Your Bupa guide

Bupa Select guide for the Adobe Systems Europe Limited Healthcare Trust

Effective from 1 April 2022

Essential information explaining your benefits under the trust
Please retain

About this guide

Welcome to the Bupa Select guide for the Adobe Systems Europe Limited Healthcare Trust

Please make sure that you keep this guide somewhere safe. You will need it when you come to claim.

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

How do I know what benefits are available under the trust?

The precise details of the benefits payable under the ***trust*** are listed on your ***benefit table***. Please read this guide together with your ***registration certificate*** as together they set out full details of how being a ***beneficiary*** works and the benefits available to you.

Bupa Anytime HealthLine^

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

Family Mental HealthLine^

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

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

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

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

How do I contact Bupa?

We are always on hand to help.

Bupa online account

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

Call

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

Webchat

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

If you have difficulties

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

Write

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

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

Contents at a glance

Your trust rules and benefits

Effective from 1 April 2022

This guide forms part of the ***trust rules*** of the Adobe Systems Europe Limited Healthcare Trust

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

The ***trust rules*** may be changed from time to time without notice.

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

How benefits are administered under the trust

The ***trust*** is funded by ***your*** employer, based on an estimate of the likely claims during the year. The ***trustee*** has the power to delegate the administration and payment of healthcare benefits under the ***trust*** and has currently done so to Bupa Insurance Services Limited (***Bupa***). This is different to an insurance arrangement as ***Bupa*** is not responsible for meeting the cost of claims – instead it is ***your*** employer's responsibility to fund the ***trust*** and ***Bupa*** can only pay ***benefits*** out of the monies that ***your*** employer has provided. Where you see '***we***', '***our***' or '***us***' in this guide it means the ***trustee*** or ***Bupa*** acting on their behalf.

In order for ***Bupa*** to administer and pay benefits on behalf of the ***trustees***, ***Bupa*** needs to process ***beneficiaries'*** special category information. Each ***beneficiary*** has a right to withdraw their permission for this processing, but if they do ***Bupa*** can no longer administer and pay benefits on behalf of the ***trustees*** for that ***beneficiary***. If ***you*** have any ***dependant beneficiaries you*** must make sure they are aware of the contents of this trust guide and the 'Privacy notice' at the end of this guide.

Important note

Please read this note before you read the rest of this guide as it explains how this guide and your ***registration certificate*** work together to show the ***benefits*** available to you under the ***trust***. Together these are your registration documents.

This guide, which contains your ***benefit table***, and your registration documents together set out the details of your ***benefits***. They should not be read as separate documents. This guide is divided into two parts: the section 'Your benefit table' and the general rules on benefits, including exclusions. Your ***benefit table*** sets out the details of the benefits that are specific to your ***scheme***. It is your ***registration certificate*** together with your ***benefit table*** which shows the benefits that are specific to your ***benefits*** and ***scheme***.

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

Always call the helpline if you are unsure of the benefits available to you under the ***trust***.

Your benefit table

This section contains the ***benefit table*** that applies to your ***scheme***. Call the helpline if you are unsure of your benefits.

Important: The Open Referral Service applies to your ***benefits***. This means that your ***benefits*** are subject to the provisions of the Open Referral Service as set out in this guide, and means that:

- you must ask for an 'open referral' from your ***GP*** (this is explained in the 'Claiming' section of your guide) and before you arrange or receive any ***treatment*** you must call ***us*** to pre-authorise it
- when you call ***us*** to pre-authorise, ***we*** will confirm whether your proposed ***treatment*** will be eligible under your ***benefits*** and, if so, provide you with a choice of ***consultants*** in ***our*** list of Open Referral Network ***consultants***, ***recognised practitioners*** and/or ***recognised facilities*** that are available to you under your ***benefits***.

The limits shown in your ***benefit table*** are subject to you using a ***consultant***, ***recognised practitioner*** and/or ***recognised facility*** from the choice ***we*** provide you with at pre-authorisation.

If you do not call ***us*** to obtain pre-authorisation for your ***treatment*** you will be responsible for paying for all such ***treatment*** if ***we*** would not have pre-authorised that ***treatment***.

Service	Guide section	Cover	Limits
Direct Access service	Benefits section – Notes on benefits	■ yes – for muscles, bones and joints ■ yes – for mental health ■ yes – for ***cancer*** symptoms	■ only for the types of ***treatment*** and medical conditions eligible under your ***benefits*** ■ for further details, and the age limits that apply, see **bupa.co.uk/direct-access** or call ***us***

Type of cover	Benefit note	Cover	Limits for each beneficiary (subject to benefit note(s))
Finding out what is wrong and being treated as an out-patient			
■ ***out-patient*** consultations ■ ***out-patient*** therapies ■ ***out-patient diagnostic tests***	1.1, 1.2, 1.4	yes	paid in full
out-patient complementary medicine	1.3	yes	paid in full

Type of cover	Benefit note	Cover	Limits for each beneficiary (subject to benefit note(s))
Finding out what is wrong and being treated as an out-patient (continued)			
out-patient MRI, CT and PET scans	1.5	yes	***recognised facility***: paid in full
diagnosis of ***gender dysphoria***	1.8	yes	paid up to and from within your available ***out-patient*** consultations limit above
Being treated in hospital			
consultants' fees for a ***consultant*** in ***our*** list of Open Referral Network ***consultants***	2	yes	▪ ***fee-assured consultants*** in a ***recognised facility***: paid in full ▪ ***consultants*** who are not ***fee-assured consultants*** in a ***recognised facility***: up to the limits of the ***consultant fees schedule***
facility access	3	***participating facility***	
parent accommodation	3.2.2	yes	aged 17 or under
facility charges for ***surgical operations*** carried out as ***out-patient treatment***	3	yes	***recognised facility***: paid in full
facility charges for ***day-patient treatment*** and ***in-patient treatment***	3	yes	***recognised facility***: paid in full
Cancer treatment			
cancer treatment	4		
▪ ***out-patient*** consultations with a ***consultant*** in ***our*** list of Open Referral Network ***consultants*** ▪ ***out-patient*** therapies ▪ ***out-patient diagnostic tests***	4.1.1, 4.1.2, 4.1.4	yes	paid in full
out-patient complementary medicine	4.1.3	yes	paid in full
out-patient cancer drugs	4.1.5	yes	***recognised facility***: paid in full
Mental health treatment			
mental health treatment	5	yes	up to a maximum of 45 days each ***year*** for ***mental health day-patient treatment*** and ***mental health in-patient treatment*** combined and not individually

Type of cover	Benefit note	Cover	Limits for each beneficiary (subject to benefit note(s))
Mental health treatment			
▪ ***consultant*** psychiatrists' fees for ***out-patient mental health treatment*** with a ***consultant*** in ***our*** list of Open Referral Network ***consultants*** ▪ ***mental health and wellbeing therapists'*** fees for ***out-patient mental health treatment*** ▪ ***out-patient diagnostic tests*** for ***out-patient mental health treatment*** in a ***recognised facility***	5, 5.1.1, 5, 5.1.2, 5, 5.1.3	yes	paid in full up to £2,500 combined limit each ***year***
consultant psychiatrists' fees for ***day-patient treatment*** and ***in-patient treatment*** with a ***consultant*** in ***our*** list of Open Referral Network ***consultants***	5, 5.2	yes	▪ ***fee-assured consultants*** in a ***recognised facility***: paid in full ▪ ***consultants*** who are not ***fee-assured consultants*** in a ***recognised facility***: up to the limits of the ***consultants' fees schedule*** up to the maximum number of days each ***year*** for ***mental health day-patient treatment*** and ***mental health in-patient treatment*** shown above
facility charges for ***mental health day-patient treatment*** and ***mental health in-patient treatment***	5, 5.2	yes	***recognised facility***: paid in full up to the maximum number of days each ***year*** for ***mental health day-patient treatment*** and ***mental health in-patient treatment*** shown above
Additional benefits			
treatment at ***home***	6	yes	▪ ***consultants'*** fees: paid on the same basis as ***consultants'*** fees in a ***recognised facility*** under benefit note 2 ▪ ***medical treatment providers'*** fees: paid in full
home nursing	7	yes	paid in full
private ambulance charges	8	yes	paid in full
Overseas emergency treatment			
out-patient treatment	9	yes	paid up to and from within your available limit(s) for benefit notes 1.1 to 1.4 as applicable
out-patient MRI, CT and PET scans	9	yes	up to £100 towards all the fees and charges
consultants' fees for ***out-patient surgical operations, day-patient*** and ***in-patient treatment***	9	yes	paid up to the limits of the ***consultant fees schedule***

Type of cover	Benefit note	Cover	Limits for each beneficiary (subject to benefit note(s))
Overseas emergency treatment (continued)			
overseas facility charges	9	yes	■ ***out-patient surgical operations*** up to £100 for each operation ■ ***day-patient treatment*** up to £200 each day ■ ***in-patient treatment*** up to £200 each night towards all the facility charges and not each charge individually
Repatriation and evacuation assistance			
your repatriation/evacuation	10	yes	paid in full
accompanying partner/relative	10	yes	up to £750
Assisted fertility treatment			
assisted fertility treatment	11	yes	up to £15,000 ***lifetime allowance*** for the ***main beneficiary*** and (where applicable) their ***partner*** combined
Cash benefits			
NHS cash benefit for ***NHS in-patient treatment***	CB1	yes	£150 each night up to a maximum of 35 nights each ***year***
NHS cash benefit for ***NHS in-patient treatment*** for ***cancer***	CB6.1	yes	£100 each night as set out in benefit note CB6.1
NHS cash benefit for ***NHS out-patient*** or ***day-patient treatment*** or ***NHS home treatment*** for ***cancer***	CB6.2	yes	£100 each day as set out in benefit note CB6.2
NHS cash benefit for oral drug ***treatment*** for ***cancer***	CB6.3	yes	£100 for each three-weekly interval as set out in benefit CB6.3
Cash benefit for wigs or hairpieces	CB6.4	yes	£100 as set out in benefit CB6.4
Cash benefit for mastectomy bras	CB6.5	yes	£200 as set out in benefit CB6.5
Procedure Specific NHS cash benefit	CB7	yes	■ the amount ***we*** pay depends on the type of ***treatment*** you receive ■ for more information call ***us*** or go to **bupa.co.uk/pscb**. The cash benefits available will change from time to time

Advanced therapies list

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

Excess

Who it applies to	Rule	Amount
each ***beneficiary***	E	£100

The ***excess*** amount applies to each ***beneficiary*** individually. The ***excess*** applies each ***year*** to ***treatment*** costs for ***eligible treatment***.

How being a beneficiary works

The documents that set out your benefits

The following documents set out the details of the ***benefits*** available to you as a ***beneficiary***. These documents must be read together as a whole, they should not be read as separate documents.

- **This Guide:** this includes:
  - your ***benefit table***, which explains the ***benefits*** which are specific to your ***scheme*** including the limits that apply, and
  - the general rules on benefits (including exclusions) which may include ***benefits*** that are available to other ***beneficiaries*** under the ***trust***.
- **Your *registration certificate***: this shows ***your*** current beneficiary details including details of your ***excess***.

Payment of benefits

We only pay for ***treatment*** that you receive while you are a ***beneficiary*** under the ***trust*** and ***we*** only pay in accordance with the ***benefits*** that apply to you on the date the ***treatment*** takes place. ***We*** do not pay for any ***treatment***, including ***treatment we*** have pre-authorised, that takes place on or after the date you stop being a ***beneficiary*** under the ***trust***.

Benefits are only payable under the ***trust*** if ***we*** have sufficient funds to meet the costs of the claim, taking into account the cost of ***treatment*** that ***we*** have already approved. Should there be insufficient funds, ***we*** will ask ***your*** employer to top-up the trust fund, although they are not obliged to do so.

When you receive private medical ***treatment*** you have a contract with the providers of your ***treatment***. You are responsible for the costs you incur in having private ***treatment***. However, if your ***treatment*** is ***eligible treatment we*** pay the costs for which you are eligible under your ***benefits***. Any costs, including ***eligible treatment*** costs, that are not eligible under your ***benefits*** are your sole responsibility. The provider might, for example, be a ***consultant***, a ***recognised facility*** or both. Sometimes one provider may have arrangements with other providers involved in your care and, therefore, be entitled to receive all the costs associated with your ***treatment***. For example, a ***recognised facility*** may charge for ***recognised facility*** charges, ***consultants'*** fees and ***diagnostic tests*** all together.

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

For ***treatment*** costs payable under your ***benefits we*** will, in most cases, pay the provider of your ***treatment*** direct – such as the treatment facility or ***consultant*** – or whichever other person or facility is entitled to receive the payment. Otherwise ***we*** will pay the ***main beneficiary***. ***We*** will write to tell the ***main beneficiary*** or ***dependant*** having ***treatment*** (when aged 16 and over) when there is an amount for them to pay in relation to any claim (for example if they have an ***excess*** amount to pay) and who payment should be made to.

Please also see the section 'Claiming'.

General information

Change of address

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

Child dependants

A child ***dependant*** will no longer be eligible to be a ***beneficiary*** under the ***trust*** on and from the first ***renewal date*** either after they reach age 24 or after their marriage, whichever happens first.

Correspondence and documents

All beneficiary documents are sent to the ***main beneficiary***.

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

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

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

Making a complaint

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

Ways to get in touch

- Call us: using your ***Bupa*** helpline phone number, which can be found on your ***registration certificate***. If you can't find your ***Bupa*** health trust helpline phone number, you can contact Customer Relations on **0345 606 6739**[‡]
- Chat to us online: **bupa.co.uk/complaints**
- Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**
- Email us: **customerrelations@bupa.com**

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

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

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

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

What happens with my complaint?

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

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

The role of your trustees

Our role is to provide a service for the trust to authorise treatment and assess claims within the agreed terms and conditions. As ***we*** act as an administrator and not as an insurer, ***we*** can't refer beneficiaries of a health trust scheme to the Financial Ombudsman Service for help with their complaints. It's very rare that ***we*** can't settle a complaint but if this does happen you may refer your complaint to the trustees of your scheme.

Applicable law

The ***trust rules*** are governed by English law.

Private Healthcare Information Network

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

Claiming

Step-by-step guide to making a claim

Being referred for treatment

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

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

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

If it is available to you, it applies only to certain medical conditions and has two parts to it:

- first you can call ***us*** directly for a referral to a ***consultant***, ***therapist*** or ***mental health and wellbeing therapist*** usually without consulting a ***GP***, and
- secondly, if you already have a ***GP*** referral, you may also be offered the option to speak to a ***therapist***, practitioner or other clinician who specialises in your condition to explore all of your ***treatment*** options.

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

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

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

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

You must:

- obtain an open referral from a ***GP*** to ensure that your ***treatment*** is eligible, and to avoid having to return to a ***GP*** to get an open referral; then
- call ***us*** to pre-authorise any claim before arranging or receiving any ***treatment***. When you call ***we*** will:
  - help you find a ***fee-assured consultant*** in the list of Open Referral Network ***consultants*** that applies to your ***benefits***
  - help you find a ***recognised practitioner*** within your local area
  - confirm the ***benefits*** available to you.

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

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

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

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

Step 3 Contact us

You can call the number on your ***registration certificate*** and ***we*** will talk you through your options. Alternatively, you can contact ***us*** via ***our*** webchat service or complete the online request for treatment form. ***We*** will explain which nearby ***consultants***, facilities and healthcare professionals are available under your ***benefits*** and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to ***us***.

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

Claims checklist

What you will need to make a claim – to help ***us*** to make the claims process as simple and swift as possible, please have the following information close to hand when you contact ***us*** to make a claim:

- your ***Bupa*** registration number
- details of the condition you are suffering from
- details of the ***treatment*** that has been recommended.

A Information on claiming

A1 Claims other than Cash benefits

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

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

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

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

Case management

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

A2 Claims for Cash benefits

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

Call the helpline to check whether your ***treatment*** will be eligible for cash benefit. ***We*** will confirm your ***benefits*** and, if required, send you a claim form which you will need to take with you to the hospital and ask them to complete the hospital sections. You will need to return your fully completed form to ***us*** as soon as possible.

A3 Claims for repatriation and evacuation assistance

You **must** contact ***us*** before any arrangements are made for your repatriation or evacuation. When you contact ***us we*** will check your benefits and explain the process for arranging repatriation or evacuation and making a claim. From inside or outside the ***UK*** please contact ***us*** using your dedicated helpline. When your helpline is closed call ***us*** on: **+44 (0)131 588 0542**. Lines open 24 hours 365 days a year. ***We*** may record or monitor ***our*** calls.

A4 Treatment needed because of someone else's fault

When you claim for ***treatment*** you need because of an injury or medical condition that was caused by or was the fault of someone else (a 'third party'), it is your responsibility to notify ***us*** as soon as reasonably possible and ensure ***our*** interests are protected in any legal action required so that ***we*** are able to recover any costs that ***we*** have paid for your ***treatment***. This includes:

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

A5 Insurance cover

If you have insurance cover for the cost of the ***treatment*** or services that you are claiming from ***us*** you must provide ***us*** with full details of that insurance policy as soon as possible. You must do this either by writing to ***us*** or by completing the appropriate section on your claim form. In which case ***we*** may require you to make a claim against the insurer for any amounts ***we*** have paid under the ***trust*** and repay the amounts to ***us***.

B How we will deal with your claim

B1 General information

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

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

Please note: If you stop being a ***beneficiary*** for any reason ***we*** will not pay for any ***treatment*** that takes place on or after the date you stop being a ***beneficiary*** – even if ***we*** have pre-authorised the ***treatment***.

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

We do not have to pay a claim if you break any of the ***trust rules*** which are related to the claim.

We may not pay a claim in full or part if there is reasonable evidence that you did not take reasonable care in answering ***our*** questions.

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

[§]We may record or monitor our calls.

B2 Providing us with information

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

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

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

Medical reports – when we need more information from your doctor

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

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

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

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

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

Bupa may contribute to the cost of any medical report that ***Bupa*** has requested on ***your*** behalf. ***We*** will confirm whether you are eligible for a contribution on the telephone. If ***Bupa*** does contribute, you will be responsible for any amount above this.

C How we pay your claim

Claims other than Cash benefits: for ***treatment*** costs payable under your ***benefits we*** will, in most cases, pay the provider of your ***treatment*** direct – such as the ***recognised facility*** or ***consultant*** – or whichever other person or facility is entitled to receive the payment. Otherwise ***we*** will pay the ***main beneficiary***. ***We*** will write to tell the ***main beneficiary*** or ***dependant*** having ***treatment*** (when aged 16 and over) when there is an amount for them to pay in relation to any claim (for example if they have an ***excess*** amount to pay) and who payment should be made to (for example their ***consultant*** or treatment facility).

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

Claims for overseas emergency treatment under benefit 9: ***we*** only pay eligible claims in £sterling. When ***we*** have to make a conversion from a foreign currency to £sterling ***we*** will use the exchange rate on **Oanda.com** on the date you paid for your ***treatment***.

D 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***.

E Your excess

An ***excess*** applies to your ***benefits***. Your ***benefit table*** shows:

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

Some further details of how an ***excess*** works are set out below and should be read together with your ***benefit table***.

If you are unsure:

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

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

E1 How an excess works

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

Your ***excess*** applies each ***year***, it starts at the beginning of each ***year*** even if your ***treatment*** is ongoing. So, your ***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 beneficiary*** or ***dependant*** having ***treatment*** (when aged 16 and over) to tell them who to pay their ***excess*** to, for example, their ***consultant***, ***therapist*** or treatment facility. The ***excess*** must be paid direct to them – not to ***Bupa***.

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

E2 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***
- the ***excess*** does not apply to cash benefits.

Excess example

The following is an example only.

Example of how an annual fixed *excess* works: this is an example only and assumes that all costs are ***eligible treatment*** costs and:

- an ***excess*** of £50 a ***year***
- an ***out-patient*** benefit limit of £500 a ***year***.

Example	Excess
Out-patient benefit limit for the ***year***	£500
You incur costs for ***out-patient*** physiotherapy	£250
We pay your ***therapist***	£200
We notify you of ***excess*** amount you pay direct to your ***therapist***	£50
Your remaining ***out-patient*** benefit limit for the rest of the ***year***	£250
Your remaining ***excess*** for the rest of the ***year***	£0

Benefits

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

Notes on benefits

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

Restrictions and/or limitations to benefits

The benefits available to you may be limited or restricted through one or more of the following:

- **Benefit limits:** these are limits on the amounts ***we*** will pay and/or restrictions on what is payable under your ***benefits***. Your ***benefit table*** shows the benefit limits and/or restrictions that apply to your ***benefits***
- ***Excess***: these are explained in rule E in the section 'Claiming'. Your benefit limits shown on your ***benefit table*** will be subject to your ***excess***
- The Open Referral service applies to your ***benefits***, you must be referred for ***treatment*** either:
  - by the Direct Access service (if you have ***benefits*** available for it), or
  - by obtaining an open referral from a ***GP***. You should then call ***us*** to pre-authorise your ***treatment*** and ***we*** will help you find:
    - a ***fee-assured consultant*** in the list of Open Referral Network ***consultants*** that applies to your ***benefits***, or
    - a ***recognised practitioner*** in your local area.

  Failure to obtain pre-authorisation from ***us*** for your ***treatment*** means that you will be responsible for paying for all such ***treatment*** if ***we*** would not have pre-authorised it. The Open Referral service does not apply to referral for a child. For full details of the Open Referral service please see 'Step-by-step guide to making a claim' in the 'Claiming' section of this guide for trusts
- Exclusions that apply to your ***benefits***: the general exclusions are set out in the section 'What is not payable'.

Being referred for treatment

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

- the Direct Access service, if it is available under your ***benefits***. For details about the Direct Access service and how it works see the section 'Direct Access service'
- a ***GP*** (including via a digital ***GP*** service),
- another healthcare practitioner. The situations in which ***we*** will accept such a referral are set out on **bupa.co.uk/referrals**

Direct Access service

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

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

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

Please note:

- **if benefit limits apply to your *benefits* for *out-patient* consultations and therapies** and you have used all the ***out-patient benefits*** available to you for the ***year*** you can still use the Direct Access service but any ***out-patient*** consultations or therapies you are referred for would not be eligible for ***benefits***.

The charge for any telephone assessments required as part of the Direct Access service will not:

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

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

Trust recognised medical practitioners and recognised facilities

Your ***benefits*** for ***eligible treatment*** costs depend on you using certain ***trust*** recognised medical and other health practitioners and ***recognised facilities***.

Please note:

- the medical practitioners, other healthcare professionals and ***recognised facilities*** you use can affect the level of ***benefits*** payable to you
- certain medical practitioners, other healthcare professionals and ***recognised facilities*** that are ***trust*** recognised may only be recognised for certain types of ***treatment*** or treating certain medical conditions or certain levels of benefits
- the medical practitioners, other healthcare professionals and ***recognised facilities*** that are ***trust*** recognised and the type of medical condition and/or type of ***treatment*** and/or level of benefit that the ***trust*** recognise them for will change from time to time.

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

- the person who has overall responsibility for your ***treatment*** is a ***consultant*** in the list of Open Referral Network ***consultants*** that applies to your ***benefits***. If the person who has overall responsibility for your ***treatment*** is not in the list of Open Referral Network ***consultants*** that applies to your ***benefits*** then none of your ***treatment*** costs are eligible – the only exception to this is where a ***GP*** or the Direct Access service refers you for ***out-patient treatment*** by a ***therapist***, ***complementary medicine practitioner*** or ***mental health and wellbeing therapist***

- the medical practitioner or other healthcare professional and the ***recognised facility*** are recognised by the ***trust*** for treating the medical condition you have and for providing the type of ***treatment*** you need.

Changes to lists

Where ***we*** refer to a list that ***we*** can change, which has been adopted by the ***trust*** for the purpose of the ***trust rules***, it will be for one or more of the following reasons:

- where ***we*** are required to by any industry code, law or regulation
- where a contract ends or is amended by a third party for any reason
- where ***we*** elect to terminate or amend a contract, for example because of quality concerns or changes in the provision of facilities and/or specialist services
- where the geographic balance of the service ***we*** provide is to be maintained
- where effectiveness and/or costs are no longer in line with similar treatments or services, or accepted standards of medical practice, or
- where a new service, treatment or facility is available.

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

- ***advanced therapies***
- ***appliances***
- ***consultant fees schedule***
- ***critical care units***
- ***fee-assured consultants***
- ***medical treatment providers***
- ***prostheses***
- ***recognised facilities***
- ***recognised practitioners***
- ***schedule of procedures***
- ***specialist drugs***
- ***Bupa's*** list of Open Referral Network ***consultants*** which list the ***trust*** has adopted for the purpose of the ***trust rules***.

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

Reasonable and customary charges

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

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

What benefits are payable

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

Benefit 1 Out-patient consultations and treatment

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

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

benefit 1.1 out-patient consultations

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

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

We pay for remote consultations by telephone or via any other remote medium with a ***consultant*** if the ***consultant*** is, at the time of your ***treatment***, recognised by ***Bupa*** to carry out remote consultations and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***. You can contact ***us*** to find out if a ***consultant*** is recognised for remote consultations or you can access the details at **finder.bupa.co.uk**

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

Out-patient therapies

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

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

We pay for remote consultations by telephone or via any other remote medium with a ***therapist*** if they are, at the time of your ***treatment***, recognised by ***Bupa*** to carry out remote consultations and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***. You can contact ***us*** to find out if a ***therapist*** is recognised for remote consultations or you can access the details at **finder.bupa.co.uk**

Charges related to out-patient treatment

We pay provider charges for ***out-patient treatment*** which is related to and is an integral part of your ***out-patient treatment***, including ***recognised facility*** charges for a ***prosthesis*** or ***appliance*** needed as part of that ***out-patient treatment***. ***We*** treat these charges as falling under this benefit 1.2 and subject to its benefit limit.

benefit 1.3 out-patient complementary medicine treatment

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

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

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

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

benefit 1.4 out-patient diagnostic tests

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

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

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

benefit 1.5 out-patient MRI, CT and PET scans

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

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

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

benefit 1.6 and benefit 1.7 Does not apply to your cover

benefit 1.8 diagnosis of gender dysphoria

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

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

These consultations are payable under benefit 1.1 and 5.1 ***out-patient*** consultations and subject to any benefit limit that applies to these ***benefits***.

Being treated in hospital

Benefit 2 Consultants' fees for surgical and medical hospital treatment

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

benefit 2.1 surgeons and anaesthetists

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

benefit 2.2 physicians

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

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

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

Benefit 3 Recognised facility charges

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

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

benefit 3.1 out-patient surgical operations

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

benefit 3.2 day-patient and in-patient treatment

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

If there are clear clinical reasons why your proposed ***day-patient treatment*** or ***in-patient treatment*** cannot take place in a ***recognised facility***, and ***we*** receive full clinical details from your ***consultant*** before the ***treatment*** is received explaining why this is the case, ***we*** will pay reasonable and customary charges for your ***treatment*** to be carried out in a treatment facility that is not a ***recognised facility***.

In which case, ***we*** pay benefits for the ***treatment*** as if the treatment facility had been a ***recognised facility***. When you contact ***us we*** will check your benefits and help you to find a suitable alternative treatment facility that is recognised under the ***trust***.

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

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

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

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

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

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

benefit 3.2.3 theatre charges, nursing care, drugs and surgical dressings
We pay for use of the operating theatre and for nursing care, ***common drugs***, ***advanced therapies***, ***specialist drugs*** and surgical dressings when needed as an essential part of your ***day-patient treatment*** or ***in-patient treatment***.

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

For information on drugs and dressings for out-patient or take-home use, please also see the exclusion 'Drugs and dressings for out-patient or take-home use and complementary and alternative products' in the section 'What is not payable'.

benefit 3.2.4 intensive care
We pay for ***intensive care*** when needed as an essential part of your ***eligible treatment*** if all the following conditions are met:

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

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

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

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

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

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

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

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

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

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

benefit 3.2.5 diagnostic tests and MRI, CT and PET scans

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

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

benefit 3.2.6 therapies

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

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

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

Benefits for specific medical conditions

Benefit 4 Cancer treatment

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

This benefit 4.1 explains what ***we*** pay for:
- ***out-patient treatment*** for ***cancer***
- ***out-patient common drugs***, ***advanced therapies*** and ***specialist drugs*** for ***eligible treatment*** for ***cancer***.

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

benefit 4.1.1 out-patient consultations for cancer
We pay ***consultants'*** fees for consultations that are to assess your ***acute condition*** of ***cancer*** when carried out as ***out-patient treatment*** and you are referred for the ***out-patient*** consultation by:
- the Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

We pay for remote consultations by telephone or via any other remote medium with a ***consultant*** if the ***consultant*** is, at the time of your ***treatment***, recognised by ***Bupa*** to carry out remote consultations and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***. You can contact ***us*** to find out if a ***consultant*** is recognised for remote consultations or you can access the details at **finder.bupa.co.uk**

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

Out-patient therapies
We pay ***therapists'*** fees for ***out-patient treatment*** for ***cancer*** when you are referred for the ***treatment*** by:
- the Direct Access service
- a ***GP*** (including via a digital ***GP*** service) or ***consultant***, or
- another healthcare practitioner as explained in 'Being referred for treatment', in the 'Notes on benefits' section.

We pay for remote consultations by telephone or via any other remote medium with a ***therapist*** if they are, at the time of your ***treatment***, recognised by ***Bupa*** to carry out remote consultations and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***. You can contact ***us*** to find out if a ***therapist*** is recognised for remote consultations or you can access the details at **finder.bupa.co.uk**

Other out-patient charges
We pay provider charges for ***out-patient treatment*** when the ***treatment*** is related to and is an integral part of your ***out-patient treatment*** or ***out-patient*** consultation for ***cancer***. ***We*** also pay charges for clinical reviews ***we*** may request to establish the eligibility of ***treatment***.

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

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

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

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

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

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

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

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

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

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

Benefit 5 Mental health treatment

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

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

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

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

benefit 5.1 out-patient mental health treatment

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

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

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

Remote consultations by telephone or via any other remote medium with a ***consultant*** psychiatrist are only eligible if the ***consultant*** is, at the time of your ***treatment***, recognised by ***Bupa*** to carry out remote consultations and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***. You can contact ***us*** to find out if a ***consultant*** psychiatrist is recognised for remote consultations or you can access the details at **finder.bupa.co.uk**

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

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

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

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

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

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

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

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

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

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

Consultants' fees

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

Recognised facility charges

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

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

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

- Exclusion 1: Ageing, menopause and puberty
- Exclusion 2: Accident and emergency treatment
- Exclusion 3: Allergies, allergic disorders or food intolerances
- Exclusion 5: Birth control, conception and sexual problems
- Exclusion 6: Chronic conditions
- Exclusion 10: Cosmetic, reconstructive or weight loss treatment
- Exclusion 11: Deafness
- Exclusion 13: Dialysis
- Exclusion 17: Eyesight
- Exclusion 20: Learning difficulties, behavioural and developmental problems
- Exclusion 24: Pregnancy and childbirth
- Exclusion 25: Screening, monitoring and preventive treatment
- Exclusion 26: Sleep problems and disorders
- Exclusion 28: Speech disorders
- Exclusion 29: Gender dysphoria or gender reassignment.

Additional benefits

Benefit 6 Treatment at home

This benefit applies when you receive ***eligible treatment*** at ***home*** where this would otherwise require ***in-patient treatment*** or ***day-patient treatment*** or ***chemotherapy*** as an ***out-patient***. ***We*** will only consider ***treatment*** at ***home*** if all the following apply:

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

- if you did not have the ***treatment*** at ***home*** then, for medical reasons, you would need to receive ***in-patient treatment*** or ***day-patient treatment*** or ***chemotherapy*** as an ***out-patient*** and
- the ***treatment*** is provided to you by a ***medical treatment provider***.

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

We do not pay for any fees or charges for treatment at ***home*** that has not been provided to you by the ***medical treatment provider***. ***We*** pay ***benefits*** on the same basis as set out in benefits 2 and 3. This benefit does not apply to ***out-patient treatment*** which takes place at ***home*** as explained in benefit 1.

Benefit 7 Home nursing after private eligible in-patient treatment

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

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

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

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

Benefit 8 Private ambulance charges

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

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

Benefit 9 Overseas emergency treatment

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

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

- you travelled abroad despite being given medical advice not to travel abroad
- you were told before travelling that you were suffering from a terminal illness
- you travelled abroad to receive ***treatment***

- you knew you would need the ***treatment*** or thought you might
- the ***treatment*** is the type of ***treatment*** that is normally provided by ***GPs*** in the ***UK***
- the ***treatment***, services and/or charges are excluded under your ***benefits***.

We do not pay for:

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

What we pay for

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

Please note: you will need to settle all accounts direct with the medical providers in the country of ***treatment*** and, on return to the ***UK***, submit the itemised and dated receipted invoices to ***us*** for assessment.

Important: for the purpose of this benefit 9:

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

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

Please also see the exclusion 'Overseas treatment' in the section 'What is not payable'.

Benefit 10 Repatriation and evacuation assistance

We only pay repatriation and evacuation assistance benefit where it is confirmed in advance and the following apply:

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

We will not pay repatriation or evacuation assistance benefit if any of the following apply:

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

What we pay for

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

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

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

benefit 10.1 your repatriation/evacuation

We pay for either:

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

benefit 10.2 accompanying partner/relative

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

benefit 10.3 in the event of death

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

To make a claim for repatriation and evacuation assistance

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

From inside or outside the ***UK*** please contact ***us*** using your dedicated helpline. When your helpline is closed call ***us*** on: **+44 (0)131 588 0542**. Lines open 24 hours 365 days a year. ***We*** may record or monitor ***our*** calls.

Benefit 11 Assisted fertility treatment

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

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

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

We only pay ***benefits*** for ***treatment you*** and (where applicable) ***your partner*** receive, while ***you*** and (where applicable) ***your partner*** are a ***beneficiary*** under the ***trust***.

We do not pay for:

- any ***treatment*** for ***infertility*** or ***assisted fertility treatment*** that is not at a ***recognised assisted fertility treatment facility***,

- any ***diagnostic tests*** for ***infertility*** or ***assisted fertility treatment*** if ***you*** or (where applicable) ***your partner*** are under 18 years old at the time of the tests or ***treatment***,
- any ***treatment*** for ***infertility*** or ***assisted fertility treatment*** for anyone who is not the ***main beneficiary*** or their ***partner***,
- any ***diagnostic tests*** for ***infertility*** if ***you*** or (where applicable) ***your partner*** do not meet the definition of ***infertility***,
- any ***treatment*** for any individual who is not a ***beneficiary*** under the ***trust***, including surrogacy,
- anything which is excluded under exclusion 24 'Pregnancy and childbirth',
- egg freezing, gamete storage or cryopreservation unless required to avoid ***infertility*** as a result of ***cancer treatment***,
- any ***assisted fertility treatment*** caused by a ***voluntary sterilisation***, or
- any ***assisted fertility treatment*** if there is no benefit, or insufficient benefit remaining in ***your*** and (where applicable) ***your partner's lifetime allowance***.

Cash benefits

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

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

We pay NHS cash benefit for each night you receive ***in-patient treatment*** provided to you free under the ***NHS***. ***We*** only pay NHS cash benefit if your ***treatment*** would otherwise have been eligible for private ***in-patient treatment*** under your ***benefits***. ***We*** do not pay this NHS cash benefit when your admission and discharge occur on the same date.

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

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

Benefits CB2 - CB5 do not apply to your cover

Benefit CB6 Cash benefit for treatment for cancer

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

Except for NHS cash benefit for oral drug ***treatment*** for ***cancer*** as set out in benefit CB6.3, this benefit CB6.1 is not payable at the same time as any other NHS cash benefit for ***NHS in-patient treatment***.

We pay NHS cash benefit for each night you receive ***NHS in-patient treatment*** for ***cancer*** when it includes one of the following:

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

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

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

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

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

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

We pay this NHS cash benefit for:

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

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

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

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

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

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

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

benefit CB6.4 Cash benefit for wigs or hairpieces

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

benefit CB6.5 Cash benefit for mastectomy bras

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

Benefit CB7 Procedure Specific NHS cash benefit

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

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

What is not payable

This section explains the ***treatment***, services and charges that are not eligible for 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. In the exceptions where, as an example, ***we*** refer to specific treatments or medical conditions these are examples only and not evidence that it is eligible under your ***benefits***.

This section does not contain all the limits and exclusions to benefits. For example the benefits set out in the section 'Benefits' also describe some limitations and restrictions for particular types of ***treatment***, services and charges. There may also be some exclusions on your ***benefit table*** and your ***registration certificate***.

Exclusion 1 Ageing, menopause and puberty

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

Exclusion 2 Accident and emergency treatment

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

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

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

Exclusion 3 Allergies, allergic disorders or food intolerances

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

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

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

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

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

Exclusion 5 Birth control, conception and sexual problems

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

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

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

Please also see 'Pregnancy and childbirth' in this section and Benefit 11 'Assisted fertility treatment' in the section 'Benefits'.

Exclusion 6 Chronic conditions

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

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

Exception: ***We*** pay for ***eligible treatment*** arising out of a ***chronic condition*** or for ***treatment*** of unexpected 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. ***We*** do not pay for ***treatment*** required due to the expected deterioration or flare up of a ***chronic condition***. This includes conditions which have a relapsing-remitting nature and require management of recurrent flare-ups, for example, inflammatory bowel disease. In such cases, the flare-ups are an expected part of the normal course of the illness and therefore ***we*** do not consider them as acute complications of the disease.

Please note: in some cases it might not be clear, at the time of ***treatment***, that the disease, illness or injury being treated is a ***chronic condition***. ***We*** are not obliged to pay the ongoing costs of continuing, or similar, ***treatment***. This is the case even where ***we*** have previously paid for this type of or similar ***treatment***. When you are receiving ***in-patient treatment***, in making ***our*** decision on whether your condition is, or has become, a ***chronic condition***, ***we*** will consider the period of days during which there has been no change in your clinical condition or change in your ***treatment***.

We do not consider ***cancer*** as a ***chronic condition***. ***We*** explain what ***we*** pay for ***eligible treatment*** of ***cancer*** in Benefit 4 Cancer treatment in the 'Benefits' section of this guide.

We do not consider a ***mental health condition*** as a ***chronic condition***. ***We*** explain what ***we*** pay for ***eligible treatment*** of ***mental health conditions*** in Benefit 5 Mental health treatment in the 'Benefits' section of this guide.

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

Exclusion 7 Complications from excluded conditions, treatment and experimental treatment

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

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

Exclusion 8 Contamination, wars, riots and terrorist acts

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

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

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

Exclusion 9 Convalescence, rehabilitation and general nursing care

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

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

This does not apply to addiction ***treatment*** programmes if they are eligible under Benefit 5 Mental health treatment.

Exclusion 10 Cosmetic, reconstructive or weight loss treatment

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

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

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

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

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

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

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

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

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

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

- by an accident, or
- as a direct result of surgery for ***cancer***.

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

We only pay if all the following apply:

- the accident or the ***cancer*** surgery takes place during your current continuous period of being a ***beneficiary*** and/or a beneficiary of a trust administered by ***Bupa*** and/or a member of a ***Bupa UK*** medical insurance scheme eligible to receive benefits for this type of ***treatment*** provided there has been no break in your being such a beneficiary and/or member as applicable, and
- this is part of the original ***eligible treatment*** resulting from the accident or ***cancer*** surgery.

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

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

Exclusion 11 Deafness

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

Exclusion 12 Dental/oral treatment

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

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

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

- treat a jaw bone cyst, but not if it is related to a cyst or abscess on the tooth root or any other tooth or gum disease or damage
- surgically remove a complicated, buried or impacted tooth root, which is causing infection or pain such as an impacted wisdom tooth, but not if the purpose is to facilitate dentures.

Exclusion 13 Dialysis

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

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

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

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

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

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

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

Exception 1: ***We*** pay for ***out-patient common drugs***, ***advanced therapies*** and ***specialist drugs*** for ***eligible treatment*** of ***cancer*** but only as set out in benefit 4 in the section 'Benefits'.

Exception 2: ***We*** pay for ***out-patient common drugs*** or ***specialist drugs*** that are integral to ***assisted fertility treatment***.

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

Exclusion 15 Excluded treatment or medical conditions

We do not pay for:

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

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

Exclusion 16 Experimental drugs and treatment

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

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

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

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

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

Exclusion 17 Eyesight

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

We do not pay for laser-assisted cataract surgery.

Exception 1: ***We*** pay for ***eligible treatment*** for your eyesight if it is needed as a result of an injury or an ***acute condition***, such as a detached retina.

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

Exclusion 18 Pandemic or epidemic disease

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

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

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

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

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

Exclusion 20 Learning difficulties, behavioural and developmental problems

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

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

Exclusion 21 Overseas treatment

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

Exception 1: ***We*** pay for Eligible Treatment needed as a result of a sudden illness or injury when you are travelling outside the ***UK*** but only as set out in Benefit 9, in the section 'Benefits'.

Exception 2: If the ***treatment*** you need is not available in the ***UK*** and would have been ***eligible treatment*** except for it not being available in the ***UK***, ***we*** will pay you a contribution up to the cost that ***we*** would have paid to you to have the standard alternative ***treatment*** available in the ***UK***.

Before the ***treatment*** starts you must have ***our*** written confirmation that the above criteria have been met and ***we*** need full clinical details from your ***consultant***, including confirmation that the ***treatment*** is not available in the ***UK***, before ***we*** can determine this.

You will need to settle the claim direct to the medical provider or treatment facility yourself and submit your receipts to ***us*** before ***we*** reimburse you up to the level of the alternative ***treatment*** available in the ***UK***.

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

Exclusion 22 Physical aids and devices

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

Exception: ***We*** pay for ***prostheses*** and ***appliances*** as set out in Benefits 1 and 3, in the section 'Benefits'.

Exclusion 23 This exclusion does not apply to your cover

Exclusion 24 Pregnancy and childbirth

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

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

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

- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth
- 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*** pay for ***eligible treatment*** of an ***acute condition*** of the ***beneficiary*** (mother) that relates to pregnancy or childbirth but only if all the following apply:

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

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

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

Exclusion 25 Screening, monitoring and preventive treatment

We do not pay for:

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

Exception 1: If you are being treated for ***cancer*** and have strong direct family history of ***cancer we*** pay for you to receive a genetically-based test to evaluate future risk of developing further cancers, if recommended by your ***consultant***. If the test shows you are at high risk of developing further cancers ***we*** pay for prophylactic surgery, if recommended by your ***consultant***.

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

Exception 2: ***We*** pay for ***eligible treatment*** for the monitoring of ***cancer*** as set out in benefit 4.1.1 out-patient consultations for cancer and benefit 4.1.4 out-patient diagnostic tests for cancer.

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

Exclusion 26 Sleep problems and disorders

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

Exclusion 27 This exclusion does not apply to your cover

Exclusion 28 Speech disorders

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

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

Exclusion 29 Gender dysphoria or gender reassignment

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

Exception: If you are aged 18 or over, we pay for ***out-patient*** consultations for the diagnosis of ***gender dysphoria*** as set out in benefit 1.8.

Exclusion 30 Temporary relief of symptoms

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

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

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

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

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

Please also see the section 'Benefits'.

Exclusion 32 Unrecognised medical practitioners, providers and facilities

We do not pay for any of your ***treatment*** if the consultant who is in overall charge of your ***treatment*** is not recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***.

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

- the consultant, medical practitioner, therapist, complementary medicine practitioner, mental health and wellbeing therapist or other healthcare professional is:
  - not recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** for treating the medical condition you have and/or for providing the type of ***treatment*** you need and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***, and/or
  - is not in the list of ***recognised practitioners*** that applies to your ***benefits***
- the ***consultant*** is not in the list of Open Referral Network ***consultants*** that applies to your ***benefits***

- the hospital or treatment facility is:
  - not recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** for treating the medical condition you have and/or for providing the type of ***treatment*** you need and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***, and/or
  - is not in the ***facility access*** list that applies to your ***benefits***
- the hospital or treatment facility or any other provider of services is not recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** and/or ***Bupa*** have sent a written notice saying that they no longer recognise them for the purpose of ***Bupa UK schemes*** and which recognition and derecognition the ***trust*** has adopted for the purpose of the ***trust rules***.

Bupa does not recognise consultants, therapists, complementary medicine practitioners, mental health and wellbeing therapists or other healthcare professionals for the purpose of ***Bupa UK schemes*** in the following circumstances:

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

and which recognition and derecognition the ***trust*** has adopted for the purpose of the ***trust rules***.

Exclusion 33 The exclusion does not apply to your cover

Exclusion 34 Advanced therapies and specialist drugs

We do not pay for:

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

Exclusion 35 Varicose veins

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

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

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

We also pay for:

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

Glossary

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

Word/phrase	Meaning
Activities of daily living	functional mobility, bathing/showering, self-feeding, personal hygiene/grooming, toilet hygiene, fulfilment of work or educational responsibilities.
Acute condition	a disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Advanced therapies	gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medicinal Products (ATMPs) by the UK medicines regulator to be used as part of your ***eligible treatment*** and which are, at the time of your ***eligible treatment***, included (with the medical condition(s) for which ***we*** pay for them) on the list of advanced therapies that applies to your ***benefits*** as shown on your ***benefit table*** under the heading 'Advanced therapies list'. The list is used by ***Bupa*** for the purpose of its ***schemes*** and has been adopted by the ***trust*** for the purpose of the ***trust rules***. The list that applies to your ***benefits*** is available at **bupa.co.uk/policyinformation** or you can call ***us***. The advanced therapies on the list will change from time to time.
Appliance	any appliance which is in ***Bupa's*** list of appliances for your ***benefits*** at the time you receive your ***treatment*** and which list the ***trust*** has adopted for the purpose of the ***trust rules***. The list of appliances will change from time to time. Details of the appliances are available on request or at **bupa.co.uk/prostheses-and-appliances**
Assisted fertility consultant	a health care practitioner who, at the time ***you*** or (where applicable)***your partner*** receive ***assisted fertility treatment***, is recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** for providing ***assisted fertility treatment*** and which recognition the trust has adopted for the purpose of the ***trust rules***.
Assisted fertility treatment	***eligible treatment*** to assist conception of a child, and may include: ■ consultations ■ pathology and scans ■ assisted conception (such as intrauterine insemination or in vitro fertilisation), and ■ ***surgical operation***.
Beneficiary	a person designated by the ***sponsor*** as a beneficiary under the ***trust*** and as being eligible for healthcare ***benefits*** under the ***trust***.
Benefits	the benefits specified on your ***benefit table*** and, where applicable, your ***registration certificate*** for which you are eligible as an individual ***beneficiary*** under the ***scheme*** subject to all the rules of the ***trust*** including exclusions.
Benefit table	the benefit table that applies to your ***scheme*** as set out in this in this guide.

Word/phrase	Meaning
Bupa	Bupa Insurance Services Limited to whom the ***trustee*** has currently delegated the administration of the ***trust***.
Bupa UK	Bupa Insurance Limited.
Bupa UK schemes	***Bupa UK's*** private health insurance schemes for ***UK*** residents.
Cancer	a malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	Systemic Anti-Cancer Therapies (SACT), excluding anti-hormone therapies. SACT are therapies used to destroy or prevent growth of cancerous cells.
Chronic condition	a disease, illness or injury which has one or more of the following characteristics: ■ it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests ■ it needs ongoing or long-term control or relief of symptoms ■ it requires rehabilitation or for you to be specially trained to cope with it ■ it continues indefinitely ■ it has no known cure ■ it comes back or is likely to come back.
Common drugs	commonly used medicines, such as antibiotics and painkillers that in ***our*** reasonable opinion based on established clinical and medical practice should be included as an integral part of your ***eligible treatment***.
Complementary medicine practitioner	an acupuncturist, chiropractor or osteopath who is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for.
Consultant	a registered medical or dental practitioner who, at the time you receive your ***treatment***: ■ is recognised by ***Bupa*** as a consultant for the purpose of ***Bupa UK schemes*** and has received written confirmation from ***Bupa*** of this, unless ***Bupa*** recognised him or her as being a consultant before 30 June 1996 and which recognition the ***trust*** has adopted for the purpose of the ***trust rules*** ■ is recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** both for treating the medical condition you have and for providing the type of ***treatment*** you need and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***, and ■ is in ***Bupa's*** list of consultants that applies to your ***benefits*** and which list the ***trust*** has adopted for the purpose of the ***trust rules***. You can ask ***us*** if a medical or dental practitioner is recognised by ***us*** as a consultant and the type of ***treatment we*** recognise them for, or you can access these details at **finder.bupa.co.uk**

Word/phrase	Meaning
Consultant fees schedule	the schedule used by ***Bupa*** for the purpose of ***Bupa UK schemes*** 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 ***Bupa*** recognition status of the ***consultant***, and ■ where the ***treatment*** is carried out both in terms of the treatment facility and the location and which consultant fees schedule the ***trust*** has adopted for the purpose of the ***trust rules***. The schedule will change from time to time. Details of the schedule can be found at **bupa.co.uk/codes**
Critical care unit	any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in ***Bupa's*** list of critical care units for the purpose of ***Bupa UK schemes*** and recognised by ***Bupa*** for the type of ***intensive care*** that you require at the time you receive your ***treatment*** and which list and recognition the ***trust*** has adopted for the purpose of the ***trust rules***. The units on the list and the type of ***intensive care*** that ***we*** recognise each unit for may change from time to time. For details of a hospital or treatment facility centre or unit in your ***recognised facility*** network go to the consultants and facilities website at **finder.bupa.co.uk**
Day-patient	a patient who is admitted to a hospital, treatment facility or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Day-patient treatment	***eligible treatment*** that, for medical reasons, is received as a ***day-patient***.
Dependant	***your partner*** and any child for whom ***you*** or ***your partner*** hold responsibility and who is a ***beneficiary*** of the ***scheme*** and named on ***your registration certificate***.
Diagnostic tests	investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Eligible surgical operation	***eligible treatment*** carried out as a ***surgical operation***.
Eligible treatment	***treatment*** of: ■ an ***acute condition***, or ■ a ***mental health condition*** together with the products and equipment used as part of the ***treatment*** that: ■ are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the ***UK*** ■ are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided, for example as specified by NICE (or equivalent bodies in Scotland) in its guidance on specific conditions or ***treatment*** where such guidance is available ■ are demonstrated through scientific evidence to be effective in improving health outcomes, and ■ are not provided or used primarily for the expediency of you or your ***consultant*** or other healthcare professional and the ***treatment***, services or charges are not excluded under your ***benefits***.

Word/phrase	Meaning
End date	the date on which your current period of entitlement to ***benefits*** under the ***scheme*** ends shown as 'End date' on your ***registration certificate***.
Excess	the amount that you have to pay towards the cost of ***treatment*** that you receive that would otherwise have been payable under your ***benefits***. For details please also see rule E in the 'Claiming' section in this guide and your ***benefit table***.
Facility access	the network of recognised facilities for which you are eligible under your ***benefits*** as shown on your ***benefit table*** and being a ***participating facility***.
Fee-assured consultant	a ***consultant*** who, at the time you receive your ***treatment***, is ■ recognised by ***Bupa*** as a fee-assured consultant for the purpose of ***Bupa UK schemes*** and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***, and ■ in the list of fee-assured consultants that applies to your ***benefits***. You can ask ***us*** if a ***consultant*** is a fee-assured consultant and if they are in the list of ***consultants*** that applies to your ***benefits***, or you can access these details at **finder.bupa.co.uk**
Gender dysphoria	a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity, sometimes known as gender identity disorder, gender incongruence or transgenderism.
GP	a doctor who, at the time he/she refers you for your consultation or ***treatment***, is on the UK General Medical Council's General Practitioner Register.
Home	either: ■ the place where you normally live, or ■ another non-healthcare setting where you want to have your ***treatment***.
Infertility	your ***consultant*** has confirmed that ***you*** or (where applicable) ***your partner*** have not been able to conceive a child within the clinically expected time frame such that a formal investigation is justified.
In-patient	a patient who is admitted to a hospital or treatment facility and who occupies a bed overnight or longer for medical reasons.
In-patient treatment	***eligible treatment*** that, for medical reasons, is received as an ***in-patient***.
Intensive care	***eligible treatment*** for intensive care, intensive therapy, high dependency, coronary care or progressive care.
Lifetime allowance	a benefit limit that applies once in total across the entire time ***you*** and (where applicable) ***your partner*** are a ***beneficiary*** under the ***trust***, irrespective of any breaks in ***you*** and (where applicable) ***your partner*** being a ***beneficiary*** for any reason. The benefit will not re-set if ***you*** and (where applicable) ***your partner*** stop being a ***beneficiary*** for any reason but later re-join the ***trust***.
Main beneficiary	the person who for the time being is a ***beneficiary*** by virtue of their employment, previous employment or specifically being designated a main beneficiary by the ***sponsor*** rather than as a ***dependant***.

Word/phrase	Meaning
Medical assistance company	the company who is appointed by ***Bupa UK*** as a medical assistance company for the purpose of its ***Bupa UK schemes*** for arranging repatriation and/or evacuation at the time that you need repatriation and/or evacuation and which appointment the ***trust*** has adopted for the purpose of the ***trust rules***. The medical assistance company may change from time to time and current details are available on request.
Medical treatment provider	a person or company who is recognised by ***Bupa*** as a medical treatment provider for the purpose of the ***Bupa UK scheme*** for the type of ***treatment*** at ***home*** that you need at the time you receive your ***treatment*** and which recognition the ***trust*** has adopted for the purpose of the ***trust rules***. The list of medical treatment providers and the type of ***treatment we*** recognise them for will change from time to time. Details of these medical treatment providers and the type of ***treatment we*** recognise them for are available on request or you can access these details at **finder.bupa.co.uk**
Mental health and wellbeing therapist	■ a psychologist registered with the Health Professions Council ■ a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy or the British Psychoanalytic Council ■ a counsellor accredited with the British Association for Counselling and Psychotherapy, or ■ a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies who is a ***recognised practitioner***. You can ask ***us*** if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for, or you can access these details at **finder.bupa.co.uk**
Mental health condition	a condition which is a mental health condition according to a reasonable body of medical opinion, and/or which is diagnosed and treated and managed as a mental health condition by a ***consultant*** psychiatrist or a ***mental health and wellbeing therapist***. ***We*** do not pay for ***treatment*** of dementia, behavioural or developmental problems once diagnosed.
Mental health day-patient treatment	***eligible treatment*** of a ***mental health condition*** which for medical reasons means you have to be admitted to a ***recognised facility*** because you need a period of clinically-supervised ***eligible treatment*** of a ***mental health condition*** as a day case but do not have to occupy a bed overnight and the ***mental health treatment*** is provided on either an individual or group basis.
Mental health in-patient treatment	***eligible treatment*** of a ***mental health condition*** that, for medical reasons, is received as an ***in-patient***.
Mental health treatment	***eligible treatment*** as set out in Benefit 5 Mental health treatment in the 'Benefits' section of this guide.
NHS	■ the National Health Service operated in Great Britain and Northern Ireland, or ■ the healthcare system that is operated by the relevant authorities of the Channel Islands, or ■ the healthcare scheme that is operated by the relevant authorities of the Isle of Man.

Word/phrase	Meaning
Nurse	a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
Oral chemotherapy	chemotherapy which is taken by mouth.
Out-patient	a patient who attends a hospital, consulting room, out-patient clinic or treatment facility and is not admitted as a ***day-patient*** or an ***in-patient***.
Out-patient surgical operation	an ***eligible surgical operation*** received as an ***out-patient***.
Out-patient treatment	***eligible treatment*** that, for medical reasons, is received as an ***out-patient***.
Participating facility	a hospital or a treatment facility, centre or unit that, at the time you receive your ***eligible treatment***, is in ***Bupa's*** participating facility list for the purpose of ***Bupa UK schemes*** and which applies to your ***benefits***, and is recognised by ***Bupa*** for both: ■ treating the medical condition you have, and ■ carrying out the type of ***treatment*** you need and which list and recognition the ***trust*** has adopted for the purpose of the ***trust rules***. The hospitals, treatment facilities, centres or units in the list and the medical conditions and types of ***treatment we*** recognise them for will change from time to time. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request or at **finder.bupa.co.uk**
Partner	***your*** husband or wife or civil partner or the person ***you*** live with in a relationship similar to that of a husband and wife whether of the opposite sex or not and who is a ***beneficiary***.
Prosthesis	any prosthesis which is in ***Bupa's*** list of prostheses for the purpose of ***Bupa UK schemes*** for both your ***benefits*** and your type of ***treatment*** at the time you receive your ***treatment*** and which list the ***trust*** has adopted for the purpose of the ***trust rules***. The prostheses on the list may change from time to time. Details of the prostheses eligible under your ***benefits*** for your type of ***treatment*** are available on request or at **bupa.co.uk/prostheses-and-appliances**
Recognised assisted fertility treatment facility	a treatment facility which, at the time ***you*** or (where applicable) ***your partner*** receive ***assisted fertility treatment***, is recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** for providing ***assisted fertility treatment*** and which recognition of the ***trust*** has adopted for the purpose of the ***trust rules***.
Recognised facility	a ***participating facility*** according to the ***facility access*** that applies to your ***benefits***. Details of the facilities in the list and the medical conditions and types of ***treatment we*** recognise them for are available on request or at **finder.bupa.co.uk**

Word/phrase	Meaning
Recognised practitioner	a healthcare practitioner who at the time of your ***treatment***: ■ is recognised by ***Bupa*** for the purpose of ***Bupa UK schemes*** for treating the medical condition you have and for providing the type of ***treatment*** you need, and ■ is in ***Bupa's*** list of recognised practitioners for the purpose of ***Bupa UK schemes*** that applies to your ***benefits*** and which recognition and list the ***trust*** has adopted for the purpose of the ***trust rules***. You can ask ***us*** if a practitioner is a recognised practitioner and the type of ***treatment we*** recognise them for or you can access these details at **finder.bupa.co.uk**
Registration certificate	the most recent registration certificate that ***we*** issue to ***you*** for ***your*** current continuous period of being a ***beneficiary***.
Renewal date	the day after the 'End date' as shown on your ***registration certificate*** or such other date as shall be decided by the ***trustee*** as the renewal date. The scheme is generally renewed annually. Depending on the month in which you first become a ***beneficiary***, your initial benefit ***year*** may not be a full twelve months. Your ***benefits*** may change at the renewal date.
Schedule of procedures	the schedule used by ***Bupa*** for the purpose of ***Bupa UK schemes*** for the purpose of providing ***benefits*** which classifies ***surgical operations*** according to their type and complexity and which schedule the ***trust*** has adopted for the purpose of the ***trust rules***. The schedule will change from time to time. Not all procedures listed in the schedule are eligible for ***benefits*** under the ***trust***. Further information on the schedule is available on request. Details of the schedule can be found at **bupa.co.uk/codes**
Scheme	the ***benefits*** for which you are eligible as a ***beneficiary*** under the ***trust*** as shown on your ***benefit table*** and, where applicable, your ***registration certificate*** together with this guide subject to all the rules of the ***trust*** including exclusions.
Session	periods of 24 hours during which the specified type of ***treatment*** is received for an ***acute condition***.
Specialist drugs	drugs and medicines to be used as part of your ***eligible treatment***, which are not ***common drugs*** and are at the time of your ***eligible treatment*** included in ***Bupa's*** list of specialist drugs for the purpose of ***Bupa UK schemes*** and that applies to your ***benefits*** and which list the ***trust*** has adopted for the purpose of the ***trust rules***. The list is available at **bupa.co.uk/policyinformation** or you can call ***us***. The specialist drugs on the list will change from time to time.
Sponsor	***your*** employer who designated ***you*** as a ***main beneficiary*** (or the company acting on their behalf) of the ***trust***.
Start date	the date on which your current period of entitlement to ***benefits*** under the ***scheme*** starts, shown as 'Start date' on your ***registration certificate***.

Word/phrase	Meaning
Surgical operation	a surgical procedure or complex investigative/diagnostic procedure including all medically necessary ***treatment*** related to the procedure and all consultations carried out from the time you are admitted to a ***recognised facility*** until the time you are discharged, or if it is carried out as ***out-patient treatment***, all medically necessary ***treatment*** related to the operation and any consultation on the same day which is integral to the operation.
Therapist	■ a chartered physiotherapist ■ a British Association of Occupational Therapists registered occupational therapist ■ a British and Irish Orthoptic Society registered orthoptist, or ■ a Royal College of Speech and Language Therapists registered speech and language therapist ■ a Society of Chiropodists and Podiatrists registered podiatrist, or ■ a British Dietetic Association registered dietitian who is Health and Care Professions Council registered and is a ***recognised practitioner***. You can contact ***us*** to find out if a practitioner is a ***recognised practitioner*** and the type of ***treatment we*** recognise them for or you can access these details at **finder.bupa.co.uk**
Treatment	surgical or medical services (including ***diagnostic tests***) that are needed to diagnose, relieve or cure a disease, illness or injury.
Trust	the health trust of which you are designated a ***beneficiary*** by the ***sponsor***, which is shown on your ***registration certificate***.
Trust rules	this guide together with the most recent Group Certificate(s) held by the ***trustee*** that sets out the details of the healthcare ***benefits*** that are payable under the ***trust***.
Trustee	the trustee(s) of the health trust of which you are a ***beneficiary***.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Voluntary sterilisation	a procedure undertaken to permanently remove an individual's fertility to prevent conception. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion).
We/our/us	the ***trustee*** or ***Bupa*** acting on their behalf.
Year	for each period of entitlement to ***benefits***, the period beginning on your ***start date*** and ending on your ***end date*** for that period of entitlement to ***benefits***. Depending on the month in which you first become a ***beneficiary***, your initial year may not be a full twelve months. Your ***benefits*** may change at the ***renewal date***.
You/your	this means the ***main beneficiary*** only.

Privacy notice – in brief

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

Information about us

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

1. Scope of our privacy notice

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

2. How we collect personal information

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

3. Categories of personal information

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

4. Purposes and legal grounds for processing personal information

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

5. Marketing and preferences

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

6. Processing for profiling and automated decision-making

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

7. Sharing your information

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

8. International transfers

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

9. How long we keep your personal information

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

10. Your rights

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

11. Data protection contacts

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

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Financial crime and sanctions

Financial crime

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

Sanctions

Bupa, through its administration of this ***trust***, shall not be liable to pay any claim where this would expose ***Bupa*** to any sanction, prohibition or restriction under United Nations resolutions of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where ***Bupa*** transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.

Bupa Anytime HealthLine is provided by:

Bupa Occupational Health Limited. Registered in England and Wales No. 631336.

Registered office: 1 Angel Court, London EC2R 7HJ

Bupa health trusts are administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

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