that it is eligible under ***your*** and (where applicable) ***your partner's benefits***.

We pay ***consultants'*** fees and ***recognised assisted fertility treatment facility*** charges for ***eligible treatment*** for the ***main member*** and (where applicable) their ***partner*** for:

- ***assisted fertility treatment***, and
- ***egg freezing***.

All ***assisted fertility treatment*** and ***egg freezing*** must be provided in accordance with current applicable best practice clinical guidelines and recommended by ***your*** and (where applicable) ***your partner's assisted fertility consultant***.

We only pay ***benefits*** for ***treatment you*** and (where applicable) ***your partner*** receive (including for ***egg freezing***), while ***you*** and (where applicable) ***your partner*** are covered under the ***scheme***.

Where ***we*** agree, ***we*** will pay ***your*** and (where applicable) ***your partner's recognised assisted fertility treatment facility*** charge for ***egg freezing***. ***We*** will pay for ***egg storage*** which is charged by ***your*** and (where applicable) ***your partner's recognised assisted fertility treatment facility*** on an annual basis while ***you*** and (where applicable) ***your partner*** are members up to a maximum limit of 10 years. If at the end of each ***year you*** and (where applicable) ***your partner*** wish to continue ***egg storage*** or at any point, ***you*** and (where applicable) ***your partner*** wish to use the stored eggs for ***assisted fertility treatment*** there will be additional charges. ***You*** and (where applicable) ***your partner*** must still be members and have a monetary amount of ***your*** benefit remaining for ***your*** policy to pay for or contribute towards these charges. If ***you*** and (where applicable) ***your partner*** are no longer members and/or there is no benefit, or insufficient benefit remaining ***you*** will need to cover the shortfall of the charges yourself.

We do not pay for:

- any ***treatment*** for ***infertility***, ***egg freezing*** or ***assisted fertility treatment*** that is not at a ***recognised assisted fertility treatment facility***
- any ***diagnostic tests*** for ***infertility***, ***egg freezing*** or ***assisted fertility treatment*** if ***you*** or (where applicable) ***your partner*** are under 18 years old at the time of the tests or ***treatment***,
- any ***treatment*** for ***infertility*** or ***assisted fertility treatment*** for anyone who is not the ***main member*** or their ***partner***,
- any ***diagnostic tests*** for ***infertility*** if ***you*** or (where applicable) ***your partner*** do not meet the definition of ***infertility***,
- any ***treatment*** for any individual not covered under the ***scheme***, including surrogacy,
- harvesting, storage, transportation of donor eggs or sperm,
- anything which is excluded under exclusion 'Pregnancy termination and foetal treatment',
- any ***assisted fertility treatment*** caused by a ***voluntary sterilisation***,
- any ***assisted fertility treatment***, ***egg freezing*** or ***egg storage*** if there is no benefit, or insufficient benefit remaining in ***your*** and (where applicable) ***your partner's lifetime allowance***.

Cash benefits

Your ***benefit table*** shows which Cash benefits apply to your ***benefits*** and the benefit limits that apply.

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 the ***NHS***. ***We*** only pay NHS cash benefit if your ***treatment*** would otherwise have been covered for private ***in-patient treatment*** under your ***benefits***. ***We*** do not pay this NHS cash benefit when your admission and discharge occur on the same date.

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 the ***NHS***.

Except for NHS cash benefit for oral drug ***treatment*** for ***cancer*** as set out in benefit CB6.3 this benefit CB1 is not payable at the same time as any other NHS cash benefit for ***NHS in-patient treatment***.

Benefit CB6 Cash benefit for treatment for cancer

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

Except for NHS cash benefit for oral drug ***treatment*** for ***cancer*** as set out in benefit CB6.3, this benefit CB6.1 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 ***NHS in-patient treatment*** for ***cancer*** when it includes one of the following:

- radiotherapy
- ***chemotherapy***
- a ***surgical operation***
- a blood transfusion
- a bone marrow or stem cell transplant.

We only pay if your ***treatment*** would otherwise have been covered for private ***in-patient treatment*** under your ***benefits*** and is provided to you free under the ***NHS***.

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 the ***NHS***.

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

Except for NHS cash benefit for oral drug ***treatment*** for ***cancer*** as set out in CB6.3, this benefit CB6.2 is:

- not payable at the same time as any other NHS cash benefit for ***NHS treatment***, and
- only payable once even if you have more than one ***eligible treatment*** on the same day.

We pay this NHS cash benefit for:

- each day you receive radiotherapy including proton beam therapy in a hospital setting
- each day you receive ***chemotherapy***, other than ***oral chemotherapy***
- the day on which you undergo a ***surgical operation*** that is ***eligible treatment*** for ***cancer***.

We only pay if your ***treatment*** would otherwise have been covered for private ***out-patient treatment***, ***day-patient treatment*** or ***treatment*** at ***home*** under your ***benefits*** and is provided to you free under the ***NHS***.

benefit CB6.3 NHS cash benefit for oral drug treatment for cancer

We pay NHS cash benefit for each three-weekly interval, or part thereof, during which you take:

- ***oral chemotherapy***, or
- oral anti-hormone therapy that is not available from a ***GP***.

We pay this benefit CB6.3 at the same time as another NHS cash benefit you may be eligible for under your ***benefits*** on the same day.

We only pay if your ***treatment*** would otherwise have been covered for private ***treatment*** under your ***benefits*** and is provided to you free under the ***NHS***.

benefit CB6.4 Cash benefit for wigs or hairpieces

We pay cash benefit for a wig or hairpiece if you experience hair loss during eligible ***cancer treatment***. This benefit is paid once per ***cancer*** occurrence.

benefit CB6.5 Cash benefit for mastectomy bras

We pay cash benefit for mastectomy bras and prostheses following an eligible mastectomy procedure where a reconstruction is not performed at the same time. This benefit is paid once per mastectomy surgery.

Benefit CB7 Procedure Specific NHS cash benefit

Except for NHS cash benefit for oral drug ***treatment*** for ***cancer*** as set out in benefit CB6.3 Procedure Specific NHS cash benefit is not payable at the same time as any other cash benefit.

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

What is not covered

This section explains the ***treatment***, services and charges that are not covered 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. Also, your ***benefit table*** and your ***membership certificate*** could show some changes to the terms of cover, including the exclusions, set out in this membership guide.

This section does not apply to benefit 1.6 'GP consultations and services' and 1.11 'digital primary care services' in the section 'Benefits'.

Advanced therapies and specialist drugs

We do not pay for:

- any gene therapy, somatic-cell therapy or tissue engineered medicines that are not on the list of ***advanced therapies*** that applies to your ***benefits***
- any drugs or medicines that are neither ***common drugs*** nor ***specialist drugs*** for which a separate charge is made by your ***treatment facility***.

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. For example, ***we*** do not pay for the ***treatment*** of acne arising from natural hormonal changes.

Exception: ***We*** pay for ***eligible treatment*** of an ***acute condition*** that you develop during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence subject to the other policy terms.

Accident and emergency treatment

We do not pay for any ***treatment***, including immediate care, received during a visit to an ***NHS*** or private accident and emergency (A&E) department, urgent care centre or walk-in clinic.

We also do not pay for any ***treatment*** received following an admission via an ***NHS*** or private A&E department, urgent care centre or walk-in clinic until after you are referred by a ***consultant*** for ***eligible treatment*** in a ***treatment facility***. In these circumstances, before you receive any ***treatment***, you should contact ***us*** as soon as reasonably possible to confirm whether your ***treatment*** is covered under your ***benefits*** as you are responsible for any costs you incur that are not covered under your ***benefits***.

Please also see 'benefit 3.2.4 intensive care' in the section Benefits and the exclusion 'Intensive care (other than routinely needed after private day-patient or in-patient treatment)' in this section.

Allergies, allergic disorders or food intolerances

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

- to de-sensitise or neutralise any allergic condition or disorder, or
- of any food intolerance.

Once a diagnosis of an allergic condition or disorder or food intolerance has been confirmed ***we*** do not pay for any further ***treatment***, including ***diagnostic tests***, to identify the precise allergen(s) or foodstuff(s) involved – this means, for example, if you are diagnosed with a tree nut allergy ***we*** will not pay for further investigations into which specific nut(s) you are allergic to.

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***. These include, for example, personal travel and/or accommodation costs which are not expressly set out in your ***benefits***. ***We*** also do not pay for any ***treatment*** costs in excess of the amounts for which you are covered under your ***benefits***.

Birth control, conception and sexual problems

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

- for any type of contraception, including insertion or removal of contraceptives
- for any type of sterilisation
- for any type of sexual problems unless directly related to ***infertility*** (including impotence, whatever the cause)
- to reverse a ***voluntary sterilisation*** or to treat ***infertility*** caused by a ***voluntary sterilisation***

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

Exception: ***We*** pay for one fertility check per ***year*** as set out in benefit 1.10.

Please also see 'Pregnancy and childbirth' in this section, Benefit 12 'Assisted fertility treatment and egg freezing' and benefit 1.10 'out-patient fertility check' in the section 'Benefits'.

Complementary and alternative products and non-prescription drugs

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

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

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

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

Complications from excluded conditions, treatment and experimental treatment

We do not pay any ***treatment*** costs, including any increased ***treatment*** costs, you incur because of complications caused by a disease, illness, injury or ***treatment*** for which cover has been excluded or restricted from your membership.

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

Contamination, wars, riots and terrorist acts

We do not pay for ***treatment*** for any condition arising directly or indirectly from:

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

Exception: ***We*** pay for ***eligible treatment*** that is required as a result of a terrorist act providing that the act does not cause chemical, biological, radioactive or nuclear contamination.

Convalescence, rehabilitation and general nursing care

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

- 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 ***treatment facility***
- receiving services from a ***therapist***, ***complementary medicine practitioner*** or ***mental health and wellbeing therapist***.

This does not apply to addiction ***treatment*** programmes if they are covered by your policy under Benefit 5 Mental health treatment.

Cosmetic, reconstructive or weight loss treatment

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

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

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

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

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

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

Exception 1: ***We*** pay for ***eligible treatment*** for an excision of a lesion if any of the following criteria are met:

- a biopsy or clinical appearance indicates that disease is present
- the lesion obstructs one of your special senses (vision/smell/hearing) or causes pressure on other organs
- the lesion stops you from performing the ***activities of daily living***.

Before any ***treatment*** starts you must have ***our*** confirmation that the above criteria have been met and ***we*** need full clinical details from your ***consultant*** before ***we*** can determine this.

Exception 2: ***We*** pay for ***eligible surgical operations*** to restore the appearance of the specific part of your body that has been affected:

- by an accident, or
- as a direct result of ***cancer*** surgery or eligible prophylactic surgery (as explained in Exclusion Screening and preventive treatment under Exception 1).

Eligible surgical operations to restore appearance include those for the purposes of symmetry (eg surgery to a healthy breast to make it match a breast reconstructed following ***cancer*** surgery). Once the initial ***eligible treatment*** to restore your appearance is complete (including delayed surgery, such as delayed breast reconstructions) ***we*** do not pay for repeat surgeries or reconstructions, or further ***treatment*** to restore or amend your appearance.

We only pay if both of the following apply:

- it is part of the original ***eligible treatment*** resulting from the accident, ***cancer*** surgery or eligible prophylactic surgery (as explained in Exclusion Screening and preventive treatment under Exception 1)
- the accident, ***cancer*** surgery or the eligible prophylactic surgery took place during your current continuous period under a ***Bupa*** scheme that includes benefits for this type of ***treatment***
  - the current continuous period may include being a member of another ***Bupa*** scheme and/or a beneficiary of a trust administered by ***Bupa***, as long as there has been no break in your cover.

Before any ***treatment*** starts you must have ***our*** confirmation that the above criteria have been met and ***we*** need full clinical details from your ***consultant*** before ***we*** can determine this. ***We*** do not pay for more than the one course/ one set of ***surgical operations*** or for repeat cosmetic procedures.

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

Deafness

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

Dental/oral treatment

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

- 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 routine ***dental treatment*** and ***accidental dental injury treatment*** as set out in Benefit 11 'Dental treatment'.

Exception 2: ***We*** pay for an ***eligible surgical operation*** carried out by a ***consultant*** to:

- 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
- surgically remove a complicated, buried or impacted tooth root which is causing infection or pain, such as an impacted wisdom tooth, but not if the purpose is to facilitate dentures.

Dialysis

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

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

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

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

Excluded treatment or medical conditions

We do not pay for:

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

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

Experimental drugs and treatment

For ***treatment*** in the ***UK***: ***We*** do not pay for ***treatment*** or procedures which, in ***our*** reasonable opinion, are experimental or unproved based on established medical practice in the ***United Kingdom***, such as drugs outside the terms of their licence or procedures which have not been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence). Licensed gene therapy, somatic-cell therapy or tissue engineered medicines for conditions other than ***cancer*** that have not been tested in phase III clinical trials will be considered experimental.

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

Exception: ***We*** pay for experimental drug ***treatment*** for ***cancer*** subject to the following criteria:

- the use of this drug ***treatment*** follows an unsuccessful initial licensed ***treatment*** where available, and
- you speak regularly to ***our*** nurse, as ***we*** may reasonably require in order to allow ***us*** to effectively monitor your ***treatment*** and provide support, and
- the drug ***treatment*** has been agreed by a multidisciplinary team that meets the NHS Cancer Action Team standards defined in The Characteristics of an Effective Multidisciplinary Team (MDT), and
- for the proposed ***treatment we*** are provided with an MDT report, which includes one of the following:
  - evidence that the drug ***treatment*** has been found to have likely benefit on your condition through a predictive genetic test where appropriate/available, or
  - evidence that the drug has had a health technology assessment with a positive outcome and there is a European Medicines Agency (EMA) licence for the drug with the drug being used within its licensed protocol, or
  - evidence that at least one NHS/National Comprehensive Cancer Network (NCCN)/ European Society for Medical Oncology (ESMO) protocol exists, with supporting phase III clinical trial evidence, for your exact condition (ie the specific indication including tumour type, staging and phase of ***treatment*** if relevant), or
  - evidence that the drug treatment has published phase III clinical trial results showing that it is safe and effective for your condition.

Before starting this type of ***treatment*** you must have ***our*** confirmation that the above criteria have been met and ***we*** need full clinical details from your ***consultant*** before ***we*** can determine this.

Please also see 'Complications from excluded conditions/treatment and experimental treatment' and 'Complementary and alternative products and non-prescription drugs' in this section.

Eyesight

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

We do not pay for laser-assisted cataract surgery.

Exception 1: ***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.

Exception 2: ***We*** pay for ***eligible treatment*** for cataract surgery using ultrasonic emulsification.

Gender dysphoria or gender affirmation

We do not pay for ***treatment*** for ***gender dysphoria*** or gender affirmation.

Exception: If you are aged 18 or over, ***we*** pay for ***out-patient*** consultations for the diagnosis of ***gender dysphoria*** as set out in benefit 1.9.

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

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

- you have been directly admitted into a ***critical care unit*** at the point of admission, such as following:
  - an ***NHS*** transfer to a ***treatment facility***
  - an ***out-patient*** consultation
  - a ***GP*** referral
  - repatriation
  - private facility to private facility transfer
- it follows a transfer (whether on an emergency basis or not) to an ***NHS*** hospital or facility from a private ***treatment facility***
- it follows a transfer from an ***NHS critical care unit*** to a private ***critical care unit***
- it is carried out in a unit or facility which is not a ***critical care unit***.

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

Please see 'benefit 3.2.4 Intensive care' in the section 'Benefits'.

Learning difficulties, behavioural and developmental conditions

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

Exception 1: ***We*** pay for eligible ***diagnostic tests*** to rule out ADHD and ASD when a ***mental health condition*** is suspected. You must have ***our*** confirmation before any ***diagnostic tests*** are carried out that the above criterion has been met and ***we*** need full clinical details from your ***consultant*** before ***we*** can determine this.

Exception 2: ***We*** may pay for ***treatment*** for significant development delay when a child ***dependant*** has not attained developmental milestones expected for a child of that age in one or more of the developmental areas as measured by an appropriately qualified healthcare practitioner.

Organ donation

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

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

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

Where a ***member***:

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

Pandemic or epidemic disease

We do not pay for ***treatment*** for or arising from any pandemic disease and/or epidemic disease. By pandemic ***we*** mean the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world. By epidemic ***we*** mean the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events materially in excess of normal expectancy, or as otherwise defined by the World Health Organisation (WHO).

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 Benefits 1 and 3, and ***medical aids*** as set out in benefit 1.8 in the section 'Benefits'.

Pregnancy termination and foetal treatment

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

- an embryo or foetus
- termination of pregnancy, or any condition arising from termination of pregnancy or ***treatment*** arising or resulting from any of the above.

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

Exception 2: ***We*** pay for ***eligible treatment*** of an ***acute condition*** of the member (mother) that relates to pregnancy or childbirth but only if all the following apply:

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

Exception 3: ***We*** pay for ***out-patient common drugs*** or ***specialist drugs*** that are integral to ***assisted fertility treatment***.

Please also see 'Birth control, conception and sexual problems' and 'Screening and preventive treatment' in this section.

Screening and preventive treatment

We do not pay for:

- health checks or health screening. By health screening ***we*** mean where you may or 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 gynaecological tests, routine baby checks or baby or child development checks
- tests or procedures which, in ***our*** reasonable opinion based on established clinical and medical practice, are carried out for screening purposes, such as endoscopies when no symptoms are present
- preventive ***treatment***, procedures or medical services
- medication reviews or appointments where you have had no change in your usual symptoms.

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

- routine maternity tests and routine tests on a new born baby
- DNA testing when directly related to an eligible amniocentesis test carried out on a ***member*** over age 35 as set out in Benefit 10, 'Routine maternity and baby care' in the section 'Benefits'.

Exception 2: If you are being treated for ***cancer*** and have strong direct family history of ***cancer***, ***we*** pay for a genetically-based test to evaluate future risk of developing further cancers, if recommended by your ***consultant***. If the test shows you are at high risk of developing further cancers ***we*** pay for prophylactic surgery, if recommended by your ***consultant***. ***We*** will pay for reconstructive surgery following eligible prophylactic surgery as set out in the Exclusion Cosmetic, reconstructive or weight loss treatment under Exception 2.

Before you have any tests, procedures or ***treatment*** you must have ***our*** written confirmation that the above criteria have been met and we will need full clinical details from your ***consultant*** before ***we*** can determine this.

Exception 3: ***We*** pay for ***eligible treatment*** for the monitoring of ***cancer*** as set out in benefit 4.1.1 out-patient consultations for cancer and benefit 4.1.4 out-patient diagnostic tests for cancer.

Sleep problems and disorders

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

Speech disorders

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

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

Exception: ***We*** pay for short-term speech therapy when it is part of ***eligible treatment*** and takes place during or immediately following the ***eligible treatment***. The speech therapy must be provided by a ***therapist*** who is a member of the Royal College of Speech and Language Therapists.

Temporary relief of symptoms

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

Exception: ***We*** pay for ***treatment*** to manage the symptoms of a terminal illness or disease from the date on which your ***consultant*** tells you that your ongoing ***treatment*** will be to support your end of life care only and you will not receive ***treatment*** that is intended to halt or improve the terminal illness or disease itself. ***We*** then pay all charges and fees for the ***treatment*** you need in accordance with, and on the same basis as, your other ***benefits*** (including Benefit 6 Treatment at home), for a maximum period of 21 consecutive days. ***We*** only pay for this once in your lifetime.

Treatment in a treatment facility that is not a treatment facility

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

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

Please also see the section 'Benefits'.

Unrecognised medical practitioners, providers and facilities

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

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

- the healthcare practitioner who carries out your ***treatment*** does not meet the definition criteria for that type of practitioner as set out in the glossary. In respect of ***treatment*** in the ***UK***, ***Bupa*** does not recognise consultants, therapists, complementary medicine practitioners, mental health and wellbeing therapist or other healthcare professionals for the purpose of ***our*** private medical insurance schemes in the following circumstances:
  - 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 the hospital, ***treatment facility***, centre or unit does not meet the definition of a ***treatment facility*** that applies to your ***benefits***.

Varicose veins of the legs

We do not pay for the ***treatment*** of varicose veins of the legs.

Exception: ***We*** pay for one ***eligible surgical operation*** for varicose veins per leg in your lifetime of being covered under a ***Bupa*** health insurance policy and/or a beneficiary of a ***Bupa*** administered trust. This applies to all ***Bupa*** insurance schemes and/or ***Bupa*** administered trusts you may be a member and/or beneficiary of in the future, whether your being a member and/or beneficiary is continuous or not.

Both legs being treated on the same day is considered one ***surgical operation*** on each leg.

We also pay for:

- any eligible consultations and ***diagnostic tests*** needed for your ***surgical operation***
- a single sclerotherapy ***treatment*** within six months of an original ***surgical operation*** if there are remaining symptoms.

Glossary

Words and phrases printed in ***bold 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 external impact, including one sustained during participation in a sporting activity.
Activities of daily living	functional mobility, bathing/showering, self-feeding, personal hygiene/grooming, toilet hygiene, fulfilment of work or educational responsibilities.
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.
Advanced therapies	gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medicinal Products (ATMPs) by the UK medicines regulator to be used as part of your ***eligible treatment*** and which are, at the time of your ***eligible treatment***, included (with the medical condition(s) for which ***we*** pay for them) on the list of advanced therapies that applies to your ***benefits*** as shown on your ***benefit table*** under the heading 'Advanced therapies list'. The list that applies to your ***benefits*** is available at **bupa.co.uk/policyinformation** or you can contact ***us***. The advanced therapies on the list will change from time to time.
Agreement	the agreement between the ***sponsor*** and ***us*** under which you have cover for your ***benefits***.
Appliances	any appliances which are in ***our*** list of appliances for your ***benefits*** at the time you receive your ***treatment***. The list of appliances will change from time to time. Details of the appliances are available on request or at **bupa.co.uk/prostheses-and-appliances**
Artificial insemination	intracervical insemination (ICI) or intrauterine insemination (IUI) using partner or donor sperm.
Assisted fertility consultant	a health care practitioner who, at the time ***you*** or (where applicable) ***your partner*** receive ***assisted fertility treatment***, is recognised by ***us*** for the purpose of providing ***assisted fertility treatment*** and ***egg freezing***.
Assisted fertility treatment	***eligible treatment*** to assist conception of a child, and may include: ■ consultations ■ pathology and scans ■ assisted conception, such as intrauterine insemination or in vitro fertilisation (including donor eggs or sperm from a donor bank, where required), and ■ ***surgical operation***.

Word/phrase	Meaning
Benefits	the benefits specified on your ***benefit table*** and, where applicable your ***membership certificate*** for which you are entitled as an individual under the ***scheme*** subject to the terms and conditions that apply to your membership in this Bupa Select membership guide including all exclusions.
Benefit table	the benefit table that applies to your ***scheme*** as set out in this in this Bupa Select membership guide.
Bupa	Bupa Insurance Limited. Registered in England and Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ
Cancer	a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	Systemic Anti-Cancer Therapies (SACT) excluding anti-hormone therapies. SACT are therapies used to destroy or prevent growth of cancerous cells.
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.
Co-insurance	the percentage of the cost of ***eligible treatment*** that you have to pay that would have otherwise have been payable under your ***benefits***. The amount you have to pay is subject to a set maximum amount. For details please see rule E in the 'Claiming' section of this guide and your ***membership certificate***.
Common drugs	commonly used medicines, such as antibiotics and painkillers that in ***our*** reasonable opinion based on established clinical and medical practice should be included as an integral part of your ***eligible treatment***.
Complementary medicine practitioner	for ***treatment*** in the ***UK***: 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. for ***treatment*** outside the ***UK***: an acupuncturist, chiropractor or osteopath who at the time of your ***treatment*** is legally qualified and entitled to practice as such in accordance with the laws of the country in which your ***treatment*** takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the ***treatment*** of the disease, illness or injury being treated.
Condition	an ***acute condition*** or ***chronic condition***.

Word/phrase	Meaning
Consultant	for ***treatment*** in the ***UK***: 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 ask ***us*** if a medical or dental practitioner is recognised by ***us*** as a consultant and the type of ***treatment we*** recognise them for, or you can access these details at **finder.bupa.co.uk** for ***treatment*** outside the ***UK***: a surgeon, anaesthetist or physician who, at the time of your ***treatment***, ■ is legally qualified to practice medicine following attendance at a recognised medical school, and ■ is legally entitled to practice medicine in accordance with the laws of the country in which your treatment takes place and is recognised by the relevant authorities in that country as having specialised qualifications in the field of, or expertise in, the ***treatment*** of the disease, illness or injury being treated. By recognised medical school ***we*** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Contributing member	a ***main member*** who contributes to the costs of subscriptions for themself and/or any of their ***dependants***.
Cover end date	the date on which your current period of cover under the ***scheme*** ends. This is either the date: ■ shown as 'Cover end date' on your ***membership certificate*** or if this is not displayed on your ***membership certificate***, ■ the day before your ***renewal date***.
Cover start date	the date on which your current period of cover under the ***scheme*** starts, shown as 'Cover start date' on your ***membership certificate***.

Word/phrase	Meaning
Critical care unit	■ for ***treatment*** in the ***UK***: any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in ***our*** list of critical care units and recognised by ***us*** for the type of ***intensive care*** that you require at the time you receive your ***treatment***. The units on the list and the type of ***intensive care*** that ***we*** recognise each unit for will change from time to time. For details of a hospital or a ***treatment facility***, centre or unit in your treatment facility network visit ***our*** consultants and facilities website at **finder.bupa.co.uk** ■ for ***treatment*** outside the ***UK***: any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which, at the time of your ***treatment***, is registered, or recognised under the local country's laws, for providing the type of ***intensive care*** that you require.
Day-patient	a patient who is admitted to a hospital, treatment facility or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Day-patient treatment	***eligible treatment*** that, for medical reasons, is received as a ***day-patient***.
Dental treatment	dental or oral surgical or medical services (including ***diagnostic tests***) which are needed to diagnose, relieve or cure an ***accidental dental injury***.
Dentist	a person who, at the time of your dental ***treatment***, is legally qualified to practice dentistry, and is legally entitled to practice dentistry in accordance with the laws of the country in which your dental ***treatment*** takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the ***treatment*** of the dental disease, illness or injury being treated.
Dependant	***your partner*** and any child for whom ***you*** or ***your partner*** hold responsibility and who is, with the ***sponsor's*** approval, a member of the ***scheme*** and named on ***your membership certificate***.
Diagnostic tests	investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Digital primary care provider	services provided via a digital primary care provider ***we*** recognise for providing a digital consultation in a primary care setting, this can include a ***GP*** and other healthcare practitioners registered with the digital primary care provider.
Egg freezing	also known as oocyte cryopreservation, this means ***treatment*** to freeze eggs, and may include: ■ ***diagnostic tests*** ■ drugs ■ egg collection ■ egg freezing ■ ***egg storage***.
Egg storage	storage of frozen eggs collected after ovarian stimulation so that, if wished, they may be used later to create embryos via IVF. The law currently restricts this to a period of 10 years.
Eligible surgical operation	***eligible treatment*** carried out as a ***surgical operation***.

Word/phrase	Meaning
Eligible treatment	■ for ***treatment*** in the ***UK***: ***treatment*** of: – a ***condition*** or – a ***mental health 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, for example as specified by NICE (or equivalent bodies in Scotland) in its guidance on specific conditions or ***treatment*** where such guidance is available ■ 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***. ■ for ***treatment*** outside the ***UK***: ***treatment*** of: – a ***condition*** or – a ***mental health 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 ***treatment*** is carried out – are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided, for example as specified in medical guidelines on specific conditions or ***treatment*** where such guidelines are available in the country in which the ***treatment*** is carried out – 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***.
Employee member	a ***member*** who is employed by the ***sponsor***.
Excess	the amount that you have to pay towards the cost of ***treatment*** that you receive that would otherwise have been payable under your ***benefits***. For details please see rule E in the 'Claiming' section of this guide and your ***benefit table***.
Fertility check facility	a fertility check facility that, at the time you receive a fertility check, is in Bupa's list of such facilities that applies to your ***benefits***. Details of the facilities in the list are available on request or at **finder.bupa.co.uk**
Gender dysphoria	when someone has a sense of unease because of a mismatch between their biological sex and gender identity.

Word/phrase	Meaning
GP	a person who, at the time of your ***treatment*** and/or GP visit, is legally qualified to practice medicine and provide medical ***treatment*** which does not need a ***consultant's*** training following attendance at a recognised medical school and who is legally entitled to practice such medicine in accordance with the laws of the county in which your ***treatment*** and/or GP visit takes place. By recognised medical school ***we*** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Home	either: ■ the place where you normally live, or ■ another non-healthcare setting where you want to have your ***treatment***.
Infertility	your ***consultant*** has confirmed that ***you*** or (where applicable) ***your partner*** have not been able to conceive a child within the clinically expected time frame such that a formal investigation is justified.
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.
Lifetime allowance	a benefit limit that applies once in total across the entire time ***you*** and (where applicable) ***your partner*** are member(s), irrespective of any breaks in ***you*** and (where applicable) ***your partner*** being member(s) for any reason. The benefit will not re-set if ***you*** and (where applicable) ***your partner*** stop being member(s) for any reason but later re-join the ***scheme***.
Main member	the person who is covered under the ***agreement*** by virtue of being eligible in his or her own right rather than as a ***dependant***.
Medical aid	a medical aid, device, apparatus or appliance which is in ***our*** list of medical aids for your ***benefits*** at the time it is prescribed for you. The list may change from time to time and details are available on request.
Medical assistance company	the company who is appointed by ***Bupa*** as a medical assistance company for the purpose of its medical insurance schemes for arranging repatriation and/or evacuation at the time that you need repatriation and/or evacuation. The medical assistance company may change from time to time and current details are available on request.
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***. The list of medical treatment providers and the type of ***treatment we*** recognise them for will change from time to time. Details of these medical treatment providers and the type of ***treatment we*** recognise them for are available on request or you can access these details at **finder.bupa.co.uk**
Member	the ***main member*** or a ***dependant*** who is covered under the ***agreement***.

Word/phrase	Meaning
Membership certificate	the most recent membership certificate that ***we*** issue to ***you*** for ***your*** current continuous period of membership under the ***agreement***
Mental health and wellbeing therapist	for ***treatment*** in the ***UK***: ■ 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 ask ***us*** if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for, or you can access these details at **finder.bupa.co.uk** for ***treatment*** outside the ***UK***: ■ a person who, at the time of your ***treatment***, is legally entitled to practice as a psychologist, psychotherapist, counsellor or cognitive behavioural therapist in accordance with the laws of the country in which your ***treatment*** takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the ***treatment*** of the disease, illness of injury being treated.
Mental health condition	a condition which is a mental health condition according to a reasonable body of medical opinion, and/or which is diagnosed and treated and managed as a mental health condition by a ***consultant*** psychiatrist or a ***mental health and wellbeing therapist***. ***We*** do not pay for ***treatment*** of dementia, behavioural or developmental problems once diagnosed.
Mental health day-patient treatment	***eligible treatment*** of a ***mental health condition*** which for medical reasons means you have to be admitted to a ***treatment facility*** because you need a period of clinically-supervised ***eligible treatment*** of a ***mental health condition*** as a day case but do not have to occupy a bed overnight and the ***mental health treatment*** is provided on either an individual or group basis.
Mental health in-patient treatment	***eligible treatment*** of a ***mental health condition*** that, for medical reasons, is received as an ***in-patient***.
Mental health treatment	***eligible treatment*** as set out in Benefit 5 Mental health treatment in the 'Benefits' section of this guide.
New member	a ***member*** notified by the ***sponsor*** to ***us*** as being a new member.
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.
Nominated facility	a ***treatment facility*** which at the time of your ***treatment*** is in ***our*** list of nominated facilities for your ***benefits*** and is listed for carrying out the type of ***treatment*** you need. The list may change from time to time and details are available on request.

Word/phrase	Meaning
Nurse	a person who at the time of your ***treatment***, is legally qualified as a nurse and who is legally entitled to practice as such in accordance with the laws of the county in which your ***treatment*** takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, providing the type of nursing you need.
Oral chemotherapy	***chemotherapy*** which is taken by mouth.
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*** and/or ***co-insurance*** all count towards your overall annual maximum benefit. If an overall annual maximum benefit applies to your ***benefits***, this will be shown on your ***benefit table***.
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.
Prostheses	any prostheses which are 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 or at **bupa.co.uk/prostheses-and-appliances**
Recognised assisted fertility treatment facility	a ***treatment facility*** which, at the time ***you*** or (where applicable) ***your partner*** receive ***assisted fertility treatment*** and/or ***egg freezing***, is recognised by ***us*** for the purpose of providing ***assisted fertility treatment*** and/or ***egg freezing***.
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***. You can ask ***us*** if a practitioner is a recognised practitioner and the type of ***treatment we*** recognise them for or you can access these details at **finder.bupa.co.uk**
Renewal date	for each period of your cover the date agreed between the ***sponsor*** and ***us*** on which the group cover is due for renewal. Cover is generally renewed annually. Depending on the month in which you first join the ***scheme***, your initial period of cover may not be a full twelve months. Your ***benefits*** and, if ***you*** are a ***contributing member***, ***your*** subscriptions may change at the ***renewal date***.

Word/phrase	Meaning
Returning member	a ***member*** notified by the ***sponsor*** to ***us*** as being a returning member.
Scheme	the cover ***we*** provide as shown on your ***benefit table*** and, where applicable your ***membership certificate*** together with this Bupa Select membership guide subject to the terms and conditions of the ***agreement***.
Specialist drugs	drugs and medicines to be used as part of your ***eligible treatment***, which are not ***common drugs*** and are at the time of your ***eligible treatment*** included on ***our*** list of specialist drugs that applies to your ***benefits***. The list is available at **bupa.co.uk/policyinformation** or you can contact ***us***. The specialist drugs on the list will change from time to time.
Sponsor	the company, firm or individual with whom ***we*** have entered into an ***agreement*** to provide cover.
Sports massage practitioner	a healthcare practitioner who has been notified by the ***sponsor*** to ***us*** as being a sports massage practitioner for the purpose of the ***scheme*** and at the time of your ***treatment*** is in ***our*** list of sports massage practitioners for your ***benefits***. The list of sports massage practitioners may change from time to time. Details of these practitioners are available on request.
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 ***treatment 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	for ***treatment*** in the ***UK***: ■ a chartered physiotherapist ■ a British Association of Occupational Therapists registered occupational therapist ■ a British and Irish Orthoptic Society registered orthoptist ■ a Royal College of Speech and Language Therapists registered speech and language therapist ■ a Society of Chiropodists and Podiatrists registered podiatrist, or ■ a British Dietetic Association registered dietitian who is Health and Care 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 or you can access these details at **finder.bupa.co.uk** for ***treatment*** outside the ***UK***: a person who, at the time of your ***treatment*** is legally qualified as a physiotherapist, occupational therapist, orthoptist, speech therapist, chiropodist/podiatrist or dietician and is entitled to practice as such in accordance with the laws of the country in which your ***treatment*** takes place and is recognised by the relevant authorities in that country as having specialised qualifications in, or expertise in, the ***treatment*** of the disease, illness or injury being treated.
Treatment	surgical or medical services (including ***diagnostic tests***) that are needed to diagnose, relieve or cure a disease, illness or injury.

Word/phrase	Meaning
Treatment facility/ facilities	for ***treatment*** in the ***UK***: 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 ***benefit***s, and is recognised by ***us*** for both: ■ treating the medical condition you have, and ■ carrying out the type of ***treatment*** you need. The hospitals, treatment facilities, centres or units in the list and the medical conditions and types of ***treatment we*** recognise them for will change from time to time. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request or at **finder.bupa.co.uk** for ***treatment*** outside the ***UK***: ■ a medical or surgical hospital, treatment facility, centre or unit which at the time of your ***treatment*** is legally entitled, in accordance with the laws of the country in which your ***treatment*** takes place, to carry out the type of ***treatment*** you need and is registered or recognised by the relevant authorities in that country as being able to carry out such ***treatment*** ■ any other establishment which ***we*** may decide to treat as a treatment facility for the purpose of the ***scheme***.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Voluntary sterilisation	a procedure undertaken to permanently remove an individual's fertility to prevent conception. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion).
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 on your ***benefit table***.
We/our/us	***Bupa***.
Year	for each period of your cover, the period beginning on your ***cover start date*** and ending on your ***cover end date*** for that period of cover. Depending on the month in which you join the ***scheme*** your initial year may not be a full twelve months. Your ***benefits*** and, if ***you*** are a ***contributing member***, ***your*** subscriptions may change at the ***renewal date***.
You/your	this means the ***main member*** only.

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at **bupa.co.uk/privacy**. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at **dataprotection@bupa.com**

Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit **bupa.co.uk/legal-notices**

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an

insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at **optmeout@bupa.com** or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. International transfers

We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data-protection laws.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at **dataprotection@bupa.com**. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate).

Financial crime and sanctions

Financial crime

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

Sanctions

We will not provide cover and ***we*** shall not be liable to pay any claim or provide any benefit to the extent that such cover, payment of a claim(s) or benefits would:

- be in contravention of any United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which ***we*** are subject (which may include without limitation those of the European Union, the ***United Kingdom***, and/or the United States of America); and/or
- expose ***us*** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose ***us*** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority, banks ***we*** transact through, or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become applicable, ***we*** reserve all of ***our*** rights to take all and any such actions as may be deemed necessary in ***our*** absolute discretion, to ensure that ***we*** continue to be compliant. You acknowledge that this may restrict, delay or terminate ***our*** obligations and ***we*** may not be able to pay any claim(s) in the event of a sanctions-related concern.

Bupa Anytime HealthLine, Family Mental HealthLine and Digital primary care services are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa Anytime HealthLine is provided by:

Bupa Occupational Health Limited. Registered in England and Wales with registration number 631336.

Registered office: 1 Angel Court, London EC2R 7HJ

Digital primary care services are provided by Babylon Healthcare Services Limited. Registered in England and Wales number: 09229684. Registered office: 1 Knightsbridge Green, London SW1X 7QA

Bupa health insurance is provided by: Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services registration number 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services registration number 312526.

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

Registered office: 1 Angel Court, London EC2R 7HJ

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