

BUPA Select policy summary

Effective from 1 July 2005

keyfacts

Welcome to BUPA Select (the scheme). This policy summary contains key information about the scheme so please read it carefully.

Please note, this is only a policy summary it does not contain full details of your cover.

About your cover

The insurer

The insurance is provided under an agreement (the agreement) between BUPA Insurance Limited and the company or association that pays for your membership (the sponsor). Your cover is subject to the terms and conditions of that agreement. There is no contractual agreement between you and BUPA covering your membership. Only the sponsor and BUPA have legal rights under the agreement, although BUPA will allow anyone covered under the agreement access to our complaints process.

The type of insurance provided

The scheme offers private medical insurance which aims to fund eligible private medical treatment in the United Kingdom.

BUPA Select contains a number of options, from which the sponsor chooses those it wants to provide as part of your cover under the agreement. This summary lists all of the options available. Your cover will not include all the options detailed in this summary. The BUPA Select Membership Guide and your membership certificate together provide the details of your cover under the agreement.

The terms and conditions of your cover may change from time to time, particularly at renewal. The helpline can provide further details.

The type of treatment covered

You are only covered for eligible treatment. This means treatment of an acute condition together with the products and equipment used as an integral part of the treatment that:

- are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK
- are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided
- are demonstrated through scientific evidence to be effective in improving health outcomes, and
- are not provided or used primarily for the expediency of you or your consultant or other health care professional

and the treatment, services or charges are not excluded under the terms and conditions of the agreement between the sponsor and BUPA.

Treatment must be on the initial referral of your GP. The consultant in overall charge of your treatment must be a BUPA recognised consultant.

BUPA recognised practitioners and facilities

Your cover depends on you using certain BUPA and scheme recognised medical practitioners (for example, depending on your cover a 'consultant' or a 'partnership consultant') and treatment facilities (for example a 'network hospital'). Who you use and the facilities you use can affect the level of benefits you are covered for. Also, they may only be recognised by us for certain types of treatment or levels of benefits. The type of treatment and/or level of benefits that we recognise them for can change from time to time.

Where the Summary of cover options table (overleaf) refers to 'scale of cover' this only applies when the hospital access the sponsor has chosen for your cover is for network hospitals that have different categories (scales) of accommodation. In that case your membership certificate will specify the scale of cover you have.



Summary of cover options table

This table sets out the type of charges for eligible treatment that can be covered under the scheme and the monetary limits available for certain benefits.

Important: This table shows all the options available under the scheme. Not all of them will apply to your cover. The cover that the sponsor has chosen for you under the agreement will be found in the BUPA Select Membership Guide together with your membership certificate. Alternatively, they will be available from the helpline or the sponsor. Unless otherwise specified, the amounts shown in the table are for each member.

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
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When you are not admitted to hospital

Out-patient consultations and treatment		
<p>Out-patient consultations with a consultant on GP or consultant referral</p> <p>Out-patient therapies and complementary medicine on GP or consultant referral</p> <p>Hospital charges for out-patient tests and investigations on consultant referral</p>	<p>each year up to</p> <p>£250 (no maximum for complementary medicine)</p> <p>or</p> <p>£500 (maximum £250 for complementary medicine)</p> <p>or</p> <p>£750 (maximum £250 for complementary medicine)</p> <p>or</p> <p>£1000 (maximum £250 for complementary medicine)</p> <p>or</p> <p>£1000 (no maximum for complementary medicine)</p> <p>or</p> <p>£1500 (no maximum for complementary medicine)</p> <p>or</p> <p>paid in full (no maximum for complementary medicine)</p> <p>or</p> <p>paid in full for consultations and test and investigations and up to £1,000 for therapies (maximum £250 for complementary medicine) This is only available to existing groups with a start date prior to 4th July 2005.</p>	<p>with a scheme recognised consultant</p> <p>with a scheme recognised therapist or complementary medicine practitioner (acupuncture, chiropractic, homoeopathy and osteopathy only)</p>
MRI, CT and PET scans	paid in full	in a scheme recognised imaging unit for the type of scan you need

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
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When you are admitted to hospital

Out-patient surgical operations, day-patient or in-patient treatment		
Consultants' fees for surgical and medical hospital treatment	paid in full	with a BUPA partnership consultant in a network hospital - benefit limits apply for BUPA recognised consultants who are not partnership consultants; or with a BUPA recognised consultant - irrespective of consultant partnership status - in a network hospital
Hospital charges for: accommodation, theatre charges, nursing care, drugs and dressings, intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances Parent accommodation	paid in full	in a network hospital and, if applicable, in a room within your scale of cover for intensive care in a scheme recognised critical care unit a list of the prostheses and appliances covered is available on request for one parent only, accompanying a child under 12 who is a member of the scheme and receiving eligible in-patient treatment
Treatment at home	discretionary benefit	with a scheme recognised medical treatment provider

Additional benefits

Private ambulance	£80 any single trip	when medically necessary and related to private eligible day-patient or in-patient treatment
Home nursing	£2000 each year	when immediately following private eligible in-patient treatment
NHS cash benefit	£50 a night for 35 nights a year	NHS hospital in-patient treatment that would otherwise be covered under the scheme

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
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Benefits for specific medical conditions

<p>Cancer treatment - as for other treatment set out in this table except for:</p> <p>Hospital charges and consultants' fees for bone marrow and stem cell transplants</p>	paid in full	<p>with a BUPA partnership consultant in a specialist treatment centre - benefit limits apply for BUPA recognised consultants who are not partnership consultants:</p> <p>or</p> <p>with a BUPA recognised consultant - irrespective of consultant partnership status - in a specialist treatment centre</p>
<p>Consultant oncologists' fees for chemotherapy and radiotherapy</p>		<p>with a BUPA partnership consultant in a network hospital or specialist treatment centre - benefit limits apply for BUPA recognised consultants who are not partnership consultants:</p> <p>or</p> <p>with a BUPA recognised consultant - irrespective of consultant partnership status - in a network hospital or specialist treatment centre</p>
<p>Hospital charges for out-patient cancer drugs</p>		<p>in a network hospital or specialist treatment centre</p>
Psychiatric treatment	discretionary benefit - unless the sponsor has chosen to exclude this cover	call the helpline for details

Optional cash benefits

Family cash benefit	£200 each birth or adoption	this cover applies to a main member only
the following benefits are not available for members under 16 years old		
Optical cash benefit	up to £100 each 2 year benefit period	when provided to or prescribed for you by a scheme recognised optician or consultant
Accidental dental injury cash benefit	up to £900 each year	with a scheme recognised dentist or orthodontist
Prescription cash benefit	up to £20 each year	

Island cover - for residents of Jersey, Guernsey or the Isle of Man only

<p>Consultants' fees for surgical operations only - consultants' fees for other types of treatment are as set out in this table</p>	paid in full	with a BUPA recognised consultant - irrespective of consultant partnership status - in a network hospital
<p>Travel costs to the UK mainland for you to receive eligible treatment</p>	up to £240 for a return trip	specific conditions apply - call the helpline for details
<p>Travel costs to the UK mainland for a parent, nurse or relative to accompany you when medically necessary</p>	up to £240 for a return trip	specific conditions apply - call the helpline for details
<p>Nursing care by a qualified nurse during your journey</p>	up to £100 each trip	specific conditions apply - call the helpline for details

Policy excess

The sponsor may agree with us that an excess applies to your cover. If it does apply it applies to each member each year and will be one of the following amounts: £50*, £100, £150 or £200. This means that each member is responsible for paying the first part of his or her eligible treatment costs up to the amount of the excess each year. The BUPA Select Membership Guide and your membership certificate together provide details, including the amount, of any excess that may apply to your cover or details are available from the helpline.

* Only available to existing groups with a start date prior to 4th July 2005

What you are not covered for

There are certain medical conditions and treatments that you are not covered for. There are some exceptions to some exclusions. The BUPA Select Membership Guide and your membership certificate together provide the details or they are available from the helpline.

The excluded medical conditions and treatments include:

- treatment for ageing, menopause and puberty;
- AIDS / HIV;
- allergies;
- birth control, conception, sexual problems or sex changes;
- chronic conditions;
- complications from excluded conditions;
- treatment resulting from contamination, wars, riots or terrorist acts;
- convalescence care, rehabilitation or general nursing care;
- cosmetic, reconstructive or weight loss treatment;
- treatment for deafness or to correct eyesight;
- dental or oral treatment;
- dialysis;
- experimental drugs and treatment;
- HRT and bone densitometry;
- intensive care (other than routinely needed after private day-patient treatment or in-patient treatment);
- learning difficulties, behavioural and developmental problems;
- pregnancy and childbirth;
- screening and preventive treatment;
- sleep problems and disorders;
- speech disorders;
- temporary relief of symptoms;
- out-patient drugs and dressings;
- physical aids and appliances;
- for underwritten members: pre-existing conditions (by underwritten members we mean a member who as part of his/her application to join the scheme was required to provide details of his/her medical history to us for the purpose of underwriting).

Additional exclusions applying to sports clubs groups

For groups classified by BUPA as sports clubs there are certain other treatments that are excluded from cover in addition to those listed above. The BUPA Select Membership Guide and your membership certificate together provide the details of these additional exclusions or details are available from the helpline. The additional excluded treatments include:

- out-patient physiotherapy
- complementary medicine
- MRI & CT scans
- psychiatric treatment
- NHS cash benefit

How long your cover will last

The agreement is an annual one. Your cover is dependant on the sponsor covering you under the agreement, so your cover will generally last for 12 months but this may change depending on the sponsor.

Getting in touch

If you have any questions about your membership or your cover please call the helpline and we will be happy to help you. Please call us on: 0845 60 40 623*# between 8am and 8pm Monday to Friday and 8am to 1pm Saturday. Alternatively, you can write to us at: BUPA, Salford Quays, Manchester M50 3XL or fax us on 0161 254 5635.

For members with special needs. For hearing and speech impaired members who have a textphone, please call us on 0845 60 66 863*, between 9am and 5pm Monday to Friday. We can also offer a choice of Braille, large print or audio for correspondence. Please let us know which you would prefer.

How to make a claim

Always call the helpline before you see a consultant or other healthcare practitioner and before you arrange any diagnostic tests or treatment. We will check your cover and the benefits available to you and explain about the claiming process.

Helpline number: 0845 60 40 623*#

Lines are open 8am to 8pm Monday to Friday, 8am to 1pm Saturday

How to complain

The helpline is always the first number to call if you have a complaint. If we are unable to resolve the problem you can contact our Customer Relations Department: call 0845 60 66 739*# (8am - 5pm, Monday to Friday, calls charged at local rates) or write to: BUPA, Salford Quays, Manchester M50 3XL. We will consider your complaint and can provide you with full details of our internal complaints process. 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: call 0845 08 01 800 or write to South Quay Plaza, 183 Marsh Wall, London E14 9SR.

The Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. In the unlikely event that we cannot meet our financial obligations you may be entitled to compensation from the Financial Services Compensation Scheme. More information is available from the FSCS by calling 020 7892 7300 or on its website www.fscs.org.uk

[†] BT landline calls to 0845 numbers will cost no more than 3 pence per minute. Charges from other providers may vary and calls made from mobiles usually cost more.

#Calls to this number will be recorded and may be monitored



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