

Your Bupa membership guide

Bupa Dental Plan

Essential information explaining your Bupa cover

Please retain



About this guide

Welcome to your Bupa Dental Plan membership guide

At Bupa, we know that insurance can be hard to follow. That's why we've made this guide as simple as possible. You'll find individual chapters that deal with each aspect of your Bupa cover, including a step-by-step guide to making a claim.

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

Wherever you see words or phrases in ***bold italic***, these have technical meanings which are set out in the glossary towards the end.

How does the membership guide work with my membership certificate?

Your membership certificate lists the cover option you have chosen. This membership guide explains the benefits available to you for that level of cover. Please read this membership guide together with your membership certificate as together they set out full details of how your dental insurance works.

Statement of demands and needs

The cover provided under the membership of the ***scheme*** is generally suitable for someone who is looking to cover the cost of a range of dental treatment expenses. We have not provided you with any advice about your cover and how it meets your individual needs. Please read your membership certificate and membership guide to make sure that this policy still meets your needs.

How do I contact Bupa?

We're always on hand to help.

For any queries about your cover please call us on 0800 237 777*.

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

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

For those with hearing or speech difficulties who use a textphone, call us on 0345 606 6863.

*We may record or monitor our calls.

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Introduction

Bupa Dental Plan is a group insurance policy governed by the **agreement**. The terms and conditions of your membership have been agreed between your **sponsor** and **Bupa**. There is no legal contract between you and us for your cover under the **agreement**.

Only the **sponsor** and **Bupa** have legal rights under the **agreement**. However:

- if you are a **contributing member** you will have legal rights as set out in this membership guide. Please see the section 'Contributing members'
- if you are not a **contributing member we** allow you access to the claims and complaints processes as set out in this membership guide.

This membership guide describes the rules and benefits that apply to your membership. This membership guide should be read in conjunction with your membership certificate. Together these documents set out the details of your membership and that of your **dependants** (if any) of the **scheme**.

How your membership works

Enrolment

Your date of enrolment in the *scheme* will be the date shown as the *cover start date* on your first membership certificate. The date will be the start of your current continuous period of membership of the *scheme* under the *agreement* between the *sponsor* and *Bupa*.

The membership of any *dependants* will start on the date shown as the *cover start date* as shown on your membership certificate. This date will be the start of their current continuous period of membership of the *scheme* under the *agreement* between the *sponsor* and *Bupa*.

Eligibility criteria

Who can be a *main member*?

Anyone who is:

- aged 18 or over,
- a resident in the *UK* and an employee of the *sponsor*, or
- a retired employee who, at the time of retirement was a *main member* of the *scheme*.

You can add your *partner* as a *dependant*. If you wish to add a child as a *child dependant*, they must be at the *cover start date*:

- under 24 years old and not married, and
- a resident in the *UK*.

Renewal

Bupa Dental Plan is an annual contract between your *sponsor* and *Bupa*. Your membership of the *scheme* will renew on the *annual renewal date* in accordance with the terms and conditions of this membership guide subject to the *sponsor* renewing the *scheme*.

If you are a *contributing member* please see the section '*Contributing members*'.

Payment of subscriptions

The *sponsor* must pay to *us* subscriptions and any other payment due for your membership and that of any *dependants* covered under the *agreement*, as and when they are due.

Bupa Insurance Services Limited acts as *our* agent for arranging and administering your policy. Subscriptions are collected by Bupa Insurance Services Limited as *our* agent for the purpose of receiving, holding and refunding premiums and claims monies.

If you are a *contributing member* please see the section '*Contributing members*'.

How your membership can end

Bupa can end a person's membership, treat your membership as if it never existed, or refuse to pay a claim in full or part if there is reasonable evidence that you or a **dependant** did not take reasonable care in answering **our** questions. By this **we** mean giving false information or keeping necessary information from **us** if:

- intentional, **we** may treat your membership as if it never existed, or not pay a claim in full or part
- careless, **we** may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or **we** could reduce any claim payment
 - if you are a **contributing member**, withdraw cover, refuse all claims and refund all of your subscriptions for the **year**, change the cover, or **we** could reduce any claim payment or increase your subscription by the same proportion.

The **sponsor** may terminate your membership of the **scheme** or that of your **dependants** at any time by notifying **Bupa** in writing.

You can end your membership or the membership of any of your **dependants** at any time.

If you want to end your membership or that of any of your **dependants**, you must inform your **sponsor**. If your membership ends the membership of all your **dependants** will also end.

If you are a **contributing member** please see the section '*Contributing members*'.

Your membership of this **scheme** and that of your **dependants** will immediately come to an end if:

- the **agreement** between **Bupa** and the **sponsor** under which you were enrolled as a member of the **scheme** terminates
- the **sponsor** does not pay on or before its due date the required subscriptions and any other payment due under the **agreement** for you and your **dependants**. If you are a **contributing member** please see the section '*Contributing members*'
- you cease to meet the eligibility criteria for membership of the **scheme** as agreed between **Bupa** and the **sponsor** (see the section '*Eligibility criteria*' on page 5)
- you die.

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

- your membership ends
- the terms of the **agreement** say that it must end
- the **sponsor** does not renew the membership of that **dependant**
- that **dependant** stops being a resident in the **UK** (you must inform us if that **dependant** stops being a resident in the **UK**), or
- that **dependant** dies.

The cover for any child you add as a **child dependant** will end at the next **annual renewal date** following their 24th birthday.

In the event of your membership terminating as a result of ceasing to be employed by the **sponsor**, or the company, association or organisation ceases to be a **sponsor**, **Bupa** will give the **main member** the opportunity to join an alternative Bupa Dental product, where available, although this cannot be guaranteed. If you transfer within one month, **we** will not add any special restrictions or exclusions to your cover that are personal to you under the new product other than those which apply to you under this **scheme**.

Alterations to the agreement

We can make changes to the terms and conditions of your membership of the **scheme** and that of the **agreement** between the **sponsor** and **Bupa** at the **annual renewal date** or at any time if required to by law or regulation.

These changes could affect the amount and type of cover provided under the **scheme**.

We may also change or withdraw the amount of any discount or preferential rates at the **annual renewal date**.

We can, at any time, change the amount to be paid to **us** in respect of Insurance Premium Tax (IPT) or any other taxes, levies or charges that may be introduced and which are payable in respect of your cover if there is a change in the rate of IPT or if any such taxes, levies or charges are introduced.

If **we** do make any changes to the terms and conditions of your membership **we** will write to tell you at least 28 days before the change takes effect. If the changes are required to be made more quickly by law or regulation **we** will notify you as early as possible.

If you do not accept any of the changes you can end your membership by informing your **sponsor** either:

- within 28 days of the date on which the change takes effect, or
- within 28 days of **us** telling you about the change

whichever is later.

If you are a **contributing member** please see the section 'Contributing members'.

General

The terms and conditions of your membership and that of your **dependants** shall be governed by English law and all matters regarding your membership and theirs shall be subject to the exclusive jurisdiction of the courts of England and Wales.

Bupa will not return, and may dispose of, any documents submitted in support of any application or claim made in connection with your membership or that of your **dependants** unless requested to the contrary in writing at the time of submission.

No amendment or variation to the terms and conditions of your membership or that of your **dependants** shall be valid and effective unless made in accordance with these rules and benefits or specifically agreed between your **sponsor** and **Bupa** and also confirmed in writing. Unconfirmed verbal communications cannot override the written terms and conditions of your membership or those of your **dependants**, nor amount to any agreement to vary any of its terms. No third party is authorised to effect any such amendment or variation on behalf of **Bupa**, or to waive any of **Bupa's** rights.

Any failure by **Bupa** to exercise, or any delay by **Bupa** in exercising, any of its legal rights or remedies under the **agreement** shall not amount to any waiver by **Bupa** of any such rights or remedies.

You must notify **Bupa** in writing as soon as is reasonably practicable of any claim or right of action you or any of your **dependants** have against any third party in connection with circumstances which may give, or have given, rise to a claim against **Bupa** for the payment of **benefits**.

Benefits are paid on condition that you and your **dependants** take all steps which **Bupa** may reasonably require, for the purpose of reimbursing **Bupa**, to recover from a third party any sums paid to you by **Bupa**.

You must take any reasonable steps **we** ask of you to recover from the third party the cost of the **treatment** paid for by **us** and claim interest if you are entitled to do so.

Notices

Any notice or communication which is given under or in connection with this **scheme** shall be sent in writing by email or by pre-paid post, recorded delivery or delivered personally in the case of **Bupa** to **Bupa's** administrative address at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP** and in your case or the case of the **sponsor** to your address, or the **sponsor's** address, as the case may be, last notified in writing to **Bupa**. In the absence of evidence of earlier receipt, any notice or communication shall be deemed to have been received on the day following delivery if delivered personally, or three days after posting if sent by pre-paid post.

Contributing members

This section only applies to **contributing members**.

The **sponsor** must pay to **us** subscriptions and any other payment due for your membership, and that of your **dependants** and every other person covered under the **agreement**. You contributing to the cost of subscriptions for you and/or any of your **dependants** does not in any way affect the contractual position set out in the 'Introduction' section.

Contributions paid by you to the subscriptions the **sponsor** has paid for you (eg by payroll deduction) will be deemed to have been received by **Bupa** once they are received by your **sponsor**.

As soon as reasonably practicable you will be provided with the terms and conditions that will apply to your cover, and the **sponsor** will notify you of the contribution you will need to make to the cost of subscriptions from the **cover start date** for the next membership **year**.

If you do not want your cover (and therefore the cover for **your dependants**) or the individual cover for any of your **dependants** to renew at the **annual renewal date** you can notify your **sponsor** at any time in advance of the **annual renewal date**.

If you wish to end your **membership** (and therefore that of your **dependants**) the following terms apply:

- you may end your membership (and therefore the membership of your **dependants**) by informing the **sponsor** within 21 days of either:
 - the date you receive your terms and conditions (including your membership certificate) confirming your cover or
 - your **cover start date**

whichever is the later. During this 21 day period if you have not made any claims **we** will refund to the **sponsor** all of the subscriptions the **sponsor** has paid for you for that **year**.

After this 21 day period you can end your membership (and therefore the membership of all your **dependants**) by informing the **sponsor** at any time during the **year**, in which case **we** will refund to the **sponsor** any subscriptions the **sponsor** has paid for you that relate to the period after your membership ends.

- You may end the membership of any **dependant** by informing the **sponsor** within 21 days of either:
 - the date you receive your terms and conditions (including your membership certificate) confirming the cover for that **dependant** or
 - the **cover start** date for that **dependant**

whichever is the later. During this 21 day period if no claims have been made in respect of that **dependant** **we** will refund to the **sponsor** all of the subscriptions the **sponsor** has paid for you that relate to that **dependant** for that **year**.

After this 21 day period you can cancel a **dependant's** membership by informing the **sponsor** at any time during the **year**, in which case **we** will refund to the **sponsor** any subscriptions the **sponsor** has paid for you in respect of that **dependant** for the period after their membership ends.

Your membership and that of your **dependants** will automatically end if the **sponsor** does not pay subscriptions or any other payment due under the **agreement** for you or any other person, however, **we** will continue to pay eligible claims for you and/or your **dependant** for the period for which you can provide evidence (eg on payslips) that you paid contributions to subscriptions to the **sponsor**.

Where **we** have refunded to the **sponsor** subscriptions paid for you or your **dependants**, you should contact the **sponsor** in order to obtain a refund of the contributions you made to those refunded subscriptions.

Changes to your membership

If:

- any changes to the terms and conditions of your membership, including your **benefits**, are agreed between the **sponsor** and **us**, or
- **we** change the procedure for making a claim

you will be informed before the change takes effect. If you do not accept any of the changes you can end your membership by informing the **sponsor** either:

- within 28 days of the date on which the change takes effect or
- within 28 days of you being told about the change

whichever is later.

Claiming

Before your treatment

Before you or your *dependants* have any *treatment* unless it's for *emergency dental treatment*, it's important to check your policy and what you're covered for.

Always call *us* first if:

- you're unsure of what your benefit limits are
- you or your *dependants* are unsure what's covered
- *oral cancer treatment* is required, as this needs to be pre-authorised prior to receiving any *treatment*. Please refer to *oral cancer treatment* section on page 19.

Call the Bupa Dental helpline on **0800 237 777***.

After your treatment

What happens about paying?

How you pay for your *treatment* depends on which centre you visit:

In selected Bupa-owned dental centres

Our dental insurance is designed to make things easy for you. When you visit participating Bupa-owned practices within *our* dental insurance network *we* don't expect you to pay up front and then claim back the cost of your *treatment*[†]. Instead, *we* take care of the claim there and then. *We* call it **no forms, no fuss claiming**, and it means that as long as the *treatment* is covered under the policy, subject to your benefit limits you won't need to pay for the *treatment*.

No forms, no fuss claiming is not available in all Bupa-owned dental centres. To find out which centres offer this service, please visit finder.bupa.co.uk and search Dental Insurance Network, selecting:

No Forms, no fuss claiming

Alternatively, to check which Bupa dental centres offer this service please call **0800 237 777***.

[†]Claims are forwarded by selected practices in the Bupa Dental Insurance Network as agent of Bupa Insurance Limited. Orthodontic, injury, emergency and oral cancer treatment cannot be claimed for in this way in the UK. It also does not apply to NHS treatment in Northern Ireland and Scotland.

*We may record or monitor our calls.

In selected Bupa-owned dental centres (continued)

Our Preventative Care Promise means that we guarantee that there will be no unexpected or additional costs for you to pay on your preventative dental treatment if you have Dental Plan Level 3 or 4 when you visit participating Bupa-owned practices within our dental insurance network.

Preventative treatments covered are up to two routine examinations per year, up to two appointments for a 30 minute scale and polish, and unlimited small X-rays up to your policy's annual benefit limits.

To find out which centres offer this service, please visit finder.bupa.co.uk and search Dental Insurance Network, selecting:

Preventative Care Promise

In any other dental centre

You'll need to pay for your treatment yourself and claim some or all of it back, depending on the limits of your cover.

1. Attend your dental appointment, pay for it and keep hold of your itemised receipt. Your receipt must show: name and contact details of the dentist, date and type of **treatment**, and the name of the person who has had the **treatment**.
2. Visit bupa.co.uk/dental/finance-and-insurance/make-claim. Submit your claim and receipt online within six months of the **treatment** date.
3. Alternatively you can make your claim by post, submitting your claim and receipt within six months of the **treatment** date.
 - Download a claim form at bupa.co.uk/dental/finance-and-insurance/make-claim
 - Fill in the form and post it, along with your receipt, to: **Bupa dental insurance, Bupa Place, 102 The Quays, Salford M50 3SP**
4. As long as **we** have all the information **we** need from you, you can expect your claim to be processed within seven to ten days. Your money will be paid directly into your bank account or by cheque depending on which payment method you've chosen.

For any **dental treatment** received outside the **United Kingdom**, the amount of any **benefits** to be paid to you shall be calculated by **Bupa** using the average of currency exchange rates shown on www.oanda.com applicable on the date on which the claim is paid.

Any **treatment** costs you incur that are not covered under your **benefits** are your responsibility.

Payment of **benefits** is conditional upon your **sponsor** having paid all subscriptions due on or before the date of the **treatment** for which you are claiming **benefits**.

If you are a **contributing member** please see the section 'Contributing members'.

Claims should be submitted to **Bupa** 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.

Payment of **benefits** is conditional upon **Bupa** receiving:

- a fully completed claim for payment within six months from the date of the completion of the **treatment** for which you are claiming unless we agree otherwise where this was not reasonably possible
- such proof of entitlement to receive the **benefits** claimed as **Bupa** may reasonably request (including but not limited to (i) any dental reports and other information, and (ii) the results of an independent dental examination which **Bupa** may require you to undergo at its expense)
- copies or uploads of your original itemised receipts/fully paid invoices – scans or clear photographs are accepted.

There may be instances where **we** are uncertain about whether or not a claim is covered by the policy. If this is the case **we** may contact your **dental professional** to request further information and a copy of your dental records to be reviewed by **our** own dentist to advise **us** about the medical facts relating to a claim.

Should a claim be made for the payment of **benefits** in respect of the cost of **emergency dental treatment, general dental treatment and dental injury treatment** received outside the **United Kingdom**, the amount of any **benefits** to be paid to you shall be calculated by **Bupa** using the average of currency exchange rates as applicable on **www.oanda.com** on the date on which the claim is paid. Also see section on 'General rules on benefits'.

We do not have to pay a claim if you break any of the terms and conditions of your membership, which is related to the claim. **We** may not pay a claim in full or part if there is reasonable evidence that you or a **dependant** did not take reasonable care in answering **our** questions. By this **we** mean giving false information or keeping necessary information from **us** if:

- intentional, **we** may treat your membership as if it never existed, or not pay a claim in full or part
- careless, **we** may:
 - if you are not a **contributing member**, withdraw cover and refuse all claims, change your cover or **we** could reduce any claim payment (if applicable)
 - if you are a **contributing member**, withdraw cover and refuse all claims and refund all of your subscriptions for the **year**, change the cover, or **we** could reduce any claim payment or increase your subscription by the same proportion.

General rules on benefits

Bupa agrees to pay **benefits** in respect of **treatment** received by you and each of your **dependants** in accordance with the terms and conditions of your membership when the **treatment** was received provided that whoever receives the **treatment** does so during their period of membership. This includes any pre-planned **treatment** and **pre-existing conditions** apart from the correction of pre-existing gaps that occurred prior to the **cover start date**; see 'Exclusions on benefits' section on page 14.

We only pay for the **dental treatment** and **oral cancer treatment** specified in the 'Bupa Dental Plan' section of this membership guide.

If you have more than one healthcare policy covering dental benefits, you may only submit each claim on one of the policies.

Benefits are only payable by **us** to the extent that the fees and expenses incurred for **dental treatment** and **oral cancer treatment** are up to an amount which is reasonable and customary and up to the maximum benefit limit set in this membership guide for **dental treatment** or the **consultant fees schedule** for **oral cancer treatment**.

By reasonable and customary **we** mean the amount you are charged by **dental professionals, recognised practitioners** or **partnership facilities** and what you are charged for has to be in line with what the majority of **our** other members are charged for similar **treatment** or services. Any costs or expenses for experimental or unproven **dental treatment** and oral cancer treatment will not be reimbursed unless incurred with Bupa's prior written approval.

Bupa will only pay **benefits** for necessary **dental treatment** provided by a **dental professional**. Where a **dependant** makes a valid claim **Bupa** will reimburse the **dependant** for that claim. Claim advices will be sent to the **main member** or **dependant** (when aged 16 and over) who has received the **treatment**. Claim advices relating to **child dependants** will be sent to the **main member**. **Benefits** are payable by **Bupa** only to reimburse fees and expenses actually incurred by you or your **dependants**.

Orthodontic treatment is only available when it is grade 4-5 on the **IOTN scale** (Index of Orthodontic Treatment Need) and is **clinically necessary**. **Orthodontic treatment** is available when it is grade 3 on the **IOTN scale** and is **clinically necessary** for any **child dependant** under 18 years of age and covered under the **agreement**. It must be carried out by an orthodontic specialist who is registered with the General Dental Council.

Oral cancer rules on benefits

Being referred for oral cancer treatment using a recognised practitioner and partnership facility.

See also 'Section 2: Benefit table for oral cancer treatment – UK only' on page 19.

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

Your cover for **oral cancer treatment** costs depends on you using certain **recognised practitioners** and **partnership facilities**. Please see benefits table for **oral cancer treatment** on page 19.

You can only claim for eligible private dental costs once. This means that if you have two policies that provide private dental cover, the costs of your **treatment** may be split between Bupa and the other insurance company. You will be asked to provide **us** with full details of any other relevant insurance policy at the time of claim.

Please note: The medical practitioners other healthcare professionals and facilities you use can affect the amount **we** pay you.

Your **oral cancer treatment** costs are only covered when the person who has overall responsibility for your **oral cancer treatment** is a **consultant**. If the person who has overall responsibility for your **oral cancer treatment** is not a **consultant**, then none of your **oral cancer treatment** costs are covered.

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

Exclusions on benefits

Benefits are not payable for:

- **cosmetic treatment**
- **surgical implants** or bridge where they are used for the correction of pre-existing gaps that occurred prior to the **cover start date** of your policy (including any gaps which have previously been corrected with the use of a bridge or crowns)
- any **dental treatment** resulting from or related to any injury sustained whilst participating in a **physical contact sport** unless a **mouthguard** was being worn which was supplied and fitted by a **dental professional**
- any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred before the **cover start date**
- any **dental injury treatment** resulting from or related to a self-inflicted injury
- treatment, care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- damage caused by tooth brushing or oral hygiene procedures
- **oral cancer treatment** for cancer of the tonsils or the salivary glands
- any **oral cancer treatment** received by you or any of your **dependants** if the oral cancer was diagnosed or you were having investigations or waiting for the outcome of tests:
 - before the **cover start date**
 - during the first six months following the **cover start date**
- snoring devices

- the replacement of a removable **prosthentic appliance** which has been lost or stolen
- the replacement of a **prosthentic appliance** which could have been repaired according to generally accepted dental standards
- the replacement of a **prosthentic appliance** within five years (except dentures) of it having been fitted
- self-administered drugs such as antibiotics and painkillers or prescription charges
- dental procedures carried out in hospital, for example wisdom teeth extractions
- dental consumables such as toothbrushes, mouthwash and dental floss
- any fees in relation to any arrangement you may have with a third party to cover dental services
- any **dental treatment** required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power.

Important: Other than **cash benefit for hospital stay**, the Bupa Dental Plan scheme is not intended to provide cover for **in-patient treatment** or **day-patient treatment**, such as wisdom tooth extraction. **Consultants** and hospital fees will only be covered for **oral cancer treatment**. Please refer to 'Section 2: Benefit table for oral cancer treatment - UK only' on page 19 for full details.

Bupa Dental Plan benefits

There are four main sections to this part of the membership guide:

Section 1: Annual benefit limits and benefit schedule for *general dental treatment*, *emergency dental treatment* and *dental injury treatment*

Section 2: Benefit limits for *oral cancer treatment* – UK only

Section 3: Annual benefit limit for *cash benefit for hospital stay* – UK only

Section 4: About *NHS treatment*

Section 1: Annual benefit limits and benefit schedule for general dental treatment, emergency dental treatment and dental injury treatment

Benefit limit table 1 on page 17 shows the *benefits* you and your eligible *dependants* can claim according to your *scale of cover*.

It shows the maximum amount of *benefits we* pay up to each year for:

- *emergency dental treatment*
- *dental injury treatment* and
- *general dental treatment*

that you and your eligible *dependants* are covered for under the *scheme*.

Annual benefit limit for you, your partner and your dependant children

- The annual benefit limits apply to you, your *partner* and your *child dependants* (if eligible *dependants*) individually according to your *scale of cover* for *general dental treatment*, *emergency dental treatment* and *dental injury treatment*.

Annual benefit limit table 1

The amounts shown in this table are the total amounts of **benefits we** pay up to each **year** subject to the benefit schedule 1. They are not the amounts **we** pay for each type of service or treatment individually.

Important note: 100% reimbursement for **NHS treatment** is included in all levels of cover.

	Core	Level 1	Level 2	Level 3	Level 4
NHS treatment	No annual benefit limits – paid in full [†]				
Emergency dental treatment (includes worldwide cover)	100% reimbursement for NHS treatment [†] . Reimbursement of private treatment up to the NHS Band limit applicable at the date of the treatment	up to £800 per year	up to £800 per year	up to £800 per year	up to £1,000 per year
Dental injury treatment (includes worldwide cover)		up to £5,000 per year	up to £5,000 per year	up to £5,000 per year	up to £5,000 per year
General dental treatment[#] (includes worldwide cover)		see benefit limits in benefit schedule 1			
Oral cancer treatment (UK only)	not applicable	no annual benefit limits – paid in full [^] when being referred for oral cancer treatment and using partnership consultants and partnership facilities			

[†]We explain how benefits for **NHS treatment** are paid in section 4, on page 21.

[#]Includes any pre-planned treatment and **pre-existing conditions** apart from the correction of pre-existing gaps that occurred prior to the **cover start date**: see Exclusions on benefits section on page 14.

[^]Any **oral cancer treatment** received within the first six months following the **cover start date** will not be covered. However, if your **sponsor** is transferring your dental insurance scheme from another provider to **us**, we will provide immediate cover providing you had dental insurance via the previous company scheme.

Benefit schedule 1

Benefit schedule 1 shows the maximum amount of **benefits we** pay up to each **year** for each **treatment** or item claimed as part of **general dental treatment** for you and your **dependants**.

We pay **benefits** up to the item and monetary limits shown in this **benefit** schedule for you and your **dependants** individually according to your **scale of cover** and subject to your annual benefit limit for **general dental treatment**.

	Level 1	Level 2	Level 3	Level 4
Preventative dental treatment				
Routine examination each visit, maximum two per year	up to £30	up to £40	up to £60	up to £70
Dental X-rays per year	up to £40	up to £50	up to £80	up to £90
Simple scale and polish each visit, maximum of two per year	up to £40	up to £50	up to £80	up to £90
Restorative dental treatment				
Fillings/root canal (amalgam or composite fillings) per year	up to £150	up to £250	up to £300	up to £350
Extractions (including extraction flap raised, apicectomy and incising of abscess) per year	up to £100	up to £150	up to £200	up to £200
Restorative dental treatment per year	80% up to £275	80% up to £450	80% up to £700	80% up to £2,000
Other benefits				
Orthodontic treatment <ul style="list-style-type: none"> ▪ Children 18 years and under <i>IOTN Scale 3/4/5</i> per year ▪ <i>IOTN Scale 4/5</i> per year 	up to £300	up to £400	up to £500	up to £600
Anaesthetist fees per year	up to £30	up to £50	up to £60	up to £80
NHS treatment	100% reimbursement for NHS treatment			

Section 2: Benefit limits for oral cancer treatment – UK only

We pay benefit for the types of **oral cancer treatment** and up to the benefit limits shown in this benefit table for you and each of your **dependants** individually.

So if you are diagnosed with oral cancer, **we** will look after you for as long as you have **Bupa** dental insurance, all eligible **oral cancer treatment** costs are paid in full. You must use a healthcare facility from your chosen **Bupa** network and a **Bupa** recognised **consultant** who agrees to charge within Bupa limits (a **fee-assured consultant**).

We define oral cancer as primary cancer in any part of the oral cavity from the lips to the back of the tongue, but excluding the tonsils and salivary glands. By primary cancer, **we** mean the site where the cancer first appears.

You and your **dependants** are not covered for any **oral cancer treatment** received during the first six months following the **cover start date** unless your **sponsor** is transferring your dental insurance scheme from another provider to **us**, in which case **we** will provide immediate cover providing you (and if applicable, your **dependants**) had dental insurance via the previous company scheme.

Important: You are not covered for **oral cancer treatment** under the Core level.

Type of cover	Cover	Limits for each member (subject to rules on benefits)
Oral cancer treatment in hospital		
Consultants' fees	Yes	Partnership consultants , including anaesthetists, in a partnership facility – paid in full. Consultants , excluding anaesthetists, who are not partnership consultants , in a partnership facility – up to the limits of the consultant fees schedule . Consultant anaesthetists who are not partnership consultants in a partnership facility – paid in full.
Parent accommodation	Yes	Partnership facility charges for one parent for each night they need to stay with a child dependant up to age 16.
Facility charges for surgical operations carried out as out-patient treatment	Yes	Partnership facility – paid in full.
Facility charges for day-patient treatment and in-patient treatment	Yes	Partnership facility – paid in full.

Type of cover	Cover	Limits for each member (subject to rules on benefits)
Oral cancer treatment as an out-patient		
Out-patient consultations, therapies and <i>diagnostic tests</i>	Yes	<i>Partnership facility</i> – paid in full.
Out-patient MRI, CT and PET scans	Yes	<i>Partnership facility</i> – paid in full.
Out-patient cancer drugs	Yes*	<i>Partnership facility</i> charges – paid in full.
Additional benefits for oral cancer treatment		
<i>Treatment</i> at home	Yes	<i>We</i> will pay for <i>oral cancer treatment</i> at home if it is feasible to provide your treatment at that location. You must have <i>our</i> agreement before the <i>oral cancer treatment</i> starts and <i>we</i> need full details from your <i>consultant</i> .

**We* pay *partnership facility* charges for common drugs, advanced therapies and specialist drugs that are related specifically to planning and carrying out *out-patient treatment* for oral cancer. *We* do not pay for any complementary, homeopathic or alternative products, preparations or remedies (or substances) for treatment of cancer regardless of who they are prescribed or provided by or the type of treatment or medical condition they are used or prescribed for.

Section 3: Annual benefit limit for cash benefit for hospital stay – UK only

Annual benefit limit table

This benefit limit table for *cash benefit for hospital stay* applies to *general dental treatment*, *emergency dental treatment* and *dental injury treatment*.

For you, your partner and your dependant children

We pay *cash benefit for hospital stay* up to monetary limits shown in this benefit table for you and each of your *dependants* individually according to your *scale of cover* and also subject to your annual benefit limits for *general dental treatment*, *emergency dental treatment* and *dental injury treatment*.

Important: You are not covered for *cash benefit for hospital stay* under the Core level.

Type of cover	Level 1	Level 2	Level 3	Level 4
Cash benefit for hospital stay	£100 per night up to £1,000 per <i>year</i>			

Section 4: About NHS treatment

If you receive **NHS treatment**, **we** will reimburse you for your **NHS treatment** costs up to a maximum of the relevant **NHS treatment** charge.

If you have selected a level of cover that only includes reimbursement for **NHS treatment**, and you have private treatment **we** will only pay the NHS equivalent costs – the amount of money your treatment would have cost if it had been carried out and charged by the NHS.

NHS treatment charges may change on an annual basis and you are covered up to the applicable limit currently charged by the NHS at the time you have your **treatment**.

NHS treatment charges differ depending on your location in the **UK**. To understand what **NHS treatment** costs will apply please refer to your local NHS website for information or ask your dentist.

NHS England, Wales and Isle for Man

If you live in England, Wales or the Isle Man **NHS treatment** is covered under different bands and each band covers different treatment. The below bands give details of the NHS treatments covered but you should always refer to your **dental professional** to understand which band your **NHS treatment** will be charged under.

Band 1

Includes an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish, and planning for further treatment. (All treatment covered by NHS Band 1.)

Band 2

Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions). (All treatment covered by NHS Band 2.)

Band 3

Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges. (All treatment covered by NHS Band 3.)

For a full list of applicable treatments covered under the NHS please refer to your local NHS website for information or ask your dentist.

Please note: If, within two months of completing a course of **NHS treatment**, you need more treatment from the same NHS band or a lower band **we** expect that you would only be charged once for the same NHS band. This means that if you receive **dental treatment**, and then you need further **dental treatment** within two months which is from:

- the same or a lower NHS Band, **we** will reimburse you for the first treatment you received in full (but **we** won't pay anything for the second treatment)
- a higher NHS Band, **we** would reimburse you for a total of the highest applicable NHS Band.

After two months, if you need more **dental treatment**, this would be treated as a new claim and **we** would reimburse you for the relevant NHS Band up to NHS limits.

Scotland and Northern Ireland

If you live in Scotland or Northern Ireland you will pay 80% of the cost of your **NHS treatment**, up to a maximum of permissible amount per treatment. For a full list of applicable treatments and cost covered under the NHS Scotland and Northern Ireland please refer to your local NHS website for information or ask your dentist.

Glossary

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

Word/phrase	Meaning
<i>Agreement</i>	Means the agreement between <i>Bupa</i> and the <i>sponsor</i> which governs the terms and conditions of the <i>scheme</i> .
<i>Annual renewal date</i>	Your renewal date will be the renewal date for the group. This date will be the anniversary of the ' <i>group contract start date</i> ' as indicated on your membership certificate. Depending on the month in which you first join the <i>scheme</i> , your initial period of cover may not be a full twelve months. Your <i>benefits</i> and, if you are a <i>contributing member</i> , your subscriptions may change at the <i>annual renewal date</i> .
<i>Benefits</i>	The fees and expenses that each individual member is covered for under the <i>agreement</i> , subject to all the terms and conditions, including the exclusions, of the <i>agreement</i> .
<i>Bupa</i>	Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. Bupa provides the cover.
<i>Cash benefit for hospital stay</i>	Cash benefit <i>we</i> pay when you receive <i>general dental treatment</i> , <i>emergency dental treatment</i> or <i>dental injury treatment</i> which is provided in a <i>UK</i> hospital as <i>in-patient treatment</i> .
<i>Child dependant</i>	Means any child of yours or your <i>partner's</i> , including any child for whom you or your <i>partner</i> is a legal guardian or foster parent.
<i>Clinically necessary</i>	<i>Dental treatment</i> that is required in the reasonable clinical opinion of a <i>dental professional</i> .
<i>Consultant</i>	A registered medical or dental practitioner who, at the time you receive your <i>treatment</i> is on <i>our</i> recognised consultant list for the relevant <i>benefit</i> and type of <i>treatment</i> . The practitioners on the list will change from time to time. You can ask <i>us</i> whether a medical or dental practitioner is on <i>our</i> list and the type of <i>treatment we</i> recognise them for or you can access these details at <i>finder.bupa.co.uk</i>

Word/phrase	Meaning
Consultant fees schedule	<p>The schedule used by Bupa for the purpose of providing benefits which sets out the benefit limits for consultants fees based on:</p> <ul style="list-style-type: none"> ▪ the type of treatment carried out ▪ for surgical operations, the type and complexity of the surgical operation according to the schedule of procedures – the benefits available for consultant surgeons and consultant anaesthetist may differ for the same surgical operation ▪ the Bupa recognition status of the consultant, and ▪ where the treatment is carried out both in terms of the treatment facility and the location. <p>The schedule may change from time to time. Details of the schedule can be found at bupa.co.uk/codes</p>
Contributing member	A main member who contributes to the costs of subscriptions for them self and/or any of their dependants .
Cosmetic treatment	Any dental treatment of a cosmetic nature or which is not necessary for the maintenance of dental fitness.
Cover start date	The ‘ cover start date ’ shown on your membership certificate.
Day-patient treatment	Dental treatment or oral cancer treatment which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight.
Dental treatment	General dental treatment , emergency dental treatment and dental injury treatment .
Dental injury treatment	<p>Dental treatment carried out in the UK or overseas which is required as a direct result of injury to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact. All treatment connected with the same injury will be taken from the benefit limit in force on the date of the injury. Treatment must start within six months of the date of the injury, and be completed within 24 months (six years for persons under 18).</p> <p>Treatment for dental injuries sustained while participating in contact sport is covered as long as you were wearing an appropriate mouthguard which was supplied and fitted by a dental professional.</p>
Dental professional	Any dental practitioner who is registered with the General Dental Council at the time you receive your dental treatment ; and for the purpose of dental treatment received outside the United Kingdom with a dental professional, shall be deemed to include any person of equivalent status and professional standing who is lawfully permitted to practice dentistry in the country in which the dental treatment was received.

Word/phrase	Meaning
Dependant	Your partner , and/or any child dependant , who is named on your membership certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Emergency dental treatment	<p>The following temporary dental treatment carried out by a dental professional, at an emergency appointment which was not pre-planned and is urgently required in order to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health:</p> <ul style="list-style-type: none"> ■ examinations ■ X-rays ■ extractions ■ root canal extirpation ■ initial relief treatment of dental or gingival infection ■ temporary filling, or provision of permanent filling if a temporary filling is not required ■ construction of temporary crown/bridge/veneer ■ re-cement of crown/inlay/bridge/veneer ■ temporary post and core, repair or replacement of orthodontic appliance ■ repair or adjustment to denture ■ other temporary emergency dental treatment as determined by the dental professional eg stopping bleeding, re-fixing orthodontic retainer wire. <p>Any treatment carried out at a follow-up appointment must be claimed from the general dental treatment benefit limits which can be found in 'Section one, Benefit schedule 1' (on page 18).</p> <p>We may review claims for emergency dental treatment and may request additional information in order to ensure the claim is eligible.</p>
Fee-assured consultant	A consultant who, at the time you receive your treatment , is recognised by us as a fee-assured consultant. You can contact us to find out if a consultant is a fee-assured consultant or use finder.bupa.co.uk
GP/General Practitioner	A doctor who, at the time he/she refers for your consultation or treatment, is on the UK General Medical Council's General Practitioner Register.
General dental treatment	Dental treatment carried out in the UK or overseas for routine treatment (check-up, scale and polish and X-rays) and restorative dental treatment , when carried out by a dental professional .
In-patient treatment	Dental treatment or oral cancer treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.

Word/phrase	Meaning
<i>IOTN scale/ IOTN treatment</i>	<p>IOTN (Index of Orthodontic Treatment Need) is a scale used to determine severity of irregularities of teeth and impact on health.</p> <p><i>Orthodontic treatment</i> is only available when it is grade 4-5 on the <i>IOTN scale</i> and is clinically necessary. Orthodontic treatment is available when it is grade 3 on the IOTN scale and is clinically necessary for any <i>child dependant</i> under 18 years of age and covered under the <i>agreement</i>. It must be carried out by an orthodontic specialist who is registered with the General Dental Council.</p> <p>When submitting a claim for <i>orthodontic treatment</i> you will need to provide proof from your <i>dental professional</i> of your <i>IOTN scale</i>. <i>We</i> will also need to understand the total cost of <i>orthodontic treatment</i> including a payment schedule.</p> <p>IOTN grades 4-5 include severe irregularities of the teeth that need <i>orthodontic treatment</i> for health reasons, for example:</p> <ul style="list-style-type: none"> ■ protrusion of front teeth by more than 6mm from the normal position ■ position of the upper and lower teeth is more than 2mm out in terms of symmetry and interferes with normal function ■ lower front teeth protrude in front of the upper teeth by more than 3.5mm ■ teeth that are more than 4mm out of line from the normal position ■ a deep bite that affects normal function. <p>Grade 5 – most severe dental health problems, for example:</p> <ul style="list-style-type: none"> ■ teeth are prevented coming through into the mouth due to an obstruction eg crowding or additional teeth ■ multiple missing teeth ■ the position of upper front teeth that protrude by more than 9mm from the normal position ■ congenital or developmental problems with the skull or jaw such as cleft lip and palate.
<i>Main member</i>	The person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a <i>dependant</i> .
<i>Mouthguards</i>	<p>A device required to be fitted for one of the following reasons:</p> <ul style="list-style-type: none"> ■ splint for bruxist and/or TMJ Dysfunction ■ Mandibular Advancement Device for Obstructive Sleep Apnoea ■ sports mouthguard supplied and fitted by a <i>dental professional</i> ■ mouthguard for fluoride application ■ fixed stabilisation splint following trauma.
<i>NHS treatment</i>	Any course of <i>treatment</i> carried out on the NHS in England, Scotland, Northern Ireland, Isle of Man and Wales.
<i>Oral cancer treatment</i>	Any medical treatment provided by a specialist registered medical practitioner for treating primary cancer in any part of the oral cavity from the lips to the back of the tongue, but excluding the tonsils and salivary glands. By primary cancer, we mean the site where the cancer first appears.
<i>Orthodontic treatment</i>	Any <i>dental treatment</i> provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.

Word/phrase	Meaning
Out-patient treatment	Dental treatment or oral cancer treatment given at a hospital, consulting room or out-patient clinic where you do not go in for day-patient treatment or in-patient treatment .
Partner	Your husband, wife, civil partner or the person you live with in a relationship similar to that of a marriage or civil partnership.
Partnership consultant	A consultant who at the time you receive your treatment is recognised by us as a partnership consultant. You can contact us to find out if a consultant is a partnership consultant .
Partnership facility	<ul style="list-style-type: none"> ■ A hospital or a treatment facility, centre or unit that, at the time you receive your eligible treatment, is in our partnership facility list that applies to your benefits and is recognised by us for both: <ul style="list-style-type: none"> – treating the medical condition you have, and – carrying out the type of treatment you need. ■ Any other establishment which we may decide to treat as a partnership facility for the purpose of the scheme. <p>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of treatment we recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of treatment we recognise them for are available on our consultant and facilities website at finder.bupa.co.uk.</p>
Pre-existing condition	A condition is pre-existing if: <ul style="list-style-type: none"> ■ you had symptoms of or knew about the condition before your cover start date, or ■ a dental professional planned or recommended treatment for the condition before your cover start date.
Prosthetic appliance	Any artificial aid used in the restoration of a patient's dentition.
Physical contact sports	Rugby, football, hockey, boxing, wrestling, lacrosse, ice hockey or any other sport where it is common practice to wear mouth or gum protection.
Recognised practitioner	A healthcare practitioner who at the time of your treatment : <ul style="list-style-type: none"> ■ is recognised by us for the purpose of our private dental insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and ■ is in our list of recognised practitioners that applies to your benefits.

Word/phrase	Meaning
Restorative dental treatment	<p>The following dental treatments as carried out by a dental professional:</p> <ul style="list-style-type: none"> ▪ chronic periodontal treatment ▪ simple gingivectomy treatments ▪ inlay/onlay ▪ veneer ▪ full gold crown, porcelain crown, porcelain bonded to metal crown ▪ bridge, adhesive bridge, cast post and core, pre-fabricated post and core ▪ re-fix or re-cement of existing crown, re-cement of adhesive bridge, and re-cement of any other bridge ▪ dentures (acrylic/metal, partial/full, upper/lower), reline denture, addition of tooth, repair denture ▪ mouthguards ▪ surgical implants.
Scale of cover	Your cover option at the time you receive your dental treatment , being either Level 1, Level 2, Level 3 and Level 4 and as shown on your current membership certificate.
Schedule of procedures	The schedule used by Bupa for the purpose of providing benefits which classifies surgical operations according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under Bupa schemes. Further information on the schedule is available on request.
Scheme	the cover we provide as shown on your membership certificate together with this membership guide subject to the terms and conditions of the agreement .
Sponsor	The company, association or organisation for whom Bupa has for the time being agreed to operate the Bupa Dental Plan group scheme for the time being of which you are a member.
Surgical implant	A surgical implant is a surgical component that interfaces with the bones of the jaw or skull to support a dental prosthesis such as a crown, bridge, denture, facial prosthesis or acts an orthodontic anchor.
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 partnership 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	<ul style="list-style-type: none"> ▪ 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 <p>who is Health Professions Council registered and is a recognised practitioner. You can contact us to find out if a practitioner is a recognised practitioner and the type of treatment we recognise them for.</p>

Word/phrase	Meaning
<i>Treatment</i>	Any dental treatment or oral cancer treatment .
<i>United Kingdom/UK</i>	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
<i>We/our/us</i>	Bupa .
<i>Year</i>	<p>In relation to you and each of your dependants, a period starting on the cover start date or an annual renewal date and ending on the day immediately prior to the next annual renewal date.</p> <p>Depending on the month in which you first join the scheme, your initial period of cover may not be a full twelve months. Your benefits and, if you are a contributing member, your subscriptions may change at the annual renewal date.</p>

Protecting your information and rights

Status disclosure

Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited for the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office: **1 Angel Court, London EC2R 7HJ**

Getting in touch

The Bupa helpline is always the first number to call if you need help or support. You can call us on **0800 237 777***.

The Staff at Bupa are trained and supervised to provide our customers and members with information only on Bupa's own insurance products and health related services. All Bupa sales are on a non advised basis.

Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards **we** have set. If you feel that **we** have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

If **Bupa**, or any representative of **Bupa**, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you. If you are a member of a company or corporate scheme please call your dedicated Bupa helpline, this will be detailed on your membership certificate.

For any other complaint **our** member services department is always the first number to call if you need help or support or if you have any comments or complaints. You can contact **us** in several ways:

By phone: **0800 237 777***

*We may record or monitor our calls.

In writing: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

By email: **customerrelations@bupa.com**

Please be aware that the information you send to this email address may not be secure unless you send your email through 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.

Via our website: **bupa.co.uk/members/member-feedback**

How will we deal with your complaint and how long is this likely to take?

If **we** can resolve your complaint within three working days after the day you made your complaint, **we** will write to you to confirm this. Where **we** are unable to resolve your complaint within this time, **we** will promptly write to you to acknowledge receipt.

We will then continue to investigate your complaint and aim to send you **our** final written decision within four weeks from the day of receipt. If **we** are unable to resolve your complaint within four weeks following receipt, **we** will write to you to confirm that **we** are still investigating it.

Within eight weeks of receiving your complaint **we** will either send you a final written decision explaining the results of **our** investigation or **we** will send you a letter advising that **we** have been unable to reach a decision at this time.

If you remain unhappy with **our** response, or after eight weeks you do not wish to wait for **us** to complete **our** review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: **Exchange Tower, London E14 9SR** or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** calls to this number are now free on mobile phones and landlines or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

For more information you can visit **www.financial-ombudsman.org.uk**

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. **We** will only give them what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact **us**.

Your complaint will be dealt with confidentially and will not affect how **we** treat you in the future.

Whilst **we** are bound by the decision of the Financial Ombudsman Service, you are not.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For **Bupa**, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit **<http://ec.europa.eu/consumers/odr/>**

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that **we** cannot meet **our** financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: **www.fscs.org.uk**

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 and protect it. It also provides information about your rights. 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 contact the Bupa Privacy team on **+44 (0) 1784 893706**. Or, you can email the team at **dataprotection@bupa.com** or 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-notice**

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 two 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) and 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, we have your permission or as otherwise described in our full privacy notice.

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. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

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.

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 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 company agree to 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 this policy, shall not provide cover or be liable to pay any claim where this would expose **Bupa** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations 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.

Notes

Bupa dental insurance is provided by:
Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 312526.

You can check the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
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