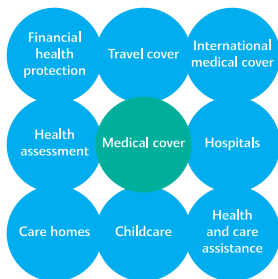
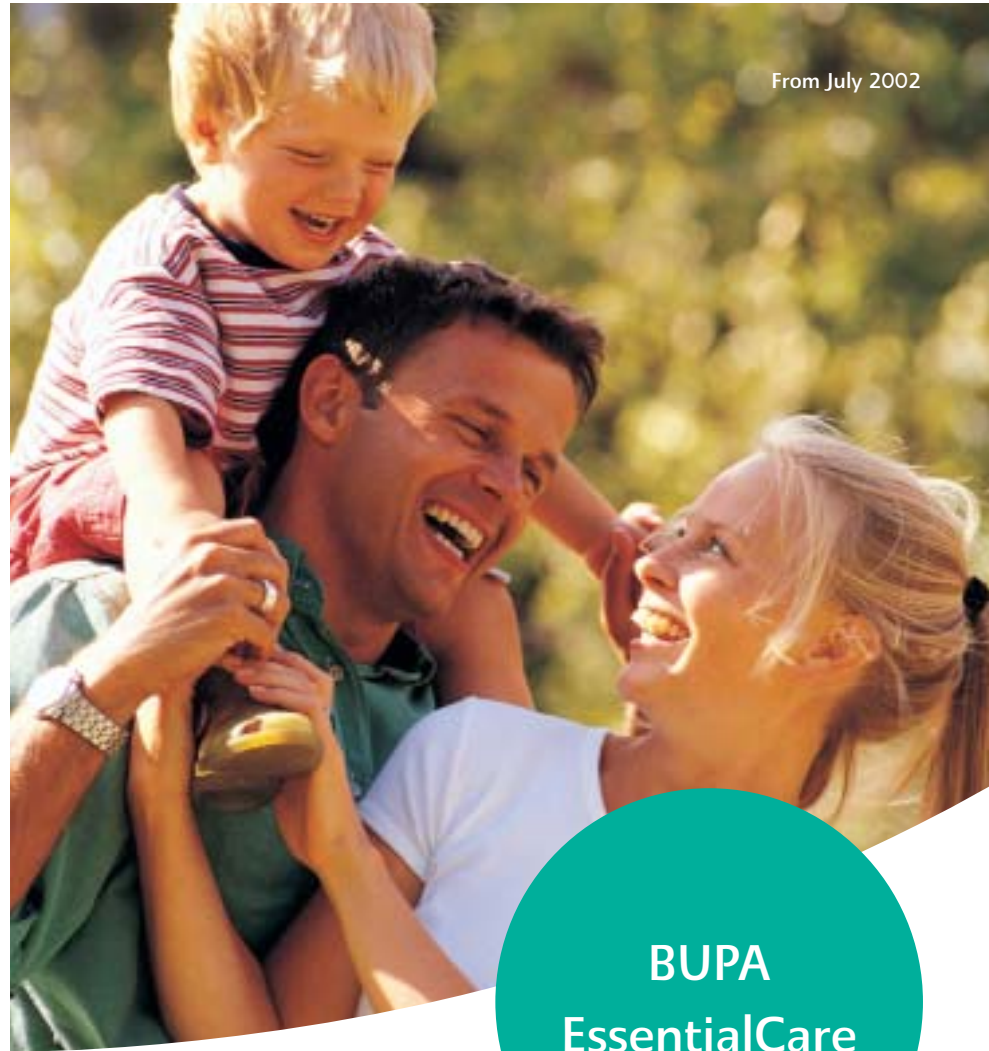


From July 2002



THE WORLD OF BUPA

Call 0800 00 10 10
www.bupa.com



BUPA
EssentialCare



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Your membership guide

Helpline numbers

BUPA Helpline*	0845 60 90 111 (8am to 8pm, Mon to Fri, 8am to 6pm Sat)
Minicom* (for those with a Minicom phone)	0845 606 6863 (9am to 5pm, Mon to Fri)
BUPA Renewal Helpline**	0800 010 383 (8am to 8pm, Mon to Fri)
BUPA Travel Services†	0870 585 8585 (8.30am to 6pm, Mon to Fri)
BUPA International†	01273 20 81 81 (7am to 7pm, Mon to Fri, 8am to 12 midday Sat)

* Calls are charged at local rates

** Calls are free

† Calls are charged at national rates

Calls will be recorded and may be monitored

You can write to us at:

BUPA, Staines TW18 4XF

Fax number: 01784 465232








www.bupa.com

Please remember that this membership guide (which may change from time to time), together with your application form, membership certificate and any 'special condition supplement' we send you, make up the agreement between the **principal member** and **BUPA**.

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Symbols for quick reference

-  Benefits covered
-  Benefits paid up to limits shown
-  Benefits that may be paid at our discretion or where we strongly advise you to contact us before receiving any treatment
-  Benefits not covered
-  Call BUPA first on 0845 60 90 111
-  Cross reference to another benefit and/or rule
-  Please put in writing

1

Thank you for being a BUPA EssentialCare member

Whether you are joining BUPA EssentialCare for the first time or renewing your membership for another year, we want you to know how much you are valued by **BUPA**.

At **BUPA**, we are committed to giving you fast, easy access to information, advice and support. So, whenever you need **treatment** or you want to discuss your membership, you should always call **BUPA first**.

About this membership guide

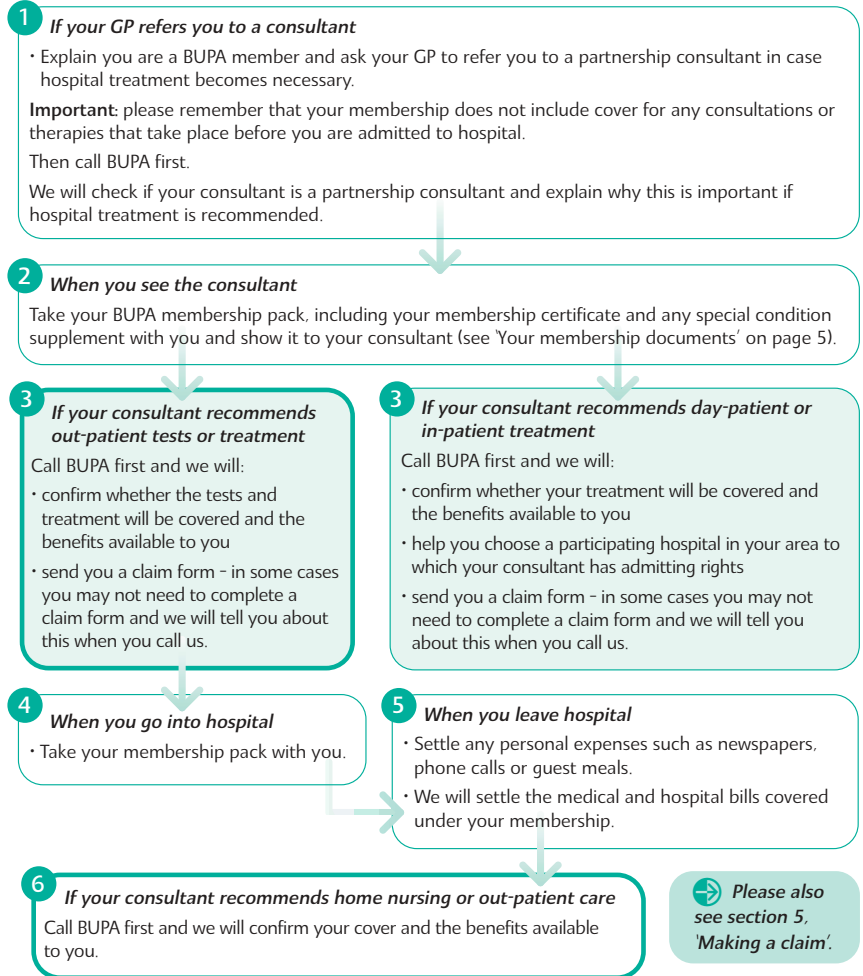
This membership guide sets out the rules and table of benefits of BUPA EssentialCare and explains in clear, everyday language how your membership works.

The membership guide applies to anyone joining the scheme, or renewing their membership, on or after the date shown on the front cover. For anyone joining the scheme, these rules and table of benefits apply from the date they join. And for anyone renewing their membership, these apply for the period from their first **renewal date** on or after the date shown on the front cover.

We will pay for **treatment of acute conditions** under the rules and table of benefits of the scheme that apply to you on the date you receive the **treatment**.

The agreement between you and BUPA

Only **you**, the **principal member**, and **BUPA** have legal rights under the agreement between us relating to the cover that **you** have arranged under the scheme. This means that only **you** may enforce the agreement, although we will allow anyone who is covered under **your** membership complete access to our complaints process.



For all contact telephone numbers, please see inside front page.

Calling BUPA first

Please help us to help you: So we can confirm your cover we need to ask you some questions, please have the information to hand when you call us. For example we will always ask for your BUPA registration number - this is shown on your membership certificate. We will also ask you some or all of the following:

- What condition are you suffering from?
- When did your symptoms begin?
- When did you first see your GP about them?
- What treatment has been recommended?
- On what date are you to receive the treatment?
- What is the consultant's or therapist's name?
- Where will the treatment take place?
- How long will you be in hospital?

For full cover, please remember

- 1 **Treatment** must be for an **acute condition** on the initial recommendation of your GP.
- 2 Out-patient **surgical operations**, **day-patient** and **in-patient treatment** must be provided by and the overall responsibility must be with a **BUPA partnership consultant**, or a non-partnership **consultant** who charges within **BUPA** benefit limits, and carried out in a **participating hospital**.
- 3 You must occupy a category C room when receiving **day-patient** or **in-patient treatment**.

Your membership documents

Described below are the four membership documents which make up the agreement between **BUPA** and the **principal member**.

Please remember, these documents are sent to the **principal member**.

Your application form

This form provides us with your personal, family and medical details on which your membership is based. When your application form is completed, it is returned to BUPA. You then receive the following membership documents.

Your membership certificate

This confirms **your** current **BUPA** membership details, including who is covered, the dates when **your** membership is due for renewal and the subscriptions **you** will be paying.

Special condition supplement

This is part of **your** membership certificate. It shows any restrictions and/or exclusions on **your** cover that are personal to you, based on the medical history given to us for each individual covered under **your** membership. (**You** will only receive this if there are any special conditions that apply to **you** or anyone covered under **your** membership.)

Your BUPA EssentialCare Membership Guide

This contains **your** benefits and rules and explains how **your** membership works.

Introduction

This membership guide explains how your **BUPA** membership works. It sets out what is - and is not - covered and how you can make a claim. It also includes important information about your subscriptions, when your membership begins and renews, general conditions of the scheme and the action you can take in the unlikely event of a complaint.

Bold and italic words: words printed in **bold** and *italic* in this guide are defined terms and have a specific meaning relevant to your membership. Please check their meaning in the glossary.

Symbols: to make this membership guide easy to use we have included symbols to illustrate our meaning. You'll find a key to these on page 1 of this guide.

THE TYPE OF TREATMENT COVERED

Acute and chronic conditions

BUPA covers you for the costs of specialist **treatment** of *acute conditions* in the **UK**. By this we mean **treatment** of diseases, illnesses or injuries which are likely to respond quickly to medical or surgical care and aims to lead to a full recovery, or to restore you to your previous state of health without you having to receive prolonged **treatment**.

In order to keep your subscriptions as low as possible, your cover doesn't include **treatment** for *chronic conditions*. These are diseases, illnesses or injuries which are long-standing, such as diabetes or allergies. A more detailed description of what we mean by *chronic conditions* is given in the 'What isn't covered?' section.



Medically necessary treatment

We only pay for **treatment** of *acute conditions* that is medically necessary.

We strongly advise you to always contact us prior to **treatment** to check your benefit entitlement. We would particularly encourage you to contact us before receiving the following **treatment**:

- wisdom teeth extraction
- grommet insertion
- tonsillectomy and/or adenoids (under age 12)
- hysterectomy



Consultant treatment

You are only covered for **treatment** of *acute conditions* provided by a **consultant** which, for medical reasons, needs to be provided by a **consultant** unless we specifically state otherwise in this membership guide. For example, in the case of certain **out-patient treatment** of *acute conditions* provided by **therapists** following **day-patient** or **in-patient treatment** of *acute conditions*. The **treatment** charges we will pay for are listed in the table of benefits and explained in full in the notes in the 'What is covered?' section.

How the BUPA consultant partnership and participating hospitals affect your cover?

When your out-patient **surgical operation**, **day-patient** or **in-patient treatment** of an *acute condition* is provided by a **BUPA partnership consultant**, or a non-partnership **consultant** who charges within **BUPA** benefit limits, and carried out in a **participating hospital** in a category C room you have full cover for eligible **consultants'** fees and **hospital** charges covered under your membership.



PARTNERSHIP CONSULTANTS

The **BUPA consultant partnership** is a network of **consultants** who have agreed with us to work within certain quality and service standards. You can contact us to find out if a **consultant** is a **partnership consultant**.



PARTICIPATING HOSPITALS

BUPA has formed agreements with a network of carefully selected hospitals which offer excellent standards of clinical care and patient service to **BUPA** members. These **participating hospitals** may change from time to time during your **membership year** so you should always check with us that the hospital of your choice is a **participating hospital** before you receive your **treatment**.

SCALES OF COVER

Participating hospitals have three categories of accommodation, A, B and C with A being the highest and C the lowest. You are only covered in full for **hospital** charges for **day-patient** and **in-patient treatment** that you receive in a **participating hospital** in a category C room. That is why we refer to your **scale of cover** as scale C. Please remember your **scale of cover** signifies the category of **hospital** accommodation for which you are covered, in no way does it reflect the quality of your **treatment** or care.

COVER FOR CHILDREN UNDER 16 YEARS OF AGE

Recent guidelines have been issued by the Paediatric Forum of The Royal College of Surgeons of England and the Independent Hospitals Association relating to **treatment** of children under 16 years old. As a result, many hospitals are reviewing the **treatment** they provide to children. We endorse these guidelines and are working towards providing a dedicated quality accredited network of hospitals for the **treatment** of children under 16 years old. Until this network is in place, children will remain covered for **treatment** in a **participating hospital**. However, some **participating hospitals** may become unable to provide **treatment** to children.

Where we specifically agree, we will pay the costs of eligible hospital charges for the **treatment** of children under 16 years old in a hospital which we have accredited and which is not a **participating hospital**, as if the **treatment** had been provided in a **participating hospital**. Please call us before arranging any **treatment** for a child aged under 16 years so that we can confirm whether we will meet the costs of **treatment** in a non-**participating hospital**.



Specialist treatment centres

We only pay in full for certain **treatments** of **acute conditions** if they are received in one of a growing list of **specialist treatment centres**. At the moment this applies to certain cancer **treatments**. Please see note 2j in section 3 for full details. You can contact us if you would like details of these **specialist treatment centres**.



3

What is covered?

Here is the EssentialCare table of benefits showing your cover for the costs of *treatment of acute conditions*, subject to the rules of the scheme, including the exclusions.

These benefits are explained in more detail in the notes that follow, including important information about the *hospitals* and *consultants* for which you are covered. We only pay those charges we say we will pay for in the notes to the table of benefits.

Please note that your entitlement to be paid in full will depend on you using certain providers and facilities as explained in the notes.

For full cover - please remember

- 1 **Treatment** must be for an **acute condition** on the initial recommendation of your GP.
- 2 Out-patient **surgical operations**, **day-patient** and **in-patient treatment** must be provided by and the overall responsibility must be with a **BUPA partnership consultant**, or a non-partnership **consultant** who charges within **BUPA** benefit limits, and carried out in a **participating hospital**.
- 3 You must occupy a category C room when receiving **day-patient** or **in-patient treatment**.

Your table of benefits

It is important that you read this table in conjunction with the notes that follow.

Out-patient treatment	Maximum benefit paid by BUPA for each member	Note 1a
Consultants' fees for consultations and therapists' fees (when following and directly related to day-patient and in-patient treatment only)	Up to £500 in total each membership year	Note 1b
Out-patient surgical operations in a participating hospital	Paid in full	Note 1c
Pathology, radiology and diagnostic tests	Paid in full	Note 1d
MRI, CT and PET scans (in a BUPA recognised out-patient diagnostic imaging centre)	Paid in full	Note 1e
Cancer treatment of an acute condition	Paid in full	Note 1f

Day-patient and in-patient treatment		Note 2a
Consultants' fees	Paid in full	Note 2b
Accommodation	Paid in full	Note 2c
Parent accommodation (staying with a child under 12)	Paid in full	Note 2d
Nursing care, drugs and surgical dressings	Paid in full	Note 2e
Theatre charges and intensive care	Paid in full	Note 2f
Pathology, radiology, diagnostic tests and physiotherapy	Paid in full	Note 2g
MRI, CT and PET scans	Paid in full	Note 2h
Prostheses and appliances	Paid in full	Note 2i
Cancer treatment of an acute condition	Paid in full	Note 2j

Other benefits		Note 3a
Private ambulance	Up to £120 each membership year (maximum £60 for any single trip)	Note 3b
Home nursing	Up to £600 each membership year	Note 3c

We pay for any necessary **treatment** of an **acute condition**, services and facilities listed in this table of benefits and explained in the accompanying notes, but only if the charges are reasonable and customary. By reasonable and customary we mean that what you are charged for and how much you are charged is not more than what the majority of our other members are charged for similar **treatment**, services or facilities covered under the scheme.

Except for the benefit limits shown above or in the notes there is NO OVERALL MAXIMUM to the total we will pay for you each **membership year**.

Your benefits in detail

These notes are very important. Please read them carefully and in conjunction with the table of benefits. The notes set out the details of the cover that applies to each person covered under your membership.

NOTE 1: OUT-PATIENT TREATMENT

Note 1a: Out-patient treatment

Out-patient treatment is **treatment** which is given at a hospital, consulting room or out-patient clinic where you do not go in for **day-patient** or **in-patient treatment**.

We pay the **out-patient treatment** charges for **acute conditions** explained in the following notes 1b to 1f. Please remember that any **treatment** of **acute conditions** must follow an initial referral from your GP and be provided by a **consultant** or **therapist**.

Note 1b: Consultants' fees for consultations and therapists' fees



We only pay **consultants' fees** for a consultation carried out as private **out-patient treatment** of an **acute condition** (by which we mean a meeting with your **consultant** to assess your condition) and/or **out-patient treatment** of an **acute condition** by **therapists** (such as a physiotherapist) if the consultation or **out-patient treatment**:

- follows and is directly related to private **day-patient** or **in-patient treatment** of an **acute condition**, covered under your membership, carried out in a **participating hospital**, and
- is received within six months of the date you are discharged from the **participating hospital** after the **day-patient** or **in-patient treatment** of an **acute condition**.

Also, if the **out-patient treatment** of an **acute condition** is a consultation with a **consultant**, we only pay for up to two such out-patient consultations during the six month period.

If your **consultants' fees** or **therapists' fees** are payable we pay up to a total of £500 each **membership year** for all such consultations and **treatment** for an **acute condition**. This is the total amount we pay and not the amount we pay for each consultation or **treatment** charged individually.

Please remember that for **out-patient treatment** of an **acute condition** by **therapists** you must be referred to the **therapist** by your **consultant** before receiving **treatment**.

If your **consultant** refers you to a medical or health practitioner who is not a recognised **therapist**, we may pay the cost of **treatment** of an **acute condition** as if the practitioner were a **therapist** if all the following apply:

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

Please also see note 1a.

Note 1c: Out-patient surgical operations

We pay **consultants' fees** and **hospital charges** up to the limits shown below for a **surgical operation** covered under your membership and performed as **out-patient treatment** of an **acute condition** - such as the removal of a small cyst.

Consultants' fees

We pay **partnership consultants' fees** in full for an out-patient **surgical operation** for an **acute condition** carried out in a **participating hospital**.

If your **consultant** is not a **partnership consultant** we will pay up to the benefit limits shown in note 2b, according to the type and complexity of the out-patient **surgical operation** for an **acute condition**.

Please note we do not have to pay your **consultants' fees** if you receive your out-patient **surgical operation** for an **acute condition** in a non-**participating hospital**.

Hospital charges

We pay **hospital charges** for out-patient **surgical operations** for an **acute condition** for:

- theatre use, including equipment, drugs (used for the purpose of the **surgical operation**, not for use at home) and surgical dressings
- **prostheses** related to the **surgical operation**.

We pay in full if you receive your out-patient **surgical operation** for an **acute condition** in a **participating hospital**.



If your out-patient **surgical operation** for an **acute condition** is received in a **hospital** which is not a **participating hospital** we will pay up to a total amount of £100 for the **hospital's** charges. This is the total amount we will pay for the **hospital's** charges and not for each type of service or item charged individually.



Please also see note 1a.

Note 1d: Pathology, radiology and diagnostic tests



We pay in full for **hospital** charges for pathology (such as checking blood and urine samples for specific abnormalities), radiology (such as X-rays) and **diagnostic tests** (such as ECGs), when recommended by your **consultant** to help determine or assess your condition as part of **out-patient treatment** of an **acute condition**.

Please also see note 1a.

We only pay the **hospital** charges for pathology, radiology, or **diagnostic tests**. We do not pay any other charges or fees for pathology, radiology or **diagnostic tests**.



Note 1e: MRI, CT and PET scans



We pay up to the limits shown below for MRI (magnetic resonance imaging), CT (computed tomography) and PET (positron emission tomography) scans when recommended by your **consultant** to help determine or assess your condition as part of **out-patient treatment** of an **acute condition**.

We pay **hospital** charges in full for these scans when carried out in a **BUPA** recognised out-patient diagnostic imaging centre. You should always call us to check that your scan has been arranged in one of these centres as they may change from time to time. A current list is available on request.



If you have an MRI, CT or PET scan outside these **BUPA** recognised out-patient diagnostic imaging centres, we pay up to £100 towards the total **hospital** charges.



Please also see note 1a.

We only pay **hospital** charges for MRI, CT and PET scans. We do not pay any other charges or fees for MRI, CT or PET scans.



Note 1f: Cancer treatment



We pay for **partnership consultants'** fees in full that are related specifically to planning and carrying out **out-patient treatment** of an **acute condition** for cancer in a **participating hospital**.

If your **out-patient treatment** of an **acute condition** for cancer is not provided by a **partnership consultant**, we will only pay up to the amounts set out below for the planning and carrying out of your cancer **treatment** of an **acute condition**.



- we will only pay up to a maximum of £380 for the **consultant's** fees for each course of radiotherapy **treatment**. By a course of radiotherapy **treatment** we mean up to 15 attendances for radiotherapy.
- for chemotherapy **treatment**, we will only pay up to the amounts set out below from the date such **treatment** begins, or we consider it begins, which we call the Start Date, until the date such **treatment** ends. For **treatment** beginning on the Start Date and continuing for:
 - 1 week, we pay up to a maximum of £137;
 - 2 weeks, we pay up to a maximum of £249;
 - 3 weeks, we pay up to a maximum of £386; or
 - 4 weeks, we pay up to a maximum of £508.

By 1 week we mean the Start Date to the 7th day of **treatment**.

By 2 weeks we mean the Start Date to the 14th day of **treatment**.

By 3 weeks we mean the Start Date to the 21st day of **treatment**.

By 4 weeks we mean the Start Date to the 28th day of **treatment**.

We do not pay each week of a course of **treatment** for cancer separately when such **treatment** begins on the Start Date and lasts more than 1 week. 28 days after the Start Date, we will consider any further costs you incur for cancer **treatment** of an **acute condition**, to be new **treatment** for the purpose of the scheme and a new Start Date will apply.

We also pay **participating hospital** charges in full for tests and drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out **out-patient treatment** of an **acute condition** for cancer.



Please also see note 1a.

We do not pay **consultant** physicians' fees for or related to **out-patient treatment** for cancer.



NOTE 2: DAY-PATIENT AND IN-PATIENT TREATMENT

Note 2a: Day-patient and in-patient treatment

Day-patient treatment is **treatment** which for medical reasons means you have to go into a hospital or day-patient unit because you need a period of clinically-supervised recovery but do not have to stay overnight. And **in-patient treatment** is **treatment** which for medical reasons means you have to stay in hospital overnight or for longer.

We only pay for **day-patient** and **in-patient treatment** charges for an **acute condition** as explained in these notes 2a to 2j.

Cover for **day-patient** and **in-patient treatment** for cancer is dealt with specifically under note 2j. You should refer to this note if you need this type of **treatment**.

Please remember that the **treatment** must be carried out in a **participating hospital** and provided by a **consultant**, to whom you have been referred by your GP or **consultant**. However, such referral is not required in the case of a medical emergency.

We do not pay for **day-patient** and **in-patient treatment** charges where the consultant in overall charge of your **treatment** is not a **consultant**.



Hospital charges

We pay for **hospital** charges for **day-patient** or **in-patient treatment** of an **acute condition** for:

- accommodation (see note 2c)
- parent accommodation, staying with a child under 12 (see note 2d)
- nursing care, drugs and surgical dressings (see note 2e)
- theatre charges and **intensive care** (see note 2f)
- pathology, radiology, **diagnostic tests** and physiotherapy (see note 2g)
- MRI, CT and PET scans (see note 2h)
- **prostheses** and **appliances** (see note 2i)



To ensure that you are paid in full for these **hospital** charges it is important that you receive the **day-patient** or **in-patient treatment** of an **acute condition**:

- in a **participating hospital**, and
- in a category C room, and
- that your room is being used solely for receiving **day-patient** or **in-patient treatment** covered under your membership.

PARTICIPATING HOSPITALS

These are hospitals which are in our list of **participating hospitals** at the time you receive your **treatment**. This list may change from time to time so you should always check with us that the hospital of your choice is a **participating hospital** before you receive any **treatment**.



SCALES OF COVER

Participating hospitals have three categories of accommodation, A, B and C with A being the highest and C the lowest. You are only covered in full for **hospital** charges for **day-patient** and **in-patient treatment** of an **acute condition** that you receive in a **participating hospital** in a category C room.

Using a higher category of room or a non-participating hospital

If you:

- occupy a higher category of room than category C in a **participating hospital**, or
- use a **hospital** which is not a **participating hospital**

we pay up to a total amount of £200 for the **hospital** charges that we say we pay for under notes 2c to 2i. This is the overall total amount we pay up to for the **hospital's** charges for each day for **day-patient treatment** of an **acute condition** and for each night for **in-patient treatment** of an **acute condition**. It is not the amount we will pay for each type of service or item charged individually.

Please note we do not have to pay your claim for **consultants'** fees for **day-patient** or **in-patient treatment** you receive in a non-**participating hospital**.



Note 2b: Consultants' fees

We pay **consultants'** fees according to note 2a and this note 2b for **day-patient** or **in-patient treatment** of an **acute condition** that you receive in a **participating hospital**.

Please note we do not have to pay your **consultants'** fees if you receive **day-patient** or **in-patient treatment** of an **acute condition** in a non-**participating hospital**, without our prior agreement.

Surgeons' and anaesthetists' fees

We pay **consultant** surgeons' and **consultant** anaesthetists' fees for a **surgical operation** forming part of **day-patient** or **in-patient treatment** of an **acute condition** in a **participating hospital** up to the limits shown below.

We pay your surgeons' and anaesthetists' fees in full if they are **partnership consultants**.

If your surgeon or anaesthetist is not a **partnership consultant** we pay up to the limits shown in the table below, by reference to the type of **surgical operation** and how complicated it is according to the schedule of procedures. Most **consultants** normally charge within these benefit limits.

By the schedule of procedures we mean the schedule used by **BUPA** for the purpose of its schemes which classifies **surgical operations** according to their complexity. A minor 1 is the least complicated and a complex major 5 is the most complicated. The schedule

SURGEONS' AND ANAESTHETISTS' SERVICES:						
Type of operation		How complicated the operation is				
		1	2	3	4	5
Minor operation	surgeons' fees, up to	£91	£107	£117	£137	£167
	anaesthetists' fees, up to	£75	£75	£75	£75	£75
Intermediate operation	surgeons' fees, up to	£208	£249	£289	£335	£386
	anaesthetists' fees, up to	£90	£102	£115	£125	£145
Major operation	surgeons' fees, up to	£452	£508	£548	£589	£619
	anaesthetists' fees, up to	£165	£180	£195	£220	£235
Major plus operation	surgeons' fees, up to	£665	£690	£716	£741	£782
	anaesthetists' fees, up to	£270	£284	£325	£381	£447
Complex major operation	surgeons' fees, up to	£837	£1040	£1370	£1725	£2030
	anaesthetists' fees, up to	£523	£609	£721	£845	£954

may change from time to time. Not all procedures listed in the schedule of procedures are covered under **BUPA** schemes. If you would like further information on the schedule of procedures please call us.

The table shows the maximum amount we pay towards **consultants'** fees for each type of **surgical operation**.

MULTIPLE SURGICAL OPERATIONS

If more than one **surgical operation** is carried out at the same time we will only pay for the highest classified **surgical operation** of those carried out. But we may pay a supplement at our discretion in the circumstances set out below.

When two **surgical operations** are carried out at the same time we may pay a supplement of 25 per cent of the amount we pay for the highest classified **surgical operation** of those carried out if, in our sole opinion, the procedures carried out for the lower classified **surgical operation** do not form an integral part of the highest classified **surgical operation**.

When three or more **surgical operations** are carried out at the same time we may pay a supplement of 40 per cent of the amount we pay for the highest classified **surgical operation** of those carried out if, in our sole opinion, the procedures carried out for the lower classified **surgical operation** do not form an integral part of the highest classified **surgical operation**.

Physicians' fees

We pay **consultant** physicians' fees for **day-patient** or **in-patient treatment** of an **acute condition** if the **treatment** is carried out in a **participating hospital** and:

- does not include a **surgical operation**
- is not for or is not related to **treatment** for cancer.

If your **day-patient** or **in-patient treatment** of an **acute condition** does include a **surgical operation**, we will only pay **consultant** physicians' fees if the attendance of a physician is medically necessary because of the **surgical operation**, for example, in the rare event of a heart attack following a **surgical operation**.

If your **treatment** is **treatment** of an **acute condition** for cancer we will only pay **consultant** physicians' fees if the attendance of a physician is medically necessary because of your cancer **treatment**, for example if, as a result of your cancer **treatment**, you develop an infection that requires **in-patient treatment**.

If your physicians' fees are payable we pay the fees in full if they are a **partnership consultant**.

If your physicians' fees are payable and your physician is not a **partnership consultant** we pay up to £55 each day for **day-patient treatment** or **in-patient treatment** of an **acute condition**.

We pay up to an additional £80 each night for a total of 14 nights each **membership year** for **in-patient treatment** of an **acute condition** for certain major medical illnesses as classified in our schedule of procedures.

Note 2c: Accommodation

We pay **hospital** charges for **hospital** accommodation according to note 2a and this note 2c which should be read together.

We only pay for **hospital** accommodation provided as part of your **day-patient** or **in-patient treatment** of an **acute condition**, including all your own meals and refreshments.

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

We do not pay for **hospital** accommodation if:

- it relates to an overnight stay for **treatment** which would normally be provided as **out-patient** or **day-patient treatment**, or
- you occupy a bed in **hospital** for **treatment** that would normally be provided as **out-patient treatment**.

Please refer to 'Convalescence, rehabilitation and general nursing care' in the 'What isn't covered?' section.



Note 2d: Parent accommodation (staying with a child under 12)

We pay **hospital** charges for parent accommodation according to note 2a and this note 2d which should be read together.

We only pay the cost of **hospital** accommodation for each night you need to stay with your child in **hospital**. This is limited to only one parent each night. Your child must be:

- under 12, and
- either a member in his or her own right, or included in a family membership, and
- receiving private **hospital in-patient treatment** for which the child is covered under their membership.

Note 2e: Nursing care, drugs and surgical dressings

We pay **hospital** charges for nursing care, drugs and surgical dressings according to note 2a and this note 2e which should be read together.

We only pay for nursing services, drugs and surgical dressings required as part of your **day-patient** or **in-patient treatment** of an **acute condition**.

We do not pay for extra nursing services. By this, we mean nursing, in addition to that which the **hospital** would usually provide, without making any extracharges, as part of its normal patient care.

Your cover does not include the cost of drugs and surgical dressings you receive for **out-patient treatment** or for take-home use.

Note 2f: Theatre charges and intensive care

We pay **hospital** charges for using an operating theatre and for **intensive care** for an **acute condition** according to note 2a and this note 2f which should be read together.

We only pay for using an operating theatre at the **hospital** for **day-patient** or **in-patient treatment** of an **acute condition** covered by your membership.

We only pay for **intensive care** for an **acute condition** at the **hospital** if the **intensive care** is required routinely after a medical or surgical procedure, such as heart or brain surgery, and the unit in which your **treatment** is carried out is a **critical care unit**.



We pay for **intensive care** for an **acute condition** at the **hospital** if unforeseen circumstances arise from a medical or surgical condition that does not usually require such **intensive care**. However, we only pay in these circumstances if you are receiving private **day-patient** or **in-patient treatment** of an **acute condition** covered under your membership and in a **hospital** equipped with a **critical care unit**. Your **hospital** and **consultant** should contact us in these circumstances at the earliest opportunity.



We do not pay for any **intensive care** following accidents or unplanned admissions to NHS hospitals or facilities, or following transfer to an NHS hospital or facility from a private **hospital**.



Please refer to 'Intensive care' in the 'What isn't covered?' section.



Note 2g: Pathology, radiology, diagnostic tests and physiotherapy



We pay **hospital** charges for pathology, radiology, **diagnostic tests** and physiotherapy according to note 2a and this note 2g which should be read together.

We only pay **hospital** charges for pathology (such as checking blood and urine samples for specific abnormalities), radiology (such as X-rays) and **diagnostic tests** (such as ECGs), when recommended by your **consultant** to help determine or assess your condition when carried out at the **hospital** as part of **day-patient** or **in-patient treatment** of an **acute condition**.

We also pay **hospital** charges for **treatment** of an **acute condition** provided by **therapists** (such as physiotherapy) if it is needed as part of your **day-patient** or **in-patient treatment** of an **acute condition** in a **hospital**.



We only pay the **hospital** charges for pathology, radiology or **diagnostic tests**. We do not pay any other charges or fees for pathology, radiology or **diagnostic tests**.



Note 2h: MRI, CT and PET scans



We pay **hospital** charges for MRI (magnetic resonance imaging), CT (computed tomography) and PET (positron emission tomography) scans according to note 2a and this note 2h which should be read together.

We only pay the **hospital** charges for MRI, CT and PET scans when recommended by your **consultant** to help determine or assess your condition as part of **day-patient** or **in-patient treatment** of an **acute condition**.

We only pay the **hospital** charges for MRI, CT and PET scans. We do not pay any other charges or fees for MRI, CT and PET scans.



Note 2i: Prostheses and appliances



We pay **hospital** charges for a **prosthesis** or **appliance** according to note 2a and this note 2i which should be read together.

We only pay for a **prosthesis** charged by the **hospital** for **day-patient** or **in-patient treatment** of an **acute condition**. By this, we mean an artificial body part which is designed to form a permanent part of your body and is surgically implanted for one or more of the following purposes:

- to replace a joint or ligament
- to replace one or more heart valves
- to replace the aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to control urinary incontinence (bladder control)
- to act as a heart pacemaker
- to remove excess fluid from the brain
- to reconstruct a breast following surgery for cancer.

We only pay for an **appliance** charged by the **hospital** for **day-patient** or **in-patient treatment** for an **acute condition**. By this we mean a knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.

We do not pay for **prostheses** or **appliances** charged for by a **consultant**. We do not pay for any **treatment** which relates to or concerns a prosthesis or appliance which we do not pay for.



Note 2j: Cancer treatment of an acute condition



We pay for **day-patient** and **in-patient treatment** for an **acute condition** of cancer as set out in this note 2j.

Consultant surgeons' and anaesthetists' fees

We pay for *consultants'* fees for *day-patient* and *in-patient treatment* for an *acute condition* of cancer on the same basis as we pay for *consultants'* fees for other types of *day-patient* and *in-patient treatment* of an *acute condition* carried out in a *participating hospital* as set out in notes 2a and 2b.

Please note we do not have to pay your *consultants'* fees if you receive *day-patient* or *in-patient treatment* for an *acute condition* of cancer in a non-*participating hospital* or if your cancer *treatment* includes a bone marrow or stem cell transplant and is not carried out in a *specialist treatment centre*.

Consultant oncologists' (cancer specialists) fees

We pay *consultant* oncologists' fees for *day-patient* and *in-patient treatment* of an *acute condition* related specifically to planning and carrying out cancer *treatment* of an *acute condition* in a *participating hospital*.

We pay your *consultant* oncologists' fees in full if they are a *partnership consultant*.

If your *consultant* oncologist is not a *partnership consultant*, and the planning and carrying out of your cancer *treatment* of an *acute condition* is carried out in a *participating hospital*, we will only pay up to the amounts set out below for such *treatment*:

- we will only pay up to a maximum of £380 for the *consultant's* fees for each course of radiotherapy *treatment*. By a course of radiotherapy *treatment* we mean up to 15 attendances for radiotherapy.
- for chemotherapy *treatment*, we will only pay up to the amounts set out below from the date such *treatment* begins, or we consider it begins, which we call the Start Date, until the date such *treatment* ends. For *treatment* beginning on the Start Date and continuing for:
 - 1 week, we pay up to a maximum of £137;
 - 2 weeks, we pay up to a maximum of £249;
 - 3 weeks, we pay up to a maximum of £386; or
 - 4 weeks, we pay up to a maximum of £508.



By 1 week we mean the Start Date to the 7th day of *treatment*.

By 2 weeks we mean the Start Date to the 14th day of *treatment*.

By 3 weeks we mean the Start Date to the 21st day of *treatment*.

By 4 weeks we mean the Start Date to the 28th day of *treatment*.

We do not pay each week of a course of *treatment* for cancer separately when such *treatment* begins on the Start Date and lasts more than 1 week. 28 days after the Start Date, we will consider any further costs you incur for cancer *treatment* of an *acute condition*, to be new *treatment* for the purpose of the scheme and a new Start Date will apply.

Please note we do not have to pay your *consultants'* fees if you receive *day-patient* or *in-patient treatment* of an *acute condition* for cancer in a non-*participating hospital* or if your cancer *treatment* includes a bone marrow or stem cell transplant and is not carried out in a *specialist treatment centre*.



Hospital charges

We pay *hospital* charges for *day-patient* and *in-patient treatment* of an *acute condition* for cancer (including tests and drugs, such as cytotoxic drugs that are related specifically to planning and carrying out cancer *treatment*) on the same basis as we pay for *hospital* charges for other types of *day-patient* and *in-patient treatment* for an *acute condition* as set out in note 2a and notes 2c to 2i.

Please note that if your cancer *treatment* of an *acute condition* includes a bone marrow or stem cell transplant and your *treatment* is carried out in a *specialist treatment centre* we pay your *hospital* charges in full as we would do for *treatment* of an *acute condition* received in a *participating hospital*.

If you receive the *treatment* of an *acute condition* in a *hospital* which is not a *specialist treatment centre* we will only pay up to the same benefit limits as set out in note 2a and notes 2c to 2i that apply to *day-patient* and *in-patient treatment* of an *acute condition* received in a non-*participating hospital*.



NOTE 3: OTHER BENEFITS

Note 3a: We pay for the following additional benefits as explained in the following notes 3b to 3c and up to the levels shown.

Note 3b: Private ambulance



If you need private *day-patient* or *in-patient treatment* of an *acute condition* for which you are covered under your membership, and it is medically necessary for you to travel by ambulance, we pay up to £120 each *membership year* (maximum £60 for any single trip) for travel:

- from your home or place of work to *hospital*
- between *hospitals* when you are discharged from one *hospital* and admitted to another *hospital* for *in-patient treatment* of an *acute condition*
- from *hospital* to home
- between an airport or seaport and *hospital*.

Note 3c: Home nursing



We pay up to £600 each *membership year* for home nursing immediately following private *in-patient treatment* of an *acute condition* for which you are covered under your membership, if the home nursing:

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

We may pay more than £600 for home nursing, but only if we have agreed this in advance. We need full clinical details from your *consultant* before we can give our decision.



What isn't covered?

In order to keep your subscriptions as low as possible there are some things your BUPA EssentialCare membership does not cover. For ease of reference, we have grouped the exclusions under headings. These are simply signposts and do not form part of the exclusion. If there are any exceptions to the exclusion, these are shown. There may be more than one exclusion to a particular condition or *treatment*, so please read this section carefully.

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.

Please also read 'HRT and bone densitometry' in this section.



AIDS/HIV



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

Exception: We pay for *treatment* of an *acute condition* 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 a member of this scheme (or any *BUPA* scheme which included cover for this type of *treatment*) since at least July 1987 without a break in their cover.



Allergies or allergic disorders



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


Birth control, conception, sexual problems and sex changes

We do not pay for any type of contraception, sterilisation, **treatment** for sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (eg IVF **treatment**), termination of pregnancy, or **treatment** for or arising from any of these.

Exception: We pay for reasonable investigations into the cause of infertility if:  

- neither **you** nor **your** husband or wife had been aware of any problems before joining, and
- you have both been members of the scheme (or any **BUPA** scheme which included cover for this type of investigation) for a continuous period of two years before receiving the **treatment**.



Once the cause is confirmed, no further payment is made for additional investigations in the future.

Please refer to 'Pregnancy and childbirth' in this section. 

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 continues indefinitely and has no known cure;
- it is permanent;
- you need to be rehabilitated or specially trained to cope with it;
- it needs long term monitoring, consultations, check-ups, examinations or tests.

Exception: We pay for **treatment** of an **acute condition** arising out of a **chronic condition**, or for **treatment** of acute symptoms of a **chronic condition** that flare up.  

However, we will 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.

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 refer to 'Temporary relief of symptoms' in this section. 

Complications from excluded or restricted conditions/treatment

We do not pay 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 on your special condition supplement, and you have to spend any extra days in hospital after an operation because you have diabetes, we would not pay for these extra days.



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.

Convalescence, rehabilitation and general nursing care

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

- convalescence, rehabilitation, supervision or any purpose other than receiving **treatment** of an **acute condition** covered by your membership
- 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 **hospital**
- receiving services from a **therapist**

Exception: We may, at our discretion, pay 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 **treatment** for an **acute condition** for which you are covered under your membership, and

- starts within 42 days from, and including, the date you first receive **in-patient treatment** for that **acute condition**, and
- takes place in a **BUPA** recognised rehabilitation centre.

Please note that 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.

BUPA recognised rehabilitation centres may change from time to time and a current list is available on request.

Cosmetic or reconstructive surgery including breast reduction or enlargement

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 **treatment** which involves the removal of healthy tissue (i.e. tissue which is not diseased), or the removal of surplus or fat tissue, whether or not it is needed for medical or psychological reasons.

This means that, for example, 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). And it also means that we do not pay for scar revision.

Exception: We pay for a **surgical operation** to restore your appearance after an accident, or as a direct result of surgery for cancer, if either of these takes place during your current continuous membership of the scheme. Payment is made if this is part of the original **treatment** of an **acute condition** resulting from the accident or cancer and you have obtained our written agreement before receiving the **treatment**.

Please read 'Screening and preventive treatment' in this section.

Deafness

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

Exception: We may pay for **treatment** of deafness arising as a result of an **acute condition**.

Dental/oral treatment (such as fillings, gum disease, jaw shrinkage, etc)

We do not pay for any dental or oral **treatment**. For example we do not pay for the management of, or any **treatment** related to, jaw shrinkage or loss as a result of:

- dental extractions
- the provision of implants
- gum disease
- the repair of damaged teeth after an accident (such as crowns or caps)

We also do not pay for **surgical operations** for the **treatment** of irreversible bone disease when related to gum disease or tooth disease or damage.

Exception: We pay for a **surgical operation** of an **acute condition** which is carried out by a **consultant** to:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident
- treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
- surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth. We would strongly advise you to contact us before receiving such **treatment**.

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: We pay for short-term kidney dialysis or peritoneal dialysis if you need this immediately before or after a kidney transplant. We also pay if the dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of your body.



Drugs and dressings for out-patient or take-home use

We do not pay for any drugs or surgical dressings that are not used during your out-patient **surgical operation**, **day-patient** or **in-patient treatment** - for example, if they are provided or prescribed for **out-patient treatment**, or for you to take home with you on leaving hospital.



Please refer to 'Experimental drugs and treatment' in this section.



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 SERNIP (Safety and Efficacy Register of New Interventional Procedures of the Academy of Medical Royal Colleges).



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. But we need full clinical details from your **consultant** before we can give our decision.



Please refer to 'Drugs and dressings for out-patient or take-home use' in this section.



Eyesight

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



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



HRT and bone densitometry



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

Exception 1: We may, at our discretion, pay for HRT implants when these are medically necessary for **treatment** of an underlying **acute condition**.



Exception 2: We may pay for bone densitometry recommended by your **consultant** to help determine or assess your condition as part of **out-patient**, **day-patient** or **in-patient treatment** of an **acute condition**. However, we need full clinical details from your **consultant** before we can give our decision. If we agree to pay for bone densitometry we will 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 of the scheme.

Please read 'Ageing, menopause and puberty' in this section.



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



We do not pay for any **treatment** in a **critical care unit** unless you are already receiving private **day-patient** or **in-patient treatment** of an **acute condition** covered under your membership and the **intensive care** is routinely required by patients undergoing the same type of **treatment** as yours.

We do not pay for any **intensive care** following accidents or unplanned admissions to NHS hospitals or facilities, or following transfer to an NHS hospital or facility from a private **hospital**.

We also do not pay for **intensive care** carried out in a unit which is not a **critical care unit**.

Exception: We pay for **intensive care** if unforeseen circumstances arise from a medical or surgical **acute condition**, that does not usually require such **treatment**. However, we only pay in these circumstances if you are receiving private **day-patient** or **in-patient treatment** of an **acute condition** covered under your membership and in a **hospital** equipped with a **critical care unit**. Your **hospital** and **consultant** should contact us in these circumstances at the earliest opportunity.



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.



- neither **you** nor the person with the **pre-existing condition** knew about it before we sent **you** the full membership certificate
- we did not exclude cover for the costs of the **treatment**, when we sent **you** the full membership certificate.

Overseas treatment and repatriation

We do not pay for **treatment**, including medical emergencies, that you receive outside the **UK** or for repatriation to the **UK**.



If you would like cover for overseas travel, including cancellation and loss of luggage, please ask for details from BUPA Travel Services. For further information call **0870 585 8585** (8.30am to 6pm, Mon to Fri).



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** (in accordance with note 2i).



Pre-existing conditions

We do not pay for **treatment** for a **pre-existing condition** or a disease, illness or injury which results from or is related to a **pre-existing condition**.



Exception: We pay for the cost of **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 a full membership certificate (not a provisional membership certificate) for your current continuous period of membership of the scheme which lists the person with the **pre-existing condition**
- you gave us all the information we asked you for, prior to us sending **you** the full membership certificate

Please refer to 'Adding new-born children' in section 7.3.



We are willing, at your **renewal date** to review certain special conditions applied to your membership. 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 covered by the special condition or for a related disease, illness or injury. However, there are some special conditions which may apply to your membership which we do not review.



If you would like us to consider a review of your special conditions please call your 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**.



Pregnancy and childbirth



We do not pay for **treatment** for, or any condition arising from, pregnancy or childbirth.

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



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

Exception 2: We pay **treatment** costs for delivering a baby by caesarean section if it is medically necessary, provided the mother has been a member of this scheme for at least 12 months before the delivery.



Please refer to 'Birth control, conception, sexual problems and sex changes' and 'Neo-natal care' in this section.



Screening and preventive treatment



We do not pay for:

- health screening, such as routine tests or health checks, or
- 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, or
- preventive **treatment**, procedures or medical services, for example, removing breast tissue when there is no disease or tumour present.

Sleep problems and disorders



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

Speech disorders



We do not pay for **treatment** for or arising from speech disorders, for example stammering.

Exception: We may at our discretion pay for short-term speech therapy when such **treatment** is medically necessary as part of **in-patient treatment** for an **acute condition**, such as a stroke. The speech therapy must take place during and/or immediately following the **treatment** for the **acute condition** and be provided by a **therapist** who is a member of the Royal College of Speech and Language Therapists.



Temporary relief of symptoms



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

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



Unrecognised consultant, hospital or therapist



BUPA does not recognise **consultants** or **therapists** in the following circumstances:

- where **BUPA** does not recognise them as having specialised knowledge of, or expertise in, the **treatment** of the disease, illness or injury being treated.
- where we have sent a written notice to them saying that we no longer recognise them for the purposes of our schemes.

We do not pay for any **treatment** where the consultant in overall charge of the **treatment** is not recognised by **BUPA**.

We do not pay for **treatment** provided by a consultant or therapist who is not recognised by **BUPA**.

We do not pay for **treatment** in any **hospital** or by any other provider of services to whom we have sent a written notice saying that we no longer recognise them for the purpose of our schemes.

Complementary medicine practitioners



We do not pay for **treatment** provided by a complementary medicine practitioner such as an acupuncturist, chiropractor, homoeopath or osteopath.

Neo-natal care



We do not pay for **treatment** which commences within four weeks of birth, or any related **treatment**.

Please refer to 'Pregnancy and childbirth' in this section.



Psychiatric treatment



We do not pay for **treatment** for mental and/or addictive conditions or problems including alcoholism, drug addiction and eating disorders.

5

Making a claim

It's only natural for you to feel anxious at a time of ill-health. We will do everything we can to help you arrange your **treatment** and make your claim as simple and straightforward as possible.

Please remember, you should always call **BUPA** first on 0845 60 90 111 before you see a **consultant** or **therapist** and before receiving **treatment** so that we can:

- confirm whether your proposed **treatment** will be eligible for benefit, and
- if you wish to make a claim, advise whether you will need to complete a claim form.

Please refer to 'What to do if treatment is needed' - pages 3 and 4.

5.1 Claiming

- 1 To set a claim in motion please call **BUPA** first on 0845 60 90 111.
If you do not need to complete a claim form, we will treat your call to **BUPA** 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**.
- 2 If you do need to complete a claim form we will send you one. You should take the claim form, with your membership pack, to the **consultant** or **hospital** when you go for any **treatment**.
- 3 You will need to complete the claim form fully and return it to us as soon as possible together with any accounts that you may receive. In any event this should be within six months of receiving the **treatment** for which you are claiming unless this was not reasonably possible.
- 4 You must provide any information or proof to support your claim, if we make a reasonable request for you to do so. For example, we may need to ask you for one or more of the following:
 - Medical reports and other information about the **treatment** for which you are claiming.



- Original accounts and invoices in connection with your claim. Please note we cannot accept photocopies of accounts or invoices nor original receipts where alterations have been made.
 - The results of any independent medical examination which we may ask you to undergo at our expense.
 - Written confirmation from you as to whether you think you can recover the costs you are claiming from another person or insurance company.
- 5 Unless we tell you otherwise, your claim form and proof to support your claim should be sent to:
BUPA, Staines TW18 4XF
 - 6 We reserve the right to change the procedure for making a claim. We will, of course, write and advise **you** of any changes.

5.2 Points to remember when making a claim

Please note:

- We only pay for costs that you incur for **treatment** of an **acute condition** that you receive while you are a member of the scheme.
- Payment of your claim will be under the rules and table of benefits set out in the membership guide that applies to you at the time you receive the **treatment**.
- We only pay for the eligible costs and expenses actually incurred by you for the **treatment** you receive for an **acute condition**.
- We do not have to pay a claim if you break any terms and conditions of your membership.

5.3 How your claim will be paid

We will pay eligible claims direct to the provider of your **treatment** - such as your **hospital** or **consultant** - or to the **principal member**. We will write to the **principal member** to confirm how we have dealt with your claim.

If, for any reason, you wish to withdraw your claim for the costs of **treatment** you have received, you should call **BUPA** first on 0845 60 90 111 to tell us as soon as possible. You will be unable to withdraw your claim if we have already paid your claim. Please note that if you do withdraw your claim, we will not be responsible for paying the costs of that **treatment**.

Ex-gratia payments:

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

5.4 If you have an excess

You may have agreed with us that an **excess** shall apply to **you** and each of **your dependants**. If **you** have, this will be shown on **your** membership certificate.

Your **excess** is the amount agreed between **you** and **BUPA** and applies to **you** and each of **your dependants** individually each **membership year**. For example, if your **excess** is £100 and one person covered under **your** membership incurs costs for eligible **treatment** (which is **treatment** that would have been payable under **your** membership) above £100, the **excess** will still apply to every other person covered under **your** membership.

Your **excess** applies to the costs of **treatment** that would have been payable by **BUPA** under your membership, but for your **excess**. This means that you are responsible for paying the part of the eligible **treatment** costs that are not payable by **BUPA** because of your **excess**.

Any costs for eligible **treatment** covered by your **excess** will count towards your benefit limits as if we had paid the **treatment** costs in full in the order in which we process your claims for such costs - see Example 1 following.

When you make an eligible claim to which your **excess** applies we will settle the balance of the claim less the amount covered by your **excess**. We will notify **you** of the payment we have made and who to pay your **excess** to, for example, the **hospital** or **consultant**. You will need to settle the costs for **treatment** covered by your **excess** direct - see Example 1 following.

You must still submit a claim for the costs of **treatment** covered by your **excess** even if the claim is not payable by **BUPA** because of your **excess**. We will:

- deduct the amount of eligible **treatment** costs from your **excess**
- let **you** know who to pay the **excess** to
- notify **you** of the amount of your **excess** that remains (if any) for the **membership year**, see Example 2 following.

The **excess** starts again at the beginning of each new **membership year** even if **treatment** is ongoing. The **excess** could therefore apply twice to a single course of **treatment** if your **treatment** starts in one **membership year** and continues to the next.

Please call your helpline if you are unsure about the **excess**.

Example 1: How a claim to which your excess applies is settled and affects a benefit with a monetary limit, eg home nursing, assuming you have a £100 excess and that all costs are eligible for benefit.

Home nursing benefit limit for the membership year		£600
You incur costs of home nursing		£300
BUPA pays your qualified nurse	£200	
BUPA notifies you of excess amount which you pay direct to your qualified nurse	£100	
Your home nursing benefit limit remaining for the rest of the membership year		£300

Example 2: How a claim for treatment costs that are less than the amount of your excess affects your excess, eg out-patient physiotherapy assuming you have a £100 excess and that all costs are eligible for benefit.

Your excess for the membership year		£100
You incur costs of physiotherapy		£70
BUPA pays your physiotherapist	£0	
BUPA notifies you of excess amount you pay direct to your therapist	£70	
Your remaining excess for the rest of the membership year		£30

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Paying subscriptions and other charges

6.1 Paying subscriptions

You have to pay subscriptions to us in advance for **you** and **your dependants** throughout **your** membership. The amount **you** have agreed to pay, and the method of payment **you** have chosen are shown on **your** membership certificate.

6.2 Paying other charges

In addition to paying subscriptions, **you** also have to pay to us the amount of any insurance premium tax (IPT) and any new taxes, levies or charges that may be imposed after you join, relating to your membership that we are required by law to pay, or to collect from **you**. The amount of the IPT that **you** have to pay to us is shown on **your** membership certificate.

You must pay to us any such IPT, taxes, levies and charges when **you** pay **your** subscriptions, unless otherwise required by law.

6.3 Changes to subscriptions and other charges

SUBSCRIPTIONS

Each year on **your renewal date**, we may change how we calculate **your** subscriptions, how we determine the subscriptions, what **you** have to pay and the method of payment. Please be assured that if we do make changes they will only apply from **your renewal date**.

The cost of subscriptions has typically been higher than the Retail Price Index (RPI) over the same period, but this does not necessarily mean that they will increase by the same rate in future.

OTHER CHARGES

We may change the amount **you** have to pay to us in respect of IPT or in respect of other taxes, levies or charges at any time if there is a change in the rate of IPT or any new such tax, levy or charge is introduced or there is a change in the rate of any such tax, levy or charge, otherwise changes will only be made from **your renewal date**.

If we do make any changes to **your** subscriptions or to the amount **you** have to pay in respect of IPT or other taxes, levies or charges, we will write to tell **you** about the changes at least 28 days before they take effect.



7

Important events

Throughout this guide, you will see references to important events such as when **you** start, renew or end **your** membership, or include other family members under **your** membership. This section explains exactly when - and how - these events take place.

7.1 Starting your membership

Your membership starts on the 'effective from' date shown on the first membership certificate we sent **you** for **your** current continuous period of BUPA EssentialCare membership.

7.2 When cover starts for others included in your membership

If **your** husband, wife or any of **your** children are included as a **dependant** under **your** membership, their membership will start on the 'effective from' date on the first membership certificate we sent **you** for **your** current continuous period of BUPA EssentialCare membership, which lists them as a member.

Their membership may continue for as long as **you** remain a member of the scheme. However, a child **dependant** will stop being a member of the scheme on **your** first **renewal date** after their 21st birthday - or 24th birthday if in full-time education - or on their marriage, whichever happens first. (We may ask for proof of **your** child's continuing education each **membership year**.) Your child can then apply to become a member of a **BUPA** scheme in their own right on the basis of the benefits and rules of the particular **BUPA** scheme for which they apply. They can call us to check the options available to them.

Please refer to 'Amending your membership certificate' in section 8.3.



7.3 Adding new-born children

You may apply to include any of **your** new-born children under **your** membership as one of **your dependants**, free of charge, until **your** first **renewal date** after their birth. We will not apply any special conditions to their cover if **you** do this before the baby is three months old and **you** have been a member of the scheme for the 12 months prior to the child's birth.

Please refer to 'Neo-natal care' and 'Pre-existing conditions' in the 'What isn't covered?' section.



7.4 Renewing your membership

As long as **you** continue to pay **your** subscriptions and any other payments due under **your** agreement with us, **you** may, subject to paragraph 8.2, renew **your** membership every year on **your renewal date**, unless we decide to end the scheme, or **you** decide to end **your** membership.

If we decide to end the scheme, we will write to let **you** know at least 28 days before **your renewal date** and give you the opportunity to join the **BUPA** private medical scheme, which replaces BUPA EssentialCare on the basis of the benefits and rules of that scheme.

If you transfer within one month, we will not add any special restrictions or exclusions to your cover under your new scheme, that are personal to you, other than those which apply to you under this scheme.

7.5 Ending your membership

You can end **your** membership at any time by writing to us. Please remember that your membership will automatically end:

- if **you** do not renew your membership
- if **you** do not pay any of **your** subscriptions on, or before, the date they are due

However, we may allow your membership to continue without you having to complete a new medical history, if **you** pay the outstanding subscriptions within 30 days.



If **you** are unable to pay **your** subscriptions for any reason, please contact us on 0800 010 383 (8am to 8pm, Monday to Friday).

- if **you** do not pay the amount of any IPT, taxes, levies and charges that **you** have to pay under **your** agreement with us on or before the date they are due
- if **you** stop living in the **UK**

Please note BUPA International may be able to offer you appropriate cover for the country in which you intend to reside. Please call 01273 20 81 81 (7am to 7pm, Monday to Friday, 8am to 12 midday, Saturday) for details.

- upon the death of the **principal member**.

A **dependant's** membership will automatically end:

- if **your** membership ends
- if **you** do not renew the membership of that **dependant**
- if that **dependant** stops living in the **UK**
- upon the death of that **dependant**.

BUPA can end a person's membership if there is reasonable evidence that the person concerned has misled, or attempted to mislead us. By this, we mean giving false information or keeping necessary information from us, either intentionally or carelessly, which may influence us when deciding:

- whether **you** (or they) can join the scheme
- what subscriptions **you** have to pay
- whether we have to pay any claim.

If your membership ends for any reason, we will refund any subscriptions **you** have paid which relate to a period after it ends.



Right to cancel



You may cancel **your** membership to the scheme for any reason by writing to us within 21 days of **you** receiving **your** first membership certificate, following enrolment. In that case **you** will be entitled to a full refund of all **your** subscriptions paid, subject to no claims having been made.

You may also cancel the membership of any of **your dependants** for any reason, by writing to us within 21 days of **you** receiving **your** first membership certificate, listing them as a member. In that case **you** will be entitled to a full refund of all **your** subscriptions paid relating to them, subject to no claims having been made on their behalf.

8

General information

8.1 Making changes to your cover

If **you** want to change your cover - such as choosing an **excess** at **your renewal date** - please call us to discuss your options.

If **you** apply to increase **your** cover, we may ask **you** to agree to certain exclusions or restrictions to your cover before we accept **your** application.

Of course, should you have any concerns about your subscriptions or your family's circumstances have changed, please call us on 0800 010 383 (8am to 8pm, Monday to Friday) and we can discuss your available options.

8.2 If we make changes

We may change the benefits and rules of your membership on **your renewal date**.

These changes could affect, for example:

- how much **your** subscriptions will be
- how often **you** have to pay them
- the cover you receive.

Please refer to 'Paying subscriptions and other charges', section 6.

We will not add any special conditions to someone's cover that are personal to them for medical conditions that started after they joined the scheme, provided they gave us all the information we asked them for, before joining.

We will write to tell you about any change at least 28 days before the **renewal date** on which the change takes effect.

8.3 Amending your membership certificate

We will send **you** a new membership certificate if any of the following occur:

- if **you** are adding another member of **your** family, such as a new-born child, to **your** membership
- if we need to record any other changes which **you** have requested, or we are entitled to make, such as changing the way **you** pay **your** subscriptions.

Your new membership certificate will replace any earlier version **you** possess as from the issue date shown on the new membership certificate.

Please refer to 'When cover starts for others included in your membership' in section 7.2.

8.4 Other parties

No other person is allowed to make or confirm changes to your membership on our behalf, or decide not to enforce any of our rights.

Also, no change to your membership will be valid unless it is confirmed in writing by the company providing your cover.

8.5 If your treatment is needed as a result of somebody else's fault

You must write to tell us as soon as possible, or complete the appropriate section on your claim form, if you are claiming for **treatment** that is needed when someone else is at fault. For example, if you need **treatment** for an injury suffered in a road accident in which you are a victim.

If so, you will need to take any reasonable steps we ask of you to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **BUPA**
- claim interest if you are entitled to do so.

If you are able to recover the cost of any **treatment** for which we have paid, you must repay that amount (and any interest) to **BUPA**.

8.6 If you are covered by another insurance scheme

You must write to tell us as soon as possible, or complete the appropriate section on your claim form, if you have any other insurance cover for the cost of the **treatment** or benefits you have claimed from us. If you are covered by such an additional scheme, we will only pay our share of the cost of your **treatment** of an **acute condition**.

8.7 If you change your address

Please write to tell us as soon as reasonably possible if you change your address, as we will send any letters to the address **you** last gave us.

8.8 Correspondence

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.

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

8.9 Applicable law

Your membership is governed by English law.



Listening to you

We're always pleased to hear about aspects of your membership that you've particularly appreciated. We also want to hear about any problems you have. So, if something does go wrong, here's a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

Getting in touch

The BUPA helpline is always the first number to call if you need help or support or if you have any comments or complaints.

Please call us on: **0845 60 90 111** any time between 8am and 8pm, Monday to Friday and 8am to 6pm on Saturdays.

Alternatively you can write to us at BUPA, Staines TW18 4XF or fax us on 01784 465 232.

We want to make sure that members with special needs are not excluded in any way. For hearing and speech impaired members who have a Minicom phone, please call **0845 606 6863**, between 9am and 5pm Monday to Friday. We can also offer a choice of Braille, large print or audio for correspondence and marketing literature. Please let us know which you would prefer.

Making a complaint

If we have not been able to resolve the problem and you wish to take your complaint further, you can contact our Head of Customer Relations.

Please write to: BUPA, Staines TW18 4XF or phone **0845 606 6726**.

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 080 1800**.

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

If something has gone wrong, we want to do everything we can to put it right. But none of these procedures affect your legal rights.



Glossary

This explains what we mean by various words and phrases in this membership guide. Words printed in bold and italic both here and in this membership guide have the meanings set out below.

Word/Phrases	Meaning
<i>Acute condition</i>	a disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were immediately before suffering the disease, illness or injury, or which leads to your full recovery.
<i>Appliance</i>	a knee brace which is an essential part of a repair to a cruciate (knee) ligament, or a spinal support which is an essential part of surgery to the spine.
BUPA	BUPA Insurance Limited. Registered in England and Wales No 3956433. Registered office BUPA House, 15-19 Bloomsbury Way, London, WC1A 2BA. BUPA provides your cover.
<i>Chronic condition</i>	a disease, illness or injury which has at least one of the following characteristics: <ul style="list-style-type: none"> • it continues indefinitely and has no known cure • it comes back or is likely to come back • it is permanent • you need to be rehabilitated or specially trained to cope with it • it needs long-term monitoring, consultations, check-ups, examinations or tests.

Consultant a registered medical or dental practitioner under age 70 who is recognised by **BUPA** and has received written confirmation from **BUPA** of this, unless we recognised him or her as being a consultant before 30 June 1996. You can contact us to find out if a practitioner is recognised by us as a consultant.

Consultant partnership a network of **consultants** who agree to work within certain quality and service standards and whose fees, where applicable, **BUPA** will pay in full.

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 at the time you receive your **treatment**. This list may change from time to time so you should check with us before arranging any **treatment**. Details of these critical care units are available on request.

Day-patient treatment **treatment** which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically-supervised recovery but do not have to stay overnight.

Dependants **your** husband or wife and any child of **yours** who is a member of the scheme and named on **your** membership certificate.

Diagnostic tests investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

Excess the amount that you have to pay towards the cost of **treatment** that you receive each **membership year** that would otherwise have been covered under your membership. This is the amount of your excess. The amount of your excess is shown on **your** membership certificate.

Hospital this means any of the following at the time you receive **treatment**:

- a **BUPA participating hospital**
- any other establishment which we may decide to treat as a hospital for the purpose of the scheme.

You can contact us if you would like details of any of these hospitals.

In-patient treatment	treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.
Intensive care	treatment in a critical care unit which gives constant monitoring after an operation or illness.
Membership year	the period beginning on your start date or renewal date and ending on the day before your next renewal date . By start date we mean the 'effective from' date on your first membership certificate for your current continuous period of membership.
Out-patient treatment	treatment given at a hospital, consulting room or out-patient clinic where you do not go in for day-patient or in-patient treatment .
Participating hospital	any hospital which is in our list of participating hospitals, at the time you receive your treatment . This list contains all the hospitals with whom we have an agreement for them to be treated as a participating hospital for the purpose of the scheme. The hospitals may change from time to time so you should contact us before you arrange any treatment to check that the hospital is listed. A copy of the current list is available on request. For a child under 16 years old, any hospital that we agree in writing will be treated as a participating hospital in the case of treatment for that child which is not carried out in a participating hospital.
Partnership consultant	a consultant who is a member of the BUPA consultant partnership at the time you receive treatment . You can contact us to find out if a consultants is a member of the consultant partnership .
Pre-existing condition	any disease, illness or injury for which: <ul style="list-style-type: none"> • you have received medication, advice or treatment; or • you have experienced symptoms; whether the condition was diagnosed or not before the start of your cover.
Principal member	the person who has taken out the membership being the first named person on the membership certificate.

Prosthesis	an artificial body part which is designed to form a permanent part of your body. We only pay for those prostheses listed in note 2i.
Qualified nurse	a nurse who is on the register of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, and holds a valid UKCC personal identification number.
Renewal date	each anniversary of the date you joined the scheme (if however you are a member of a BUPA EssentialCare Group Scheme with a common renewal date for all members, your renewal date will be the common renewal date for the group. You will have been advised of this when you joined).
Scale of cover	BUPA EssentialCare members have scale C cover only.
Specialist treatment centre	any hospital which is in our list of specialist treatment centres at the time you receive your treatment . The hospitals on this list may change from time to time so you should contact us before you arrange any treatment to check that the hospital is listed. Details of these hospitals are available on request.
Surgical operation	a surgical procedure. This includes all medically necessary treatment related to the procedure and all consultations carried out from the time you are admitted to a hospital until the time you are discharged.
Therapists	<ul style="list-style-type: none"> • a chartered or state registered physiotherapist, a state registered occupational therapist or orthoptist, a member of the Royal College of Speech and Language Therapists under age 70 who is recognised by BUPA for the purpose of the scheme at the time you receive your treatment. • any other practitioner under age 70 who has written confirmation from us that we recognise them as a therapist for the purpose of our medical insurance schemes.
Treatment	surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
You/your	this means the principal 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 EEA 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 principal member.

Telephone calls: In the interest of continuously improving our service to members, your call will 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.

Regulation: BUPA is a member of the General Insurance Standards Council, which regulates the Insurance Activities of its members. Personal data may be disclosed to GISC as part of this system of regulation. Such data will be subject to a duty of confidentiality on the part of GISC.

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.

For your notes