Bupa Select Membership Guide

Essential information explaining your Bupa cover
Please retain

SEL/6336/JULY09

71120-RRD

Contacting us

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

Bupa HealthLine

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

Call the Bupa HealthLine on 0845 60 40 537†

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

Contents

Introduction: Your Bupa membership

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

About this guide

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

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

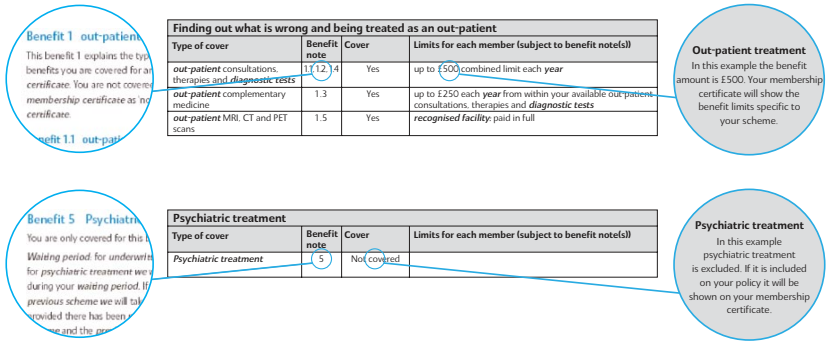
The information in this guide complements your membership certificate which sets out essential details about your cover including your hospital access and certain benefit limits. Before making a claim it would be advisable to read through the relevant areas of both documents, however we're always at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

Reading your membership certificate and Bupa Select Membership Guide

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

Cross-referencing your documents

Your membership certificate cross references benefit notes that relate to the corresponding section of the membership guide, outlining Bupa's cover in more detail. The following are examples only, this example of cover may not specifically apply to you. Please refer to your membership certificate for the benefits applicable to you.



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

What to do if you need treatment

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

Helping us to help you

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

- Your Bupa membership number.
- The condition you are suffering from.
- Details of when your symptoms first began.
- Details of when you first consulted your GP about your condition.
- Details of the treatment that has been recommended.
- Date/s on which you are to receive the treatment.
- The name of the consultant or other healthcare practitioner involved.
- Details of where your proposed treatment will take place.
- Your expected length of stay in hospital.

A step-by-step guide to making a claim

1. In most cases you will need to see your GP first who will determine whether you need to see a consultant or healthcare professional.
2. If you need to see a consultant or healthcare professional, let your GP know that you have Bupa cover and they will either refer you to one or suggest that you contact us if you want a choice of consultants or healthcare professionals.
3. Once you know the name of the consultant or healthcare professional you are going to see, please call us so we can confirm whether they are covered under your Bupa membership and let you know what you need to do next.
4. When we have confirmed that your treatment is covered, we will discuss your claim with you and issue you with a "pre-authorisation" number. You will then need to contact your consultant or healthcare professional to arrange an appointment that suits you.
5. It is recommended that you give your "pre-authorisation" number to the consultant or healthcare professional for the invoice to be sent to us directly. If for any reason you are sent the invoice, just send this on to us addressed to our Claims Department at Bupa, Staines TW18 4XF.
6. Once we have made payment towards your claim we will send you a summary of your claim and treatment details. This will let you know if you need to do anything further.

Effective from 6 August 2009

These are the rules and benefits of Bupa Select

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

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

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

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

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

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

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

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

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

The agreement and your membership documents

The agreement between the sponsor and us

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

The documents that set out your cover

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

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

And for ***underwritten members***;

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

Payment of benefits

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

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

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

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

Please also see the section 'Claiming'.

When your membership starts, renews and ends

Starting membership

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

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

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

Covering a new born baby

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

If ***your*** baby's membership under the ***scheme*** would be as an ***underwritten member we*** will not apply any ***special conditions*** to the baby's cover if both the following apply:

- ***you*** include ***your*** baby under ***your*** membership within three months of the baby's birth, and

- ***you*** have been a covered under the ***scheme*** for at least 12 continuous months before the baby's birth. If you had cover under a ***previous scheme we*** take this into account when assessing your 12 continuous months cover provided there has been no break in ***your*** cover between the ***previous scheme*** and this ***scheme***.

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

Renewal of your membership

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

How membership can end

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

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

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

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

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

Paying subscriptions and other charges

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

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

Making changes

Changes to your membership

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

Other parties

No other person is allowed to make or confirm any changes to your membership or your ***benefits*** on ***our*** behalf or decide not to enforce any of ***our*** rights. Equally, no change to your membership or your ***benefits*** will be valid unless it is specifically agreed between the ***sponsor*** and ***us*** and confirmed in writing.

General information

Change of address

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

Correspondence and documents

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

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

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

If you have cause for complaint

Making a complaint

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

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

For members with special needs ***we*** offer a choice of Braille, large print or audio for correspondence. Please let ***us*** know which you would prefer.

If ***we*** have not been able to resolve the problem and you wish to take your complaint further, you can contact ***our*** Customer Relations Department. Please call: **0845 60 66 739** between 8am and 5pm Monday to Friday, calls may be recorded and may be monitored. Or write to: Bupa, Salford Quays, Manchester, M50 3XL.

It's very rare that ***we*** can't settle a complaint, but if this does happen, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0845 08 01 800.

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

None of these procedures affect your legal rights.

Applicable law

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

The Financial Services Compensation Scheme (FSCS)

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

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

Claiming

A Making a claim

A1 Claims other than Cash benefits

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

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

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

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

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

A2 Claims for Cash benefits

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

- your completed claim form if you need to complete one - please note that for NHS cash benefit you will need to take your claim form with you to the hospital and ask them to complete the hospital sections

or

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

together with:

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

A3 Claims for Repatriation and evacuation assistance

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

A4 Treatment needed because of someone else's fault

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

- you agree you are responsible for the payment of any costs which may ultimately be recovered from the third party
- you must notify ***us*** as soon as possible that your ***treatment*** was needed as a result of a third party. You can notify ***us*** either by writing to ***us*** or completing the appropriate section on your claim form. You must provide ***us*** with any further details that ***we*** reasonably ask you for
- you must take any reasonable steps ***we*** ask of you to recover from the third party the cost of the ***treatment*** paid for by ***us*** and claim interest if you are entitled to do so
- you (or your solicitor) must keep ***us*** fully informed in writing of the progress and outcome of your claim
- if you recover the cost of any ***treatment*** paid for by ***us***, you must repay the amount and any interest to ***us***.

A5 Other insurance cover

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

B How we will deal with your claim

B1 General information

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

Except for NHS cash benefit and Family cash benefit, ***we*** only pay eligible costs and expenses actually incurred by you for ***treatment*** you receive.

We do not have to pay a claim if you break any terms and conditions of your membership.

Unless ***we*** tell you otherwise, your claim form and proof to support your claim must be sent to ***us***.

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

B2 Providing us with information

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

- medical reports and other information about the ***treatment*** for which you are claiming
- the results of any independent medical examination which ***we*** may ask you to undergo at ***our*** expense
- original accounts and invoices in connection with your claim (including any related to ***treatment*** costs covered by your ***excess*** or ***co-insurance*** - if any). ***We*** cannot accept photocopies of accounts or invoices or originals that have had alterations made to them

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

B3 How we pay your claim

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

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

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

C If you want to withdraw a claim

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

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

D Ex-gratia payments

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

E If you have an excess or co-insurance

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

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

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

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

E1 How an excess or co-insurance works

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

If your ***excess*** or ***co-insurance*** applies each ***year*** it starts at the beginning of each ***year*** even if your ***treatment*** is ongoing. So, your ***excess*** or ***co-insurance*** could apply twice to a single course of ***treatment*** if your ***treatment*** begins in one ***year*** and continues into the next ***year***.

We will write to the ***main member*** to tell them who you should pay the ***excess*** or ***co-insurance*** to, for example, your ***consultant***, ***therapist*** or ***recognised facility***. The ***excess*** or ***co-insurance*** must be paid direct to them - not to ***Bupa***. ***We*** will also write to tell the ***main member*** the amount of the ***excess*** or ***co-insurance*** that remains (if any).

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

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

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

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

Benefits

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

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

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

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

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

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

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

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

Notes on benefits

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

Restrictions and/or limitations to benefits

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

- benefit limits: these are limits on the amounts ***we*** will pay and/or restrictions on the cover you have under your ***benefits***. Your ***membership certificate*** shows the benefit limits and/or restrictions that apply to your ***benefits***.
- ***excess*** or ***co-insurance***: these are explained in rule E in the section 'Claiming'. Your ***membership certificate*** shows if an ***excess*** or ***co-insurance*** applies to your ***benefits***. If one does apply, your benefit limits shown in your ***membership certificate*** will be subject to your ***excess*** or ***co-insurance***.
- ***overall annual maximum benefit:*** this is a limit on the overall amount ***we*** will pay under your ***benefits*** each ***year***. Your ***membership certificate*** shows if an ***overall annual maximum benefit*** applies to your ***benefits***. If one does apply, your benefit limits shown in your ***membership certificate*** will be subject to your ***overall annual maximum benefit***. Your ***excess*** , ***co-insurance*** and any amounts ***we*** pay to you on an ex gratia basis will count towards your ***overall annual maximum benefit***.
- ***waiting periods*** : if you are an ***underwritten member, waiting periods*** apply to certain benefits and certain exceptions as set out in this membership guide. Your ***membership certificate*** shows if ***waiting periods*** apply to your ***benefits*** and if so how long your ***waiting periods*** are.
- exclusions that apply to your cover: the general exclusions are set out in the section 'What is not covered'. Some exclusions also apply in this section and there may also be exclusions in your ***membership certificate***.

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

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

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

- the medical practitioners, other healthcare professionals and ***recognised facilities*** you use can affect the level of benefits ***we*** pay you
- certain medical practitioners, other healthcare professionals and ***recognised facilities*** that ***we*** recognise may only be recognised by ***us*** for certain types of ***treatment*** or treating certain medical conditions or certain levels of benefits

- the medical practitioners, other healthcare professionals and ***recognised facilities*** that ***we*** recognise and the type of medical condition and/or type of ***treatment*** and/or level of benefit that ***we*** recognise them for can change from time to time.

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

- the person who has overall responsibility for your ***treatment*** is a ***consultant***. If the person who has overall responsibility for your ***treatment*** is not a ***consultant*** then none of your ***treatment*** costs are covered - the only exception to this is where a ***GP*** refers you for ***out-patient treatment*** by a ***therapist*** or ***complementary medicine practitioner***
- the medical practitioner or other healthcare professional and the ***recognised facility*** are recognised by ***us*** for treating the medical condition you have and for providing the type of ***treatment*** you need.

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

Reasonable and customary charges

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

What you are covered for

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

Benefit 1 out-patient consultations and treatment

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

benefit 1.1 out-patient consultations

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

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

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

Out-patient therapies

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

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

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

Charges related to out-patient treatment

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

benefit 1.3 out-patient complementary medicine treatment

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

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

benefit 1.4 diagnostic tests

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

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

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

benefit 1.5 out-patient MRI, CT and PET scans

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

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

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

Being treated in hospital

Benefit 2 Consultants' fees for surgical and medical hospital treatment

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

benefit 2.1 surgeons and anaesthetists

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

benefit 2.2 physicians

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

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

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

Benefit 3 Recognised facility charges

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

Important: the ***recognised facility*** that you use for your ***eligible treatment*** must be recognised by ***us*** for treating both the medical condition you have and the type of ***treatment*** you need otherwise benefits may be restricted or not payable. Always call your helpline before arranging any ***treatment*** to check whether your chosen treatment facility is recognised by ***us*** for both treating your medical condition and carrying out your proposed ***treatment***.

benefit 3.1 out-patient surgical operations

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

benefit 3.2 day-patient and in-patient treatment

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

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

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

Using a non-recognised facility

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

benefit 3.2.1 accommodation

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

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

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

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

benefit 3.2.2 parent accommodation

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

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

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

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

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

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

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

benefit 3.2.4 intensive care

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

- the ***intensive care*** is required routinely by patients undergoing the same type of ***treatment*** as yours
- you are receiving private ***eligible treatment*** in a ***recognised facility*** equipped with a ***critical care unit***

- the ***intensive care*** is carried out in the ***critical care unit***, and
- it follows your planned admission to the ***recognised facility*** for private ***treatment***.

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

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

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

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

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

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

benefit 3.2.5 diagnostic tests and MRI, CT and PET scans

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

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

benefit 3.2.6 therapies

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

benefit 3.2.7 prostheses and appliances

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

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

Benefits for specific medical conditions

Benefit 4 Cancer treatment

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

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

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

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

benefit 4.1 out-patient consultations for cancer

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

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

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

Out-patient therapies

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

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

Charges related to out-patient treatment

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

benefit 4.3 out-patient complementary medicine treatment for cancer

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

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

benefit 4.4 out-patient diagnostic tests for cancer

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

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

benefit 4.5 out-patient cancer drugs

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

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

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

Benefit 5 Psychiatric treatment

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

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

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

Psychiatric treatment that is not covered

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

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

What we pay for psychiatric treatment

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

benefit 5.1 out-patient psychiatric treatment

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

benefit 5.1.1 consultants' fees

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

benefit 5.1.2 psychologists' fees

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

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

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

benefit 5.1.3 diagnostic tests

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

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

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

benefit 5.2 day-patient and in-patient psychiatric treatment

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

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

Consultants' fees

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

Recognised facility charges

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

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

Additional benefits

Benefit 6 Treatment at home

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

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

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

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

Benefit 7 Home nursing after private eligible in-patient treatment

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

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

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

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

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

Benefit 8 Private ambulance charges

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

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

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

Benefit 9 Overseas emergency treatment

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

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

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

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

You are not covered for:

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

What we pay for

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

Important: for the purpose of this benefit 9:

- ***we*** only pay for Eligible Treatment carried out by a consultant, therapist or complementary medicine practitioner who is:
  - fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which your ***treatment*** takes place, and
  - is recognised by the relevant authorities in that country as having specialised knowledge of, or expertise in, the ***treatment*** of the disease, illness or injury being treated

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

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

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

Benefit 10 Repatriation and evacuation assistance

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

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

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

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

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

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

What we pay for

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

- You must provide ***us***, and where applicable the ***medical assistance company***, with any information or proof that ***we*** may reasonably ask you for to support your request for repatriation/evacuation.
- ***We*** only pay costs that are reasonable. ***We*** only pay costs incurred for you by the ***medical assistance company*** and only when the arrangements have been made in advance of your repatriation/evacuation by the ***medical assistance company***. ***We*** do not pay any costs that have not been arranged by the ***medical assistance company***.
- ***We*** only pay for transport costs incurred during your repatriation and/or evacuation. ***We*** do not pay any other costs related to the repatriation and/or evacuation such as hotel accommodation or taxis. Costs of any ***treatment*** you receive are not covered under this benefit.
- ***We*** may not be able to arrange evacuation or repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area; for example from an oil rig or within a war zone. ***We*** also cannot be held liable for any delays or restrictions associated with the transportation that are beyond ***our*** control such as weather conditions, mechanical problems, restrictions imposed by local or national authorities or the pilot.

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

benefit 10.1 your repatriation/evacuation

We pay for either:

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

benefit 10.2 accompanying partner/relative

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

benefit 10.3 in the event of death

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

To make a claim for Repatriation and evacuation assistance

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

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

Cash benefits

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

Important note for Cash benefits CB3 to CB5

We do not pay Cash benefits CB3 to CB5 for ***you***, if you are under16 years old, or any ***dependant*** under 16 years old. If these Cash benefits are included in the cover under the ***agreement*** they will only apply to ***you*** or such a ***dependant*** at the ***renewal date*** following ***your*** or their 16th birthday and then only if the ***sponsor*** includes that Cash benefit in ***your*** or their cover from that ***renewal date***.

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

We pay NHS cash benefit for each night you receive ***in-patient treatment*** provided to you free under your ***NHS***. ***We*** only pay NHS cash benefit if your ***treatment*** would otherwise have been covered for private ***in-patient treatment*** under your ***benefits***.

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

Benefit CB2 Family cash benefit

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

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

What we pay

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

Benefit CB3 Optical cash benefit

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

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

What is covered

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

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

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

What is not covered

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

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

Benefit CB4 Accidental dental injury cash benefit

What is covered

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

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

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

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

What is not covered

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

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

Benefit CB5 Prescription cash benefit

What is covered

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

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

What is not covered

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

What is not covered

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

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

This membership guide is a generic guide. It contains the general membership terms, including the general exclusions that apply to all Bupa Select members. **You may not have all the cover set out in this membership guide.** It is your ***membership certificate*** that shows the cover that is specific to your ***benefits*** . Your ***membership certificate*** could also show some changes to the terms of cover, including the exclusions, set out in this membership guide particularly in the 'Further details' section of your ***membership certificate***.

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

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

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

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

This section does not apply to Cash benefits CB2 to CB5 as set out in the section 'Cash benefits'.

Exclusion 1 Ageing, menopause and puberty

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

Exclusion 2 AIDS/HIV

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

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

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

Exclusion 3 Allergies or allergic disorders

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

Exclusion 4 Benefits that are not covered and/or are above your benefit limits

We do not pay for any ***treatment***, services or charges that are not covered under your ***benefits***. ***We*** also do not pay for any ***treatment*** costs in excess of the amounts for which you are covered under your ***benefits***.

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

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

- contraception, sterilisation, termination of pregnancy
- sexual problems (including impotence, whatever the cause)
- assisted reproduction (eg IVF ***treatment***), surrogacy, the harvesting of donor eggs or donor insemination
- sex changes or gender reassignments

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

Exception for main member and partner only:

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

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

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

Exclusion 6 Chronic conditions

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

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

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

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

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

Exclusion 7 Complications from excluded conditions/ treatment and experimental treatment

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

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

Exclusion 8 Contamination, wars, riots and terrorist acts

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

Exclusion 9 Convalescence, rehabilitation and general nursing care

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

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

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

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

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

Exclusion 10 Cosmetic, reconstructive or weight loss treatment

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

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

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

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

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

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

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

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

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

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

Exclusion 11 Deafness

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

Exclusion 12 Dental/oral treatment

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

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

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

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

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

Exclusion 13 Dialysis

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

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

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

Exception2: ***We*** pay for ***eligible treatment*** for short-term kidney dialysis or peritoneal dialysis if you need this immediately before or after a kidney transplant.

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

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

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

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

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

Exclusion 15 Excluded treatment or medical conditions

We do not pay for:

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

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

Exclusion 16 Experimental drugs and treatment

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

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

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

Exclusion 17 Eyesight

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

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

Exclusion 18 HRT and bone densitometry

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

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

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

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

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

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

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

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

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

Exclusion 20 Learning difficulties, behavioural and developmental problems

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

Exclusion 21 Overseas treatment

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

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

Exclusion 22 Physical aids and devices

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

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

Exclusion 23 Pre-existing conditions

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

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

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

Exclusion 24 Pregnancy and childbirth

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

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

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

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

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

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

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

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

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

Exclusion 25 Screening, monitoring and preventive treatment

We do not pay for:

- health checks or health screening, by health screening ***we*** mean where you may not be aware you are at risk of, or are affected by a disease or its complications but are asked questions or have tests to find out if you are and which may lead to you needing further tests or ***treatment***
- routine tests, or monitoring of medical conditions, including:
  - routine antenatal care or screening for and monitoring of medical conditions of the mother or foetus during pregnancy
  - routine checks or monitoring of ***chronic conditions*** such as diabetes mellitus or hypertension
- tests or procedures which, in ***our*** reasonable opinion based on established clinical and medical practice, are carried out for screening or monitoring purposes, such as endoscopies when no symptoms are present
- preventive ***treatment***, procedures or medical services, for example, removing breast tissue when there is no disease or tumour present.

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

Exclusion 26 Sleep problems and disorders

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

Exclusion 27 Special conditions

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

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

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

Exclusion 28 Speech disorders

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

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

Exclusion 29 Telephone consultations

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

Exclusion 30 Temporary relief of symptoms

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

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

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

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

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

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

Please also see the section 'Benefits'.

Exclusion 32 Unrecognised medical practitioners, providers and facilities

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

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

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

Bupa does not recognise consultants, therapists, complementary medicine practitioners, psychologists or other healthcare professionals in the following circumstances:

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

Glossary

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

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

Chronic condition	a disease, illness or injury which has one or more of the following characteristics: • it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests • it needs ongoing or long-term control or relief of symptoms • it requires rehabilitation or for you to be specially trained to cope with it • it continues indefinitely • it has no known cure • it comes back or is likely to come back.
Co-insurance	the amount that you have to pay towards the cost of ***treatment*** that you receive that would otherwise have been payable under your ***benefits***.
Complementary medicine practitioner	an acupuncturist, chiropractor, homoeopath or osteopath who is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for.
Consultant	a registered medical or dental practitioner who, at the time you receive your ***treatment***: • is recognised by ***us*** as a consultant and has received written confirmation from ***us*** of this, unless ***we*** recognised him or her as being a consultant before 30 June 1996 • is recognised by ***us*** both for treating the medical condition you have and for providing the type of ***treatment*** you need, and • is in ***our*** list of consultants that applies to your ***benefits***. You can contact ***us*** to find out if a medical or dental practitioner is recognised by ***us*** as a consultant and the type of ***treatment we*** recognise them for.

Consultant fees schedule	the schedule used by ***Bupa*** for the purpose of providing ***benefits*** which sets out the benefit limits for ***consultants'*** fees based on: • the type of ***treatment*** carried out • for ***surgical operations***, the type and complexity of the ***surgical operation*** according to the ***schedule of procedures*** - the benefits available for ***consultant*** surgeons and ***consultant*** anaesthetists may differ for the same ***surgical operation***, • the ***Bupa*** recognition status of the ***consultant***, and • where the ***treatment*** is carried out both in terms of the treatment facility and the location. The schedule may change from time to time. Details of the schedule are available on request.
Critical care unit	any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in ***our*** list of critical care units and recognised by ***us*** for the type of ***intensive care*** that you require at the time you receive your ***treatment***. The units on the list and the type of ***intensive care*** that ***we*** recognise each unit for may change from time to time. Details of these critical care units are available on request.
Day-patient	a patient who is admitted to a hospital, treatment facility or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Day-patient treatment	***eligible treatment***, that, for medical reasons, is received as a ***day-patient***.
Dental treatment	dental or oral surgical or medical services (including ***diagnostic tests***) which are needed to diagnose, relieve or cure an ***accidental dental injury***.
Dentist	any general dental practitioner who is registered with the General Dental Council at the time you receive your ***dental treatment***.
Dependant	***your partner*** and any child of ***yours*** who, with the ***sponsor's*** approval, is a member under the ***agreement***.
Diagnostic tests	investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Eligible surgical operation	***eligible treatment*** carried out as a ***surgical operation***.

Eligible treatment	***treatment*** of an ***acute condition*** together with the products and equipment used as part of the ***treatment*** that: • are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the ***UK*** • are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided • are demonstrated through scientific evidence to be effective in improving health outcomes, and • are not provided or used primarily for the expediency of you or your ***consultant*** or other healthcare professional and the ***treatment***, services or charges are not excluded under your ***benefits***.
Excess	the amount that you have to pay towards the cost of ***treatment*** that you receive that would otherwise have been payable under your ***benefits***.
Facility access	the network of recognised facilities for which you are covered under your ***benefits*** as shown on your ***membership certificate*** and being either: • ***participating facility***, or • ***partnership facility***.
GP	a doctor who, at the time he/she refers you for your consultation or ***treatment***, is on the ***UK*** General Medical Council's General Practitioner Register.
Home	either: • the place where you normally live, or • any other establishment, including a non-healthcare setting, which ***we*** may decide to treat as a home for the purpose of your ***benefits***.
In-patient	a patient who is admitted to a hospital or treatment facility and who occupies a bed overnight or longer for medical reasons.
In-patient treatment	***eligible treatment*** that, for medical reasons, is received as an ***in-patient***.

Intensive care	***eligible treatment*** for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Main member	the person who is covered under the ***agreement*** by virtue of being eligible in his or her own right rather than as a ***dependant***.
Medical assistance company	the company who is appointed by ***Bupa*** as a medical assistance company for the purpose of its medical insurance schemes for arranging repatriation and/or evacuation at the time that you need repatriation and/or evacuation. The medical assistance company may change from time to time and current details are available on request.
Medical treatment provider	a person or company who is recognised by ***us*** as a medical treatment provider for the type of ***treatment*** at ***home*** that you need at the time you receive your ***treatment***. These medical treatment providers and the type of ***treatment we*** recognise them for may change from time to time. Details of these medical treatment providers and the type of ***treatment we*** recognise them for are available on request.
Membership certificate	either: • the most recent membership certificate that ***we*** issue to ***you*** for ***your*** current continuous period of membership under the ***agreement***, or • if ***we*** do not issue a membership certificate to ***you*** the most recent Group Certificate that ***we*** issue to your ***sponsor*** that provides the details of the cover that applies to you under the ***agreement***.
NHS	• the national health service operated in Great Britain and Northern Ireland, or • the healthcare system that is operated by the relevant authorities of the Channel Islands, or • the healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
Optician	an ophthalmic optician or optometrist under age 70 who is registered with the General Optical Council.

Optical benefit period	a period of two consecutive ***years***, the entire period of which Optical cash benefit must have been covered under your ***benefits***. Each optical benefit period shall not start until your last optical benefit period expires, this means that: • your second optical benefit period will start on the second ***renewal date*** following either your ***start date*** or the ***renewal date*** on which your first optical benefit period began (as applicable) • your third and any subsequent optical benefit periods will start on the second ***renewal date*** following the ***renewal date*** on which your immediately preceding optical benefit period began.
Out-patient	a patient who attends a hospital, consulting room, out-patient clinic or treatment facility and is not admitted as a ***day-patient*** or an ***in-patient***.
Out-patient surgical operation	an ***eligible surgical operation*** received as an ***out-patient***.
Out-patient treatment	***eligible treatment*** that, for medical reasons, is received as an ***out-patient***.
Overall annual maximum benefit	the total amount ***we*** pay up to each ***year*** for ***eligible treatment*** covered under your ***benefits***. This is the amount ***we*** pay up to collectively each ***year*** for all your ***eligible treatment*** and not for each type of ***treatment*** individually. Your ***excess***, ***co-insurance*** and any amounts ***we*** pay to you on an ex gratia basis all count towards your ***overall annual maximum benefit***.

Participating facility	• a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** participating facility list that applies to your ***benefits***, and is recognised by ***us*** for both:
	  • treating the medical condition you have, and
	  • carrying out the type of ***treatment*** you need
	• any other establishment which ***we*** may decide to treat as a participating facility for the purpose of the ***scheme***.
	The hospitals, treatment facilities, centres or units in the list and the categories of accommodation, medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of ***treatment we*** recognise them for are available on request.

Partner	***your*** husband or wife or civil partner or the person ***you*** live with in a relationship similar to that of a husband and wife whether of the opposite sex or not.
Partnership consultant	a ***consultant*** who, at the time you receive your ***treatment***, is recognised by ***us*** as a partnership consultant. You can contact ***us*** to find out if a ***consultant*** is a partnership consultant.

Partnership facility	• a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***our*** partnership facility list that applies to your ***benefits*** and is recognised by ***us*** for both:
	  • treating the medical condition you have, and
	  • carrying out the type of ***treatment*** you need
	• any other establishment which ***we*** may decide to treat as a partnership facility for the purpose of the ***scheme***.
	The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of ***treatment we*** recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of ***treatment we*** recognise them for are available on request.

Pre-existing condition	any disease, illness or injury for which in the seven years before your ***start date***: • you have received medication, advice or ***treatment***, or • you have experienced symptoms whether the condition was diagnosed or not.
Previous scheme	• another ***Bupa*** private medical insurance scheme or ***Bupa*** administered medical healthcare trust • a private medical insurance scheme or medical healthcare trust provided or administered by another insurer that ***we*** specifically agree with the ***sponsor*** will be treated as a previous scheme for the purpose of assessing ***waiting periods*** or continuous periods of cover.
Prosthesis	any prosthesis which is in ***our*** list of prostheses for both your ***benefits*** and your type of ***treatment*** at the time you receive your ***treatment***. The prostheses on the list may change from time to time. Details of the prostheses covered under your ***benefits*** for your type of ***treatment*** are available on request.

Psychiatric condition	a mental or addictive condition, including alcoholism, drug addiction and eating disorders.
Psychiatric day-patient treatment	***psychiatric treatment*** which for medical reasons means you have to be admitted to a ***recognised facility*** because you need a period of clinically-supervised ***psychiatric treatment*** as a day case but do not have to occupy a bed overnight and the ***psychiatric treatment*** is provided on either an individual or group basis.
Psychiatric in-patient treatment	***psychiatric treatment*** that, for medical reasons, is received as an ***in-patient***.
Psychiatric treatment	***eligible treatment*** of a ***psychiatric condition***.
Psychologist	a Chartered Psychologist registered with the British Psychological Society who is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for.
Recognised facility	either a: • ***participating facility***, or • ***partnership facility*** according to the ***facility access*** that applies to your ***benefits***.
Recognised practitioner	a healthcare practitioner who at the time of your ***treatment***: • is recognised by ***us*** for the purpose of ***our*** private medical insurance schemes for treating the medical condition you have and for providing the type of ***treatment*** you need, and • is in ***our*** list of recognised practitioners that applies to your ***benefits***.
Renewal date	the date each year agreed between the ***sponsor*** and ***us*** on which the group cover is due for renewal.
Scale of cover	if your ***facility access*** is ***participating facility***, the scale that specifies: • the ***participating facility*** list and the category of accommodation for ***participating facilities*** that applies to your ***benefits*** • the practitioner lists that apply to your ***benefits***. Your scale of cover is shown on your ***membership certificate***.

Schedule of procedures	the schedule used by ***Bupa*** for the purpose of providing ***benefits*** which classifies ***surgical operations*** according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under ***Bupa*** schemes. Further information on the schedule is available on request.
Scheme	the cover ***we*** provide as shown on your ***membership certificate*** together with this Bupa Select membership guide subject to the terms and conditions of the ***agreement***.
Session	periods of 24 hours during which the specified type of ***treatment*** is received for an ***acute condition***.
Special condition	for ***underwritten members***, any exclusions or restrictions to cover that are personal to an individual based on the medical history given to ***us*** for that individual. If special conditions apply to an ***underwritten member's*** cover these are shown in the 'Special conditions' section for that ***underwritten member*** in ***your membership certificate***.
Sponsor	the company, firm or individual with whom ***we*** have entered into an ***agreement*** to provide cover.
Start date	the date you started your current continuous period of cover under the ***scheme***.
Surgical operation	a surgical procedure or complex investigative/diagnostic procedure including all medically necessary ***treatment*** related to the procedure and all consultations carried out from the time you are admitted to a ***recognised facility*** until the time you are discharged, or if it is carried out as ***out-patient treatment***, all medically necessary ***treatment*** related to the operation and any consultation on the same day which is integral to the operation.
Therapist	• a chartered physiotherapist • a British Association of Occupational Therapists registered occupational therapist • a British and Irish Orthoptic Society registered orthoptist, or • a Royal College of Speech and Language Therapists registered speech and language therapist who is Health Professions Council Registered and is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for.
Treatment	surgical or medical services (including ***diagnostic tests***) that are needed to diagnose, relieve or cure a disease, illness or injury.

Underwritten member	a member who as part of his/her application for cover under the ***agreement*** was required to provide (or the ***main member*** provided on his/her behalf) details of his/her medical history to ***us*** for the purpose of underwriting.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Waiting period	a period of continuous cover during which benefits are not payable. The length of any waiting periods that apply to your ***benefits*** are shown under the 'Waiting periods' section in your ***membership certificate***.
We/our/us	***Bupa***.
Year	• when you first become a member under the ***scheme*** this is the period beginning on your ***start date*** and ending on the day before the ***renewal date*** • for continuing members this is the period beginning on the ***renewal date*** and ending on the day before the next ***renewal date***.
You/your	this means the ***main member*** only.

Data protection notice

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

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

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

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

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

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

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

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

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