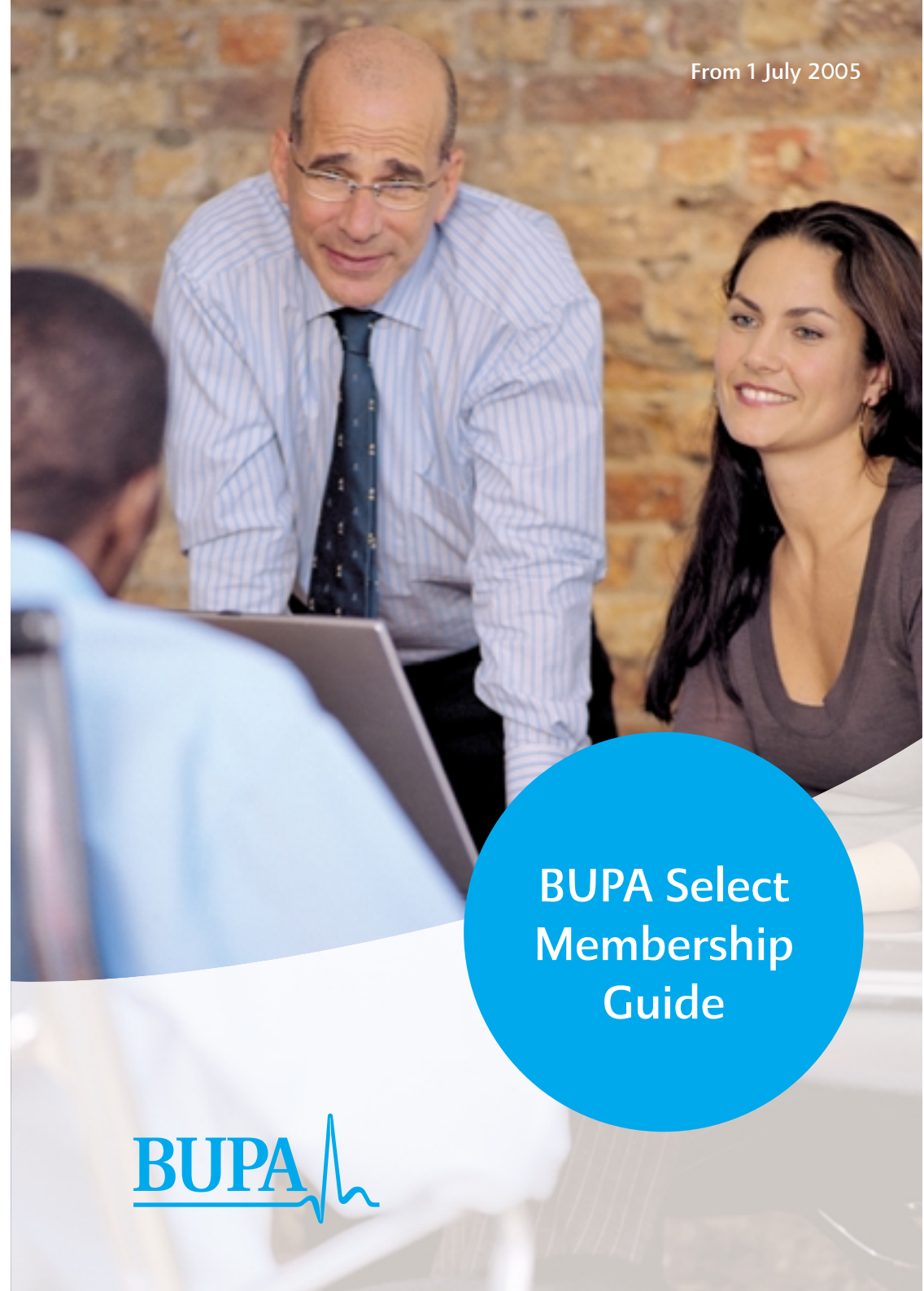


From 1 July 2005



BUPA Select Membership Guide



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www.bupa.com



Contacting us

Helpline

If you have any questions about your membership or your cover please call the helpline and we will be happy to help you.

Call the helpline on **0845 60 40 623**^{*†}

(lines open 8am to 8pm Monday to Friday and
8am to 1pm Saturday)

For those with speech or hearing difficulties who use a textphone, call our dedicated line on 0845 60 66 863* (lines open 9am to 5pm, Monday to Friday)

Or write to us at: BUPA, Salford Quays, Manchester M50 3XL
Or fax us on: 0161 254 5635

BUPA HealthLine

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

Call the BUPA HealthLine on **0845 60 77 777**^{*†}

* Calls are charged at local rates

† Calls will be recorded and may be monitored

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Your BUPA membership

We'd like to welcome you to BUPA.

Whether you're new to BUPA or you've enjoyed the reassurance of BUPA private medical insurance over the years, we'd like to remind you that with your BUPA cover you have access to prompt private medical treatment that you can arrange at a time and place that suits you. Above all you'll feel better knowing that your health cover is in safe hands.

About this guide

This Membership Guide has been written to take you through every aspect of your membership. It has been written in two parts. This first part is designed to help you get the most from your membership. The second part sets out the BUPA Select rules and benefits which, along with the documents set out in rule 1.1.a of 'Your rules and benefits', form part of the agreement between the sponsor and us and explain:

- how your membership works
- about making a claim and how an excess works (if one applies)
- what you are and are not covered for, including information about scheme recognised medical providers and facilities
- words and phrases that have a specific meaning under the scheme.

Important: you must read this Membership Guide together with your membership certificate. They must not be read as separate documents. Your membership certificate sets out essential details about your benefits including your hospital access and certain benefit limits. It may also show that benefits for certain types of treatment or medical conditions are excluded from cover under your benefits.

Please do not leave reading the rules and benefits until you need treatment. Although it may seem a little daunting at first, it is important that you understand how your cover works should you need to arrange treatment at any time. If there is anything you are unsure about when reading through this guide please call the BUPA helpline and we will be happy to answer any queries you have. You'll find the helpline number and other contact details on the inside front cover.

What to do if you need treatment

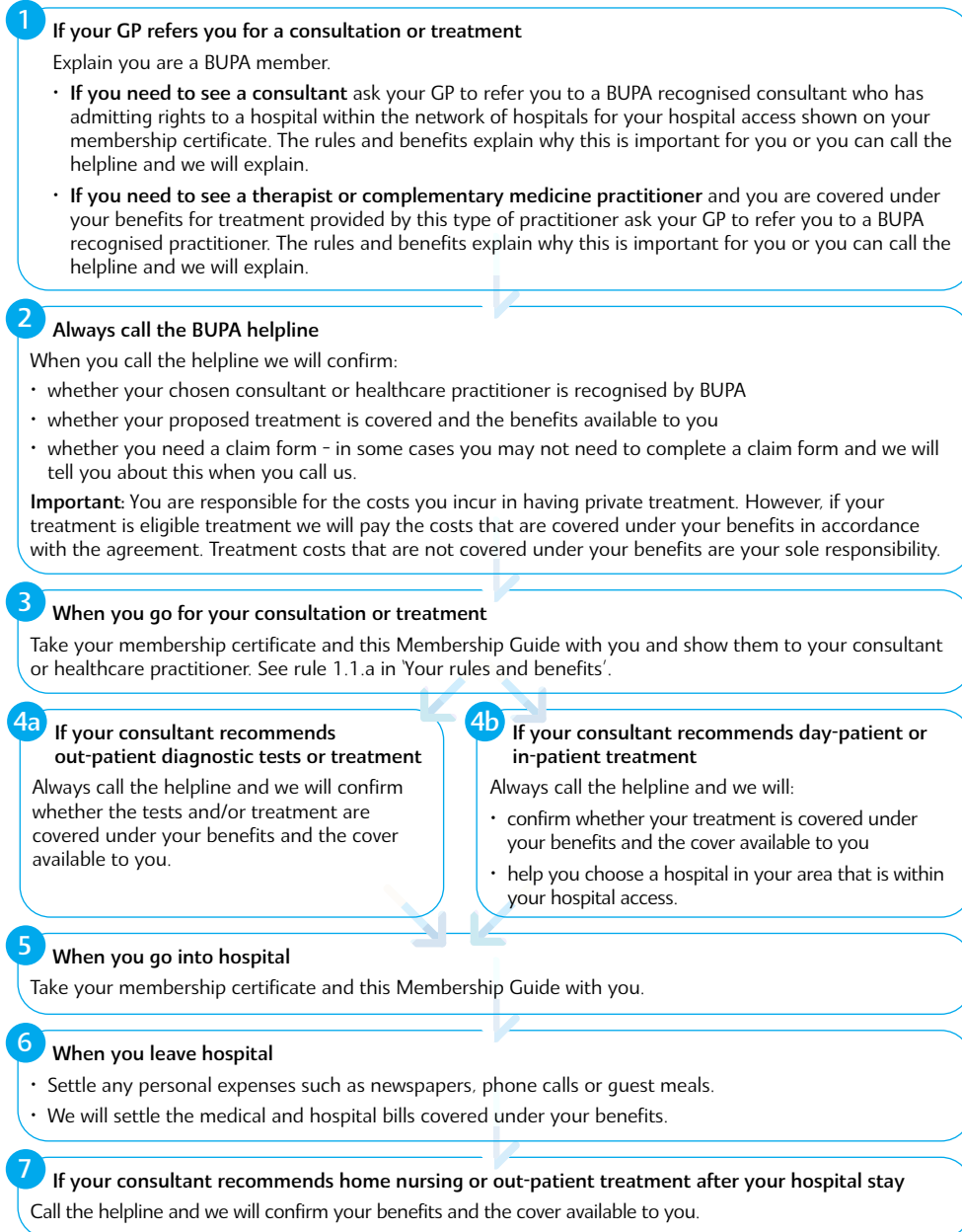
We understand that it's only natural to feel anxious at a time of ill health, so we will do everything we can to help make arranging your treatment as simple and straightforward as possible. Always call us before arranging any consultation, diagnostic tests or treatment; we will then explain the cover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

Please refer to 'Claiming' in section 2 of 'Your rules and benefits' and then follow these simple steps.

Helping us to help you: so we can confirm whether your proposed treatment, diagnostics or healthcare practitioner or facility is covered under the scheme we will need to ask you some questions. We will always ask you for your BUPA membership number. We will also ask you some or all of the following so please have the information to hand when you call.

- What condition are you suffering from?
- When did your symptoms first 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 name of the consultant or other healthcare practitioner?
- Where will your proposed treatment take place?
- How long will you be in hospital?

Steps to making a claim



BUPA Select: Your rules and benefits

effective from 1 July 2005

These are the rules and benefits of the *scheme*.

- For anyone who starts cover under the ***agreement*** they apply from their ***start date***.
- For anyone whose cover is renewed under the ***agreement*** they apply for the period from the first ***renewal date*** on or after the 'effective from' date.

Words in bold and italic in these rules and benefits are defined terms which have a specific meaning. You should check their meaning in the glossary.

How your membership works

1.1 The agreement and your membership documents

1.1.a The agreement between the sponsor and us

Your cover is provided under an ***agreement*** between the ***sponsor*** and ***BUPA***. There is no legal contract between you and ***us*** for your cover under the ***agreement***. Only the ***sponsor*** and ***BUPA*** have legal rights under the ***agreement*** and are the only ones who can enforce the ***agreement***, although ***we*** will allow anyone who is covered under the ***agreement*** complete access to ***our*** complaints process (see rule 1.6, 'If you have cause for complaint', in this section).

1.1.b Your membership documents

The following must be read together as a whole. They set out the details of your ***benefits*** under the ***agreement***.

- **Your application for cover:** this includes any applications for cover for ***you*** and ***your dependants*** (if any) and the declarations that ***you*** made during the application process.
- **Your rules and benefits in this BUPA Select Membership Guide:** this sets out the terms and conditions of your membership.
- **Your membership certificate:** this shows your current membership details including:
 - who is covered
 - the ***special conditions*** that apply to a member's cover (if any)
 - details of the ***benefits*** that are specific to your cover including certain benefit limits
 - the ***excess*** amount that applies (if any).

Important: *your membership certificate* sets out essential details about your *benefits* including certain benefit limits. It may also show that certain types of *treatment* or medical conditions are excluded from your *benefits*. You must read this Membership Guide together with *your membership certificate*. They must not be read as separate documents.

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

1.1.c Payment of benefits in general

We pay for *treatment* costs under your *benefits* that applied to you on the date you received your *treatment*.

You are responsible for the costs you incur in having private *treatment*. However, if your *treatment* is *eligible treatment* *we* will pay the costs that are covered under your *benefits*. *Treatment* costs that are not covered under your *benefits* are your sole responsibility.

When you go for private medical *treatment* you have a contract with the provider of your *treatment*. The provider might, for example, be a *consultant*, a *hospital* or both. Sometimes one provider may have arrangements with other providers involved in your care and, therefore, be entitled to receive all the costs associated with your *treatment*, for example, a *hospital* may charge for *hospital* charges, *consultants'* fees and *diagnostic tests* all together.

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

1.2 When your membership starts, renews and ends

1.2.a Starting membership

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

Your membership (and therefore *your* cover) starts on *your start date*.

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

Covering your newborn baby: if the *sponsor* agrees, *you* may apply to include *your* newborn baby under *your* membership as one of *your dependants*. If *your* baby's membership under the *agreement* would be as an *underwritten member* *we* will not apply any *special conditions* to the baby's cover if all the following apply:

- *you* include *your* baby under *your* membership within 3 months of the baby's birth, and
- if *you* are an *underwritten member* only if *you* have been a member under the *agreement* for at least 12 months before the baby's birth.

1.2.b Renewal of your membership

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

1.2.c How your membership can end

You or the *sponsor* can end *your* membership or the membership of any of *your dependants* at any time by writing to *us*. If *your* membership ends the membership of all *your dependants* will also end.

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

- the *agreement* is terminated
- that is in accordance with the terms of the *agreement*
- the *sponsor* does not pay subscriptions or any other payment due under the *agreement* for *you* or any other person
- *you* stop living in the *UK*, or
- *you* die.

Your **dependants'** membership will automatically end if:

- **your** membership ends
- that is in accordance with the terms of the **agreement**
- the **sponsor** does not renew the membership of that **dependant**
- that **dependant** stops living in the **UK**, or
- that **dependant** dies.

A child **dependant's** membership will end on the **renewal date** following:

- their 24th birthday, or
- their marriage

whichever happens first.

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

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

1.3 Paying subscriptions and other charges

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

1.4 Making changes

1.4.a Changes to your membership

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

1.4.b Other parties

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

1.5 General information

1.5.a Change of address

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

1.5.b Correspondence between us

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.

1.5.c Documents you send to us

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

1.6 If you have cause for complaint

1.6.a Making a complaint

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

The helpline is always the first number to call if you have any complaints.

- Please call **us** on: **0845 60 40 623** between 8am and 8pm Monday to Friday and 8am to 1pm Saturday, calls are charged at local rates, calls will be recorded and may be monitored. Or 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, calls are charged at local rates
 - **we** can also offer a choice of Braille, large print or audio for correspondence. Please let **us** know which you would prefer.

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

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

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

None of these procedures affect your legal rights.

1.6.b Applicable law

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

1.6.c The Financial Services Compensation Scheme (FSCS)

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

Claiming

2.1 Making a claim

2.1a Contact the helpline

You should always call the helpline before arranging any **treatment**. **We** will

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

You are responsible for the costs you incur in having private **treatment**. However, if your **treatment** is **eligible treatment** **we** will pay the costs that are covered under your **benefits**. **Treatment** costs that are not covered under your **benefits** are your sole responsibility.

2.1.b Making your claim

For how to make a claim for:

- NHS cash benefit see benefit note 5c in section 3
- Optional cash benefits see section 5.

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

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

2.1.c Providing us with information

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

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

2.1.d Treatment needed because of someone else's fault

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. For example, **treatment** for an injury suffered in a road accident in which you are a victim. If so, you must take any reasonable steps **we** ask of you to:

- recover from the person at fault 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** or services that **we** have paid, you must repay the amount and any interest to **BUPA**.

2.1.e Other insurance cover

If you have other insurance cover for the cost of the **treatment** or services that you are claiming from **us** you must write to tell **us** as soon as possible, or complete the appropriate section on your claim form. If so, **we** will only pay **our** share of the cost of the **eligible treatment** that you are claiming.

Unless **we** tell you otherwise, your claim form and proof to support your claim should be sent to: BUPA, Salford Quays, Manchester M50 3XL.

2.2 How we will deal with your claim

2.2.a General information

We pay claims for **treatment** costs under your **benefits** that applied to you on the date you received your **treatment**.

We only pay costs for **treatment** that you receive while you are a member under the **agreement**.

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

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

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

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

2.2.b Ex-gratia payments

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

2.3 If you want to withdraw a claim

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

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

2.4 If you have an excess

The **sponsor** may have agreed with **us** that an **excess** shall apply to your **benefits**. If you are unsure whether an **excess** does apply to you please refer to your **membership certificate** or contact the helpline.

How an excess works

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

The **excess** applies to **you** and each of **your dependants** individually.

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

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

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

How the excess applies to your benefits

We apply the **excess** to your claims in the order in which **we** process those claims.

When you claim for eligible **treatment** costs under a benefit that has a benefit limit your **excess** amount will count towards your total benefit limit for that benefit for the **year**.

Example 1: How your excess affects your claims settlement and benefits with a monetary limit, eg home nursing. (This example assumes you have a £100 excess and that all costs are eligible for benefit.)

Home nursing benefit limit for the year	£2000
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 year	£1700

Example 2: How your excess is affected when your claim for treatment costs is less than the amount of your excess. (This example assumes you have a £100 excess, all costs are eligible for benefit and you are claiming for therapy.)

Your excess for the year	£100
You incur costs of therapy	£70
We pay your therapist	£0
We notify you of excess amount you pay direct to your therapist	£70
Your remaining excess for the rest of the year	£30

3

What you are covered for

3.1 Notes about your cover

3.1.a Your membership certificate

Important: *your membership certificate* sets out essential details about your **benefits** including certain benefit limits. It may also show that certain types of **treatment** or medical conditions are excluded from your **benefits**. You must read this Membership Guide together with *your membership certificate*. They must not be read as separate documents.

3.1.b The type of treatment covered

Your **benefits** only cover you for **eligible treatment** that is carried out in the **UK**. Your GP must have initially referred you for the **treatment**. However, for **eligible day-patient treatment** or **eligible in-patient treatment** provided by a **consultant** such referral is not required in the case of a medical emergency.

3.1.c BUPA recognised medical practitioners and treatment facilities

Your cover for **eligible treatment** costs depends on you using certain **BUPA** recognised medical practitioners and treatment facilities as explained in the benefit notes and *your membership certificate*.

Please note:

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

You are not covered for **treatment** costs where:

- the person who has overall responsibility for your **treatment** is not a **consultant** unless **we** specifically say otherwise in the rules that apply to your **benefits**.
- the medical practitioner, other health care professional or treatment facility is not recognised by **BUPA** for providing either the type of **treatment** you need or for treating the medical condition you have.

You should always call **us** before arranging any **treatment** to check your **benefits** and whether your chosen medical practitioner, other health care professional or treatment facility is recognised by **us**.

3.2 Summary of benefits table

This table only shows the headings for the type of **eligible treatment** costs **we** pay for under the **agreement**. Each heading refers to a benefit note. **Your membership certificate** sets out essential details about your **benefits** including certain benefit limits. It may also show that certain types of **treatment** or medical conditions are excluded from your **benefits**. You must refer to both **your membership certificate** and the benefit notes that apply to your **benefits** for details of the **eligible treatment** costs **we** pay for and how much **we** pay.

We do not pay for any charges or fees incurred for **treatment** for which you are not covered under your **benefits** including any costs for **treatment**, including consultations that take place after the date your membership ends. **Treatment** costs that you incur that are not covered under your **benefits** are your sole responsibility.

Type of eligible treatment costs covered

Your benefits	benefit note 1 (this benefit note applies equally to benefit notes 2 to 6 and the benefit notes in section 5)
Reasonable and customary charges	
Excess	

When you are not admitted to hospital

Out-patient consultations and treatment	benefit note 2
what we pay for out-patient treatment	benefit note 2a
out-patient consultations with a consultant on GP or consultant referral	benefit note 2b
out-patient therapies on GP or consultant referral	benefit note 2c
out-patient complementary medicine treatment on GP or consultant referral	benefit note 2d
out-patient tests and investigations on consultant referral	benefit note 2e
out-patient MRI, CT and PET scans on consultant referral	benefit note 2f

Type of eligible treatment costs covered

When you are admitted to hospital

Consultants' fees for medical and surgical hospital treatment	benefit note 3
what we pay for consultants' fees for hospital treatment	benefit note 3a
surgeons and anaesthetists	benefit note 3b
physicians	benefit note 3c
Hospital charges	benefit note 4
what we pay for hospital charges	benefit note 4a
out-patient surgical operations	benefit note 4b
day-patient and in-patient treatment	
hospital accommodation	benefit note 4c
parent accommodation	benefit note 4d
theatre charges, nursing care, drugs and surgical dressings	benefit note 4e
intensive care	benefit note 4f
pathology, radiology, diagnostic tests, MRI, CT and PET scans	benefit note 4g
therapies, such as physiotherapy	benefit note 4h
prostheses and appliances	benefit note 4i
treatment at home	benefit note 4j

Additional benefits

Private ambulance charges	benefit note 5a
Home nursing after private eligible in-patient treatment	benefit note 5b
NHS cash benefit for NHS hospital in-patient treatment	benefit note 5c

Benefits for specific medical conditions

Cancer treatment	benefit note 6a
Psychiatric treatment	benefit note 6b
Optional cash benefits	See section 5
General information on optional cash benefits	benefit note OC.1
Optical cash benefit	benefit note OC.2
Accidental dental injury cash benefit	benefit note OC.3
Prescription cash benefit	benefit note OC.4
Family cash benefit	benefit note OC.5

3.3 Benefit notes

Benefit note 1 General information

This benefit note 1 applies equally to benefit notes 2 to 6 and the benefit notes in section 5 and should be read in conjunction with those benefit notes.

benefit note 1a your benefits

Important: *your membership certificate* sets out essential details about your *benefits* including certain benefit limits. It may also show that certain types of *treatment* or medical conditions are excluded from your *benefits*. You must read this Membership Guide together with *your membership certificate*. They must not be read as separate documents.

You should always call *us* before arranging any *treatment* to check your *benefits* and whether your chosen medical practitioner, other health care professional or treatment facility is recognised by *us* and covered under your *benefits*.

The cover for *eligible cancer treatment* and *psychiatric treatment* is dealt with separately under benefit notes 6a and 6b and you should refer to those benefit notes for details of that cover subject to your *benefits*.

Benefit note 1b reasonable and customary charges

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

Benefit note 1c excess

If an *excess* applies to your *benefits* the benefit limits that we say *we* pay for in this rule 3.3 and *your membership certificate* for your *benefits* will be subject to your *excess* (see rule 2.4). The *excess* does not apply to NHS cash benefit or any of the optional cash benefits in Section 5.

When you are not admitted to hospital

Benefit note 2 out-patient consultations and treatment

benefit note 2a what we pay for out-patient treatment

We only pay for the *eligible out-patient treatment* fees and charges for which you are covered under your *benefits* and only up to the limits that apply to your *benefits*.

Subject to the cover you have under your *benefits* this benefit note 2 explains the type of charges *we* pay for *eligible out-patient treatment*:

- for benefit notes 2b to 2e *your membership certificate* shows the benefit limits that apply to these benefit notes
- for benefit note 2f the benefit limit is shown in the table in that benefit note.

Your *treatment* must follow an initial referral from your GP.

benefit note 2b out-patient consultations with a consultant on GP or consultant referral

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

Consultants' charges for the use of consulting rooms are not treated as *consultants'* fees for a consultation. *We* may pay *consultants'* charges for the use of consulting rooms. Where *we* do agree *we* will treat the charge as falling under benefit note 2c and subject to the benefit limit that applies to that benefit note.

We do not pay *hospital* charges for the use of a consulting room.

benefit note 2c out-patient therapies on GP or consultant referral and charges related to out-patient treatment

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

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

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

Charges related to out-patient treatment or out-patient consultations

We pay provider charges for **eligible out-patient treatment** which is related to and is an integral part of your **eligible out-patient treatment** or out-patient consultation. For example, if we have agreed to pay charges for use of a consulting room we treat these charges as falling under this benefit note 2c and subject to its benefit limit.

benefit note 2d out-patient complementary medicine treatment on GP or consultant referral

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

benefit note 2e out-patient tests and investigations on consultant referral

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

(MRI, CT and PET scans are not paid under this benefit note - see benefit note 2f.)

benefit note 2f out-patient MRI, CT and PET scans on consultant referral

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

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

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

Details of **imaging units** and the type of scan we recognise them for are available on request.

imaging unit

We pay in full

When you are admitted to hospital

Benefit note 3 consultants' fees for medical and surgical hospital treatment

benefit note 3a what we pay for consultants' fees for hospital treatment

We pay **consultants'** fees for **eligible treatment**. The **consultants'** fees we pay for are set out in:

- benefit notes 3b for **consultant** surgeons' and anaesthetists' fees
- benefit note 3c for **consultant** physicians' fees
- benefit note 6a for **cancer treatment**
- benefit note 6b for **psychiatric treatment**.

The amount we pay for those **consultants'** fees is explained in this benefit note 3a.

consultants

We pay according to the benefit limit for your **consultant** cover as shown on **your membership certificate**.

benefit note 3b **surgeons and anaesthetists**

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

We do not have to pay your *consultants'* fees if your *eligible treatment* is carried out in a *hospital* that is not a *network hospital* without *our* prior written approval.

benefit note 3c **physicians**

We pay *consultant* physicians' fees for *eligible day-patient treatment* or *eligible in-patient treatment* in a *network hospital* if the *treatment* does not include a *surgical operation* or *cancer treatment*.

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

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

We do not have to pay your *consultants'* fees if your *eligible treatment* is carried out in a *hospital* that is not a *network hospital* without *our* prior written approval.

Benefit note 4 **hospital charges**benefit note 4a **what we pay for hospital charges**

We pay *hospital* charges for *eligible treatment*. The type of *hospital* charges we pay for are set out in benefit notes 4b to 4i. The amount we pay for those *hospital* charges is set out in this benefit note 4a and depends on the type of *eligible treatment* carried out.

Out-patient surgical operations

We pay the type of *hospital* charges set out in benefit note 4b for *eligible surgical operations* carried out as *eligible out-patient treatment* up to the amounts below.

network hospital

We pay in full

Day-patient and in-patient treatment

We pay the type of *hospital* charges set out in benefit notes 4c to 4i for *eligible day-patient treatment* and *eligible in-patient treatment* up to the amounts below.

The amount we pay depends on your *hospital access* as shown on your *membership certificate*. If your *hospital access* is participating network the amount we pay also depends on your *scale of cover* also as shown on your *membership certificate*.

If your *hospital access* is partnership network

network hospital

We pay in full

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

We do not have to pay your claim for hospital charges if you receive your *treatment* in a *hospital* that is not a *network hospital* without *our* prior written agreement.

If your *hospital access* is participating network

The amount *we* pay for *hospital* charges depends on your *scale of cover*. **Participating network hospitals** have three categories of accommodation - A, B and C - with A being the higher and C the lower. If your *scale of cover* is:

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

Scale B: you are covered for category B and C accommodation

Scale C: you are covered for category C accommodation.

network hospital in a category of accommodation within your scale of cover *We pay in full*

network hospital in a higher category of accommodation than your scale of cover *We pay up to a total amount of £200 each day for day-patient treatment or each night for in-patient treatment for the hospital charges. This is the total amount we pay for all the hospital charges and not the amount we pay for each type of service, charge or item individually.*

We do not have to pay your claim for hospital charges if you receive your *treatment* in a *hospital* that is not a *network hospital*.

benefit note 4b out-patient surgical operations

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

benefit note 4c hospital accommodation

We pay *hospital* accommodation charges for *eligible day-patient treatment* or *eligible in-patient treatment* including your own meals and refreshments while you are receiving your *treatment*.

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

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

- the charge is for an overnight stay for *treatment* that would normally be carried out as *out-patient treatment* or *day-patient treatment*
- the charge is for use of a bed for *treatment* that would normally be carried out as *out-patient treatment*.

benefit note 4d parent accommodation

We pay *hospital* accommodation charges for each night a parent needs to stay in the *hospital* with their child. *We* only pay for one parent each night. The child must be:

- under 12
- a member under the *agreement*, and
- receiving *eligible in-patient treatment*.

This benefit applies to the child's cover and any charges are payable from the child's benefits.

benefit note 4e theatre charges, nursing care, drugs and surgical dressings

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

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

We do not pay for drugs and surgical dressings used for *out-patient treatment* or for you to use after your stay in *hospital*.

benefit note 4f **intensive care**

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

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

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

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

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

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

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

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

benefit note 4g **pathology, radiology, diagnostic tests, MRI, CT and PET scans**

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

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

benefit note 4h **therapies, such as physiotherapy**

We pay **hospital** charges for **eligible treatment** provided by **therapists** (such as physiotherapy) when needed as part of your **eligible day-patient treatment** or **eligible in-patient treatment**.

benefit note 4i **prostheses and appliances**

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

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

benefit note 4j **treatment at home**

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

- your **consultant** has recommended that you receive the **treatment** at **home** and remains in overall charge of your **treatment**

- if you did not have the **treatment** at **home** then, for medical reasons, you would need to receive the **treatment** in a **hospital**, and
- the **treatment** is provided to you by a **medical treatment provider**.

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

medical treatment provider

If **we** agree to pay for **eligible treatment** at **home** **we** pay in full for the charges **we** agree to pay on your behalf.

Additional benefits

Benefit note 5a private ambulance charges

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

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

We pay up to £80 for each single trip.

Benefit note 5b home nursing after private eligible in-patient treatment

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

- is for **eligible treatment**
- is needed for medical reasons ie not domestic or social reasons
- is necessary ie without it you would have to remain in **hospital**

- starts immediately after you leave the **hospital**
- is provided by a **qualified nurse** in your own home, and
- is carried out under the supervision of your **consultant**.

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

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

If your home nursing is payable **we** pay up to £2,000 each **year**. This is the amount **we** pay for all such home nursing and not the amount for each episode or type of nursing individually.

Benefit note 5c NHS cash benefit for NHS hospital in-patient treatment

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

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

If an **excess** applies to your **benefits** it is not applied to NHS cash benefit.

We pay £50 each night for a maximum of 35 nights each **year**.

To make a claim for NHS cash benefit call the helpline to check your **benefits** and request a claim form before you have your NHS **in-patient treatment**. Take the claim form with you to the hospital and ask them to complete the hospital sections. Send your fully completed claim form to **us**. **We** pay eligible claims by cheque to the **main member**.

See also section 2, 'Claiming'.

Benefits for specific medical conditions

Benefit note 6a cancer treatment

This benefit note 6a sets out what **we** pay for **eligible cancer treatment**. In particular it explains what **we** pay for:

- radiotherapy (the use of radiation to treat **cancer**) and chemotherapy (the use of drugs to treat **cancer**)
- out-patient drugs for **eligible cancer treatment**, and
- **day-patient treatment** and **in-patient treatment** for **eligible cancer treatment** that includes a bone marrow or stem cell transplant.

For all other **eligible cancer treatment** **we** pay on the same basis and up to the same limits as **we** pay for other **eligible treatment** as set out in benefit notes 1 to 5 according to your **benefits**.

Consultant oncologists' fees for chemotherapy and radiotherapy

We pay **consultant** oncologists' fees for planning and carrying out **eligible cancer treatment** in a **network hospital** or, if your **eligible cancer treatment** includes a bone marrow or stem cell transplant, in a **specialist treatment centre**.

We do not have to pay your **consultant** oncologists' fees if:

- your **eligible cancer treatment** is carried out in a **hospital** that is not a **network hospital**, or
- your **eligible cancer treatment** includes a bone marrow or stem cell transplant and is carried out in a **hospital** that is not a **specialist treatment centre**.

consultants

We pay according to the benefit limit for your **consultant** cover as shown on **your membership certificate**.

Out-patient cancer drugs

We pay **hospital** charges or **specialist treatment centre** charges for drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out **eligible cancer treatment** which you receive as **out-patient treatment**.

hospital or specialist treatment centre

We pay in full

Eligible cancer treatment that includes a bone marrow or stem cell transplant

For **eligible cancer treatment** that includes a bone marrow or stem cell transplant and is carried out as **day-patient treatment** or **in-patient treatment** **we** pay **consultants'** fees and **specialist treatment centre** charges as set out in the table below.

If you use a hospital that is not a **specialist treatment centre** without **our** prior approval **we** do not pay your **consultants'** fees or hospital charges.

consultants

We pay **consultants'** fees on the same basis and up to the same benefit limits as **consultants'** fees for other **eligible treatment** carried out in a **network hospital** as set out in benefit note 3.

specialist treatment centre

We pay in full for **specialist treatment centre** charges as set out in benefit notes 4c to 4i.

Benefit note 6b psychiatric treatment

Subject to your cover under your **benefits**, **we** may, at **our** discretion, pay for **eligible treatment** of a **psychiatric condition** (ie **psychiatric treatment**) that you receive from a **consultant** or **psychologist** but only as set out below in this benefit note 6b. Before receiving any **psychiatric treatment** you must ask your **consultant** to get **our** written agreement. Otherwise **we** will not be obliged to pay the **consultants'** or **psychologists'** fees, or the **hospital** charges or any other charges. **We** need full clinical details from your **consultant** before **we** can give **our** decision.

Psychiatric treatment that is not covered

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

- if you have received two episodes of **treatment** for that **psychiatric condition** or any related **psychiatric condition** during your membership of any **BUPA** scheme which has cover for **psychiatric treatment** (including under the **agreement**) whether your membership is continuous or not. By an episode of **treatment** we mean:
 - seven nights or more **in-patient treatment**, whether consecutive or not, or
 - 20 or more separate attendances for **out-patient treatment** or **day-patient treatment** in any 12 month period;
- if either before or during your membership you suffer from any **psychiatric condition** for a continuous period of two years or more which requires any form of **treatment** at any time during that period. The **treatment** need not be ongoing or continuous during the period of the **psychiatric condition**.

What we pay for psychiatric treatment

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

Out-patient treatment

If we agree to pay for **psychiatric treatment** carried out as **out-patient treatment** we pay for:

- **consultants'** fees for out-patient consultations to assess your **psychiatric condition**
- **psychiatric treatment** provided by a **consultant**
- **psychiatric treatment** provided by a **psychologist**. If your **consultant** refers you to a medical or health practitioner who is not a **psychologist** we may pay the charges as if the practitioner were a **psychologist** if all of the following apply:
 - your **consultant** refers you to the practitioner before the **eligible out-patient treatment** takes place and remains in overall charge of your care, and
 - the practitioner has applied for **BUPA** recognition and we have not written to say he/she is not recognised by **BUPA**.

What we pay for and how much we pay depends on your cover for **out-patient treatment** as shown on **your membership certificate**.

consultants

If we agree we pay in accordance with benefit notes 2a and 2b including the overall limits that apply to those benefit notes under your **benefits**.

psychologists

If we agree we pay in accordance with benefit notes 2a and 2c including the overall limits that apply to those benefit notes under your **benefits**.

Day-patient and in-patient treatment

Your membership certificate shows the maximum number of days for which you are covered under your **benefits** for **psychiatric treatment** carried out as **day-patient treatment** or **in-patient treatment** in total each **year**. This is the maximum number of days we may pay up to for **psychiatric treatment** costs for all **psychiatric conditions** each **year** and not for each **psychiatric condition** or type of **treatment** individually.

If we agree to pay for **psychiatric treatment** carried out as **day-patient treatment** or **in-patient treatment** we may pay up to your number of days benefit limit for such **psychiatric treatment**. If we agree to pay we pay **consultants'** fees and **hospital** charges as set out below.

• Consultants' fees

If we agree we pay **consultants'** fees for **psychiatric treatment** carried out as **day-patient treatment** or **in-patient treatment** in a **psychiatric network hospital**.

Please note: we do not have to pay your claim for **consultants'** fees if you use a **hospital** that is not a **psychiatric network hospital**.

consultants

We pay according to the benefit limit for your **consultant** cover as shown on **your membership certificate**.

• Hospital charges

If **we** agree to pay for **psychiatric treatment** carried out as **day-patient treatment** or **in-patient treatment** **we** pay the type of **hospital** charges **we** say **we** pay for in benefit notes 4c to 4i. If **we** agree to pay **hospital** charges for **eligible treatment** provided by **psychologists** **we** will pay them on the same basis as for **eligible treatment** provided by **therapists** under benefit note 4h. The amount **we** pay for **hospital** charges depends on your **hospital access**.

If your **hospital access** is partnership network

psychiatric network hospital If **we** agree **we** pay in full

We do not pay your claim for **hospital** charges if you receive your **treatment** in a **hospital** that is not a **psychiatric network hospital** without **our** prior written agreement.

If your **hospital access** is participating network

psychiatric network hospital in accommodation within your scale of cover If **we** agree **we** pay in full

psychiatric network hospital in a higher category of accommodation than your scale of cover If **we** agree **we** pay up to a total amount of:

- £50 each day for **day-patient treatment**, or
- £80 each night for **in-patient treatment**.

This is the overall total amount **we** pay for the **hospital** charges in these circumstances. It is not the amount **we** pay for each type of service or item individually.

We do not pay your claim for **hospital** charges if you receive your **treatment** in a **hospital** that is not a **psychiatric network hospital**.

Please also see 'Chronic conditions' in section 3, 'What is not covered'.

What is not covered

This section explains the **treatment**, services and charges that are not covered under your **benefits**. However, this section does not contain all the limits and exclusions to your **benefits**. For example the benefit notes in section 3 also describe some limitations and restrictions for particular types of **treatment**, services and charges. Also, **your membership certificate** may show that certain types of **treatment**, medical conditions or **special conditions** limit or restrict or are excluded from your **benefits**.

The exclusions are grouped under headings. The headings are just signposts, they are not part of the exclusion. If there is an exception to an exclusion this is shown. Where **we** refer to specific treatments or medical conditions in the exceptions these are examples only and not evidence that it is covered under your **benefits**.

4.1 Ageing, menopause and puberty

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

4.2 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 **eligible treatment** for, or arising from AIDS or HIV if the person with AIDS or HIV became infected five years or more after their current continuous membership began, or has been a member of any **BUPA** scheme which included cover for this type of **treatment** (including under the **agreement**) since at least July 1987 without a break in their cover.

4.3 Allergies or allergic disorders

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

4.4 Birth control, conception, sexual problems and sex changes

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

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

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

Exception: We pay for **eligible treatment** for either **you** and/or **your partner** (where **your partner** is a **dependant** under this **scheme**) for reasonable investigations into the medical cause of infertility, if all the following apply:

- your **consultant** considers that there are symptoms and/or medical evidence to suggest that **you** and/or **your partner** are infertile, and
- if you are an **underwritten member**, neither **you** nor **your partner** had been aware of any such symptoms and/or medical problems before joining, and you have been a member of any **BUPA** scheme which included cover for this type of investigation (including under the **agreement**) for a continuous period of two years before receiving the **treatment**.

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

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

4.5 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 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.

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

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

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

4.6 Complications from excluded or restricted conditions/treatment

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

4.7 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.

4.8 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 **eligible treatment**
- receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a **hospital**
- receiving services from a **therapist**, or **complementary medicine practitioner** or **psychologist**.

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

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

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.

4.9 Cosmetic, reconstructive or weight loss treatment

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

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

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

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

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

We also do not pay for scar revision.

Exception: **We** pay for an **eligible 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**. **We** will only pay if this is part of the original **eligible treatment** resulting from the accident or surgery for **cancer** and you have obtained **our** written agreement before receiving the **treatment**.

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

4.10 Deafness

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

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

We do not pay for any dental or oral **treatment**.

We do not pay for the provision of dental implants or dentures, the repair or replacement of damaged teeth (including crowns, bridges, dentures, or any dental prosthesis made by a laboratory technician).

We do not pay for the management of, or any **treatment** related to, jaw shrinkage or loss as a result of dental extractions or gum disease.

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

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

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an unexpected accidental injury
- treat a jaw bone cyst, but not if it is related to a cyst or abscess on the tooth root or any other tooth or gum disease or damage
- surgically remove a complicated, buried or impacted tooth root, such as an impacted wisdom tooth, but not if the purpose is to facilitate dentures or the **acute condition** relates to a **pre-existing condition**.

4.12 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 **eligible treatment** 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.

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

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

Exception: **We** pay for out-patient drugs (such as cytotoxic drugs) for **eligible cancer treatment** as set out in benefit note 6a, in section 3.

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

4.14 Experimental drugs and treatment

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

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

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

4.15 Eyesight

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

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

4.16 HRT and bone densitometry

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

Exception: **We** may pay for bone densitometry recommended by your **consultant** to help determine or assess your condition as part of **eligible treatment**. However, **we** need full clinical details from your **consultant** before **we** can give **our** decision. If **we** agree to

pay for bone densitometry **we** only pay for an initial bone densitometry scan and for one follow-up scan if this is carried out:

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

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

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

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

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

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

Exception: **We** pay for **eligible treatment** for **intensive care** but only as set out in benefit note 4, in section 3.

4.18 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.

4.19 Physical aids and devices

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

Exception: **We** pay for **prostheses** and **appliances** as set out in benefit note 4, in section 3.

4.20 Pregnancy and childbirth

We do not pay for **treatment** for, or any condition arising from, pregnancy, childbirth or termination of pregnancy. This includes:

- pre-eclampsia (a condition in which elevated blood pressure, fluid retention and the presence of protein in urine occurs in late pregnancy)
- eclampsia (a seizure or coma during pregnancy)
- pregnancy induced hypertension (raised blood pressure during pregnancy)
- **treatment** of an embryo or foetus.

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

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

Exception 2: **We** may pay for **eligible treatment** for delivering a baby by caesarean section and if the mother is an **underwritten member** provided she has been a member under the **agreement** for continuous period of at least 12 months before the delivery. However, **we** need full clinical details from your **consultant** before **we** can give **our** decision.

Please also see 'Birth control, conception, sexual problems and sex changes' in this section.

4.21 Screening and preventive treatment

We do not pay for:

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

4.22 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).

4.23 Speech disorders

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

Exception: **We** may at **our** discretion pay for **eligible treatment** for short-term speech therapy which is part of **eligible in-patient treatment**. The speech therapy must take place during and/or immediately following the **eligible in-patient treatment** and be provided by a **therapist** who is a member of the Royal College of Speech and Language Therapists.

4.24 Temporary relief of symptoms

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

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

4.25 Unrecognised providers or facilities

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** where the **consultant**, medical practitioner, **therapist**, **complementary medicine practitioner**, **psychologist**, other health care professional, **network hospital** or treatment facility is not recognised by **BUPA** for providing either the type of **treatment** you need or for treating the medical condition you have.

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

BUPA does not recognise consultants, therapists, complementary medicine practitioners, psychologists or other health care professionals 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 **BUPA** does not recognise them as having specialised expertise and on-going experience in carrying out the type of **treatment** or procedure needed
- where **we** have sent a written notice to them saying that **we** no longer recognise them for the purposes of **our** schemes.

4.26 Overseas treatment and repatriation

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

4.27 Excluded treatment or medical conditions

We do not pay for:

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

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

4.28 Benefit limits

We do not pay any **treatment** costs in excess of the amounts for which you are covered under your **benefits**.

4.29 Pre-existing conditions

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

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

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

4.30 Special conditions

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

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

Please also see 'Covering your new-born baby' in rule 1.2 in section 1.

Optional cash benefits

Benefit note OC.1 General information

This benefit note OC.1 applies equally to benefit notes OC.2 to OC.5 and should be read together with those benefit notes

Important: **We** only pay the optional cash benefits for which you are covered under your **benefits**. **Your membership certificate** shows which optional cash benefits (if any) apply to your **benefits**.

We do not pay any optional cash benefit for any **dependant** under 16 years old. If any cash benefits are included in the cover under the **agreement** they will only apply to such a **dependant** at the **renewal date** following their 16 birthday and then only if the **sponsor** includes that optional cash benefit in their **benefits** (from that **renewal date**) as shown on **your membership certificate**.

Claims you make for cash benefits do not have your **excess** (if any) applied to them.

How to claim optional cash benefits

Step 1: Call the helpline to check your **benefits**. **We** will confirm your **benefits** and tell you whether you need to complete a claim form. If you need a claim form **we** will send you one.

Step 2: Send **us**

- your completed claim form if you need to complete one, or
- if you do not need a claim form, a covering letter giving your name, address and membership number (this is on **your membership certificate**)

together with

- for Family cash benefit, **your** child's birth or adoption certificate (**we** will accept a photocopy of the certificate)
- your original invoices and receipts for all other optional cash benefits.

We pay eligible claims by cheque to the **main member**.

See also section 2, 'Claiming'.

Benefit note OC.2 Optical cash benefit

We pay Optical cash benefit during your **optical benefit period** as set out in this benefit note OC.2.

We only pay Optical cash benefit if, at the time you incur the cost of the goods or services for which you are claiming, you are a member under the **agreement** and Optical cash benefit is covered under your **benefits**.

What is covered

We pay this cash benefit for the following goods and services when provided to or prescribed for you by an **optician**.

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

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

What we pay

We pay up to 100% of your eligible claims up to a total amount of £100 each **optical benefit period**. This is the overall amount **we** pay each **optical benefit period** for all such goods and services and not for each type of goods or services individually.

What is not covered

We do not pay for any optical goods or services not specified as being covered in this benefit note OC.2 including but not limited to:

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

Benefit note OC.3 Accidental dental injury cash benefit

We pay Accidental dental injury cash benefit as set out in this benefit note OC.3.

What is covered

We pay this cash benefit for **dental treatment** provided to you by a **dentist** or orthodontist and which you need as a result of an **accidental dental injury** that you suffer while you are a member of the **scheme**.

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

- within six months of the date on which you received the **accidental dental injury** for which your **dental treatment** is needed, and
- while you are member of the **scheme**.

What we pay

We pay 100% of your eligible claims for **dental treatment** up to a total amount of £900 each **year**. This is the overall amount **we** pay up to for all such **dental treatment** and not for each type of **dental treatment** individually.

What is not covered

We do not pay for any dental or oral surgical or medical services that are not specified as being covered in this benefit note OC.3 including but not limited to:

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

Benefit note OC.4 Prescription cash benefit

We pay Prescription cash benefit as set out in this benefit note OC.4.

What is covered

We pay Prescription cash benefit for prescription charges you incur for prescribed medicines and/or devices used to treat a medical condition and/or alleviate symptoms.

Eligible prescription charges include those for:

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

What we pay

We pay 100% of your eligible claims up to a total amount of £20 each **year**. This is the overall amount we pay up to for all prescription charges and not for each type of charge individually.

What is not covered

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

Benefit note OC.5 Family cash benefit

We pay Family cash benefit as set out in this benefit note OC.5. We pay this cash benefit for a **main member** only.

What we pay

We pay Family cash benefit on the birth or adoption of **your** child during the **year** if this takes place after at least 10 months' continuous membership under the **agreement**.

We pay a cash benefit of £200 for each child born or adopted during the **year**.

Glossary

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

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

Chronic condition a disease, illness or injury which has at least one of the following characteristics:

- 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.

Complementary medicine practitioner an acupuncturist, chiropractor, homoeopath or osteopath who at the time you receive your **treatment** is:

- under age 70 and recognised by **us** as a complementary medicine practitioner for the purpose of the **scheme**, and
- is recognised by **us** for providing the type of **treatment** you need.

You can contact **us** to find out if a practitioner is recognised by **us** as a complementary medicine practitioner and the type of complementary medicine **we** recognise them for.

Consultant a registered medical or dental practitioner who, at the time you receive your **treatment**:

- is under age 70, and
- is recognised by **BUPA** as a consultant and has received written confirmation from **us** of this, unless **we** recognised him or her as being a consultant before 30 June 1996, and
- is recognised by **us** for providing the type of **treatment** you need.

You can contact **us** to find out if a medical or dental practitioner is recognised by **us** as a consultant and the type of **treatment we** recognise them for.

Consultant fees schedule the schedule used by **BUPA** for the purpose of providing **benefits** which sets out the benefit limits for **consultants'** fees based on:

- the type of **treatment** carried out
- for **surgical operations** the type and complexity of the **surgical operation** according to the **schedule of procedures**. The benefits available for **consultant** surgeons and **consultant** anaesthetists may differ for the same **surgical operation**.
- the **BUPA** recognition status of the **consultant**, and
- where the **treatment** is carried out both in terms of the hospital or facility and the location.

The schedule may change from time to time. Details of the schedule are available on request.

Critical care unit any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in **our** list of critical care units and recognised by **us** for the type of **intensive care** that you require at the time you receive your **treatment**. The units on the list and the type of **intensive care** that **we** recognise each unit for may change from time to time. Details of these critical care units are available on request.

Day-patient 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.

Dental treatment dental or oral surgical or medical services (including **diagnostic tests**) which are needed to diagnose, relieve or cure an **accidental dental injury**.

Dentist any general dental practitioner who is registered with the General Dental Council at the time you receive your **dental treatment**.

Dependant **your partner** and any child of **yours** who, with the **sponsor's** approval, is a member under the **agreement** 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.
Eligible cancer treatment	<i>eligible treatment</i> of <i>cancer</i> .
Eligible day-patient treatment	<i>eligible treatment</i> carried out as <i>day-patient treatment</i> .
Eligible in-patient treatment	<i>eligible treatment</i> carried out as <i>in-patient treatment</i> .
Eligible out-patient treatment	<i>eligible treatment</i> carried out as <i>out-patient treatment</i> .
Eligible out-patient surgical operation	an <i>eligible surgical operation</i> carried out as <i>eligible out-patient treatment</i>
Eligible surgical operation	<i>eligible treatment</i> carried out as a <i>surgical operation</i> .
Eligible treatment	<p><i>treatment</i> of an <i>acute condition</i> together with the products and equipment used as part of the <i>treatment</i> that:</p> <ul style="list-style-type: none"> • are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the <i>UK</i> • 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 <i>consultant</i> or other health care professional <p>and the <i>treatment</i>, services or charges are not excluded under your <i>benefits</i>.</p>

Excess	the amount agreed between the <i>sponsor</i> and <i>us</i> under the <i>agreement</i> that you have to pay towards the cost of the <i>treatment</i> that you receive each <i>year</i> that would otherwise have been payable under your <i>benefits</i> .
Home	<ul style="list-style-type: none"> • the place where you normally live, or • any other establishment, including a non-healthcare setting, which <i>we</i> may decide to treat as a home for the purpose of your <i>benefits</i>.
Hospital	<p>any of the following at the time you receive your <i>treatment</i>:</p> <ul style="list-style-type: none"> • a <i>network hospital</i>, or • any other establishment which <i>we</i> may decide to treat as a hospital for the purpose of the <i>scheme</i>.
Hospital access	<p>the network of hospitals for which you are covered under the <i>agreement</i> as shown on <i>your membership certificate</i> being either:</p> <ul style="list-style-type: none"> • participating network, or • partnership network.
Imaging unit	any facility which is in <i>our</i> list of imaging units for carrying out either MRI and/or CT and/or PET scans and is listed as an imaging unit for the type of scan you need at the time you receive your <i>treatment</i> . The imaging units on the list and the type of scan <i>we</i> recognise them for may change from time to time. Details of these imaging units and the type of scans <i>we</i> recognise them for are available on request.
In-patient treatment	<i>treatment</i> which, for medical reasons, means you have to stay in hospital overnight or for longer.
Intensive care	<i>eligible treatment</i> for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Main member	the person who is covered under the <i>agreement</i> and named as the main member on the <i>membership certificate</i> .

Medical treatment provider a person or company who is recognised by **us** as a medical treatment provider for the type of **treatment at home** that you need at the time you receive your **treatment**. These medical treatment providers and the type of **treatment we** recognise them for may change from time to time. Details of these medical treatment providers and the type of **treatment we** recognise them for are available on request.

Membership certificate the most recent membership certificate that **we** issue to **you** for **your** current continuous period of membership under the **agreement**.

Network hospital

- if your **hospital access** is participating network at the time you receive your **treatment** a **participating network hospital**
- if your **hospital access** is partnership network at the time you receive your **treatment** a **partnership network hospital**.

Optician an ophthalmic optician or optometrist under age 70 who is registered with the General Optical Council.

Optical benefit period a period of two consecutive **years**, the entire period of which Optical cash benefit must have been covered under your **benefits**. Each optical benefit period shall not start until your last optical benefit period expires, this means that:

- your second optical benefit period will start on the second **renewal date** following either your **start date** or the **renewal date** on which your first optical benefit period began (as applicable)
- your third and any subsequent optical benefit periods will start on the second **renewal date** following the **renewal date** on which your immediately preceding optical benefit period began.

Out-patient 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 network hospital

- any hospital which is in **our** list of participating hospitals and is recognised by **us** for the type of **treatment** you need at the time you receive your **treatment**
- any other establishment which **we** may decide to treat as a participating hospital for the purpose of the **scheme**.

The hospitals on the list and the categories of accommodation and types of **treatment we** recognise them for may change from time to time. Details of these hospitals and the categories of accommodation and types of **treatment we** recognise them for are available on request.

Partner **your** husband or wife, or the person **you** live with in a relationship similar to that of a husband or wife, whether the same sex or not.

Partnership consultant a **consultant** who is recognised by **us** as a partnership consultant at the time you receive your **treatment**. You can contact **us** to find out if a **consultant** is a partnership consultant.

Partnership network hospital

- any hospital which is in **our** list of partnership network hospitals and is recognised by **us** for the type of **treatment** you need at the time you receive your **treatment**.
- for a child under 16 years old, any hospital that **we** agree in writing will be treated as a partnership network hospital in the case of **treatment** for that child which is not carried out in a hospital which is not in our list of partnership network hospitals
- any other establishment which **we** may decide to treat as a partnership network hospital for the purpose of the **scheme**.

The hospitals on the list and types of **treatment we** recognise them for may change from time to time. Details of these hospitals and types of **treatment we** recognise them for are available on request.

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 <p>whether the condition was diagnosed or not before your start date.</p>
Prosthesis	any prosthesis which is in our list of prostheses for your benefits at the time you receive your treatment . The prostheses on the list may change from time to time. Details of the prostheses are available on request.
Psychiatric condition	a mental or addictive condition, including alcoholism, drug addiction and eating disorders.
Psychiatric network hospital	<ul style="list-style-type: none"> • if your hospital access is participating network any hospital which is a registered mental nursing home and is in our list of participating network hospitals as a psychiatric network hospital at the time you receive your psychiatric treatment. • if your hospital access is partnership network any hospital which is a registered mental nursing home and is in our list of partnership network hospitals as a psychiatric network hospital at the time you receive your psychiatric treatment • any other hospital which is a registered mental nursing home which we may decide to treat as a psychiatric network hospital for the purpose of the scheme. <p>The hospitals may change from time to time. Details of these hospitals are available on request.</p>
Psychiatric treatment	eligible treatment of a psychiatric condition .

Psychologist	a practitioner who, at the time you receive your psychiatric treatment , is: <ul style="list-style-type: none"> • either a Chartered Psychologist registered with the British Psychological Society or any other practitioner, • under age 70, and • is recognised by us as a psychologist for the purpose of the scheme and for providing the type of treatment you need. <p>You can contact us to find out if a practitioner is recognised by us as a psychologist.</p>
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.
Rehabilitation centre	any rehabilitation centre which is in our list of rehabilitation centres at the time you receive your treatment . The rehabilitation centres may change from time to time. Details of these centres are available on request.
Renewal date	the date each year agreed between the sponsor and us on which the group cover is due for renewal.
Scale of cover	if your hospital access is participating network the scale which specifies your level of cover for network hospital accommodation under the agreement . Your scale of cover is shown on your membership certificate .
Schedule of procedures	the schedule used by BUPA for the purpose of providing benefits which classifies surgical operations according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under BUPA schemes. Further information on the schedule is available on request.
Scheme	the community-rated BUPA Select company group scheme subject to the terms and conditions of the agreement .

Special condition for **underwritten members** any exclusions or restrictions to cover that are personal to an individual based on the medical history given to **us** for that individual. If special conditions apply to a person's cover these are shown on the special condition section for that person in **your membership certificate**.

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. Details of these hospitals are available on request.

Sponsor the company, firm or individual with whom **we** have entered into an **agreement** to provide cover.

Start date the date you started your current continuous period of cover under the **agreement**.

Surgical operation a surgical procedure or complex investigative/diagnostic procedure including all medically necessary **treatment** related to the procedure and all consultations carried out from the time you are admitted to **hospital** until the time you are discharged, or if it is carried out as **out-patient treatment**, all medically necessary **treatment** related to the operation and any consultation on the same day which is integral to the operation.

Therapist a practitioner who, at the time you receive your **treatment**, is:

- a chartered or state registered physiotherapist, a state registered occupational therapist or orthoptist, a member of the Royal College of Speech and Language Therapists or any other practitioner,
- under age 70, and
- is recognised by us as a therapist for the purpose of the **scheme** and for providing the type of **treatment** you need.

You can contact **us** to find out if a practitioner is recognised by **us** as a therapist.

Treatment surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

Underwritten member a member who as part of his/her application for cover under the **agreement** was required to provide (or the **main member** provided on his/her behalf) details of his/her medical history to **us** for the purpose of underwriting.

United Kingdom/UK Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.

Year

- when you first become a member under the **agreement** this is the period beginning on your **start date** and ending on the day before the **renewal date**
- for continuing members this is the period beginning on the **renewal date** and ending on the day before the next **renewal date**.

You/your this means the **main member** only.

We/our/us **BUPA**.

Data Protection Notice

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

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

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

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

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

