

Bupa Select policy summary

Effective from 1 April 2010

keyfacts[®]

Welcome to Bupa Select (the scheme). This policy summary contains key information about the scheme. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover under the agreement, which you will find in the policy membership guide. Also, the terms of your cover may change from time to time, particularly at renewal. The helpline can provide further details.

About your cover

The insurer

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

The type of insurance provided

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

Bupa Select contains a number of options, from which the sponsor chooses those it wants to provide as part of your cover under the agreement.

The type of treatment covered

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

- are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK
- are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided

- are demonstrated through scientific evidence to be effective in improving health outcomes, and
- are not provided or used primarily for the expediency of you or your consultant or other healthcare professional

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

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

Bupa recognised practitioners and facilities

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

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

Summary of cover options table

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

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

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

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

^Δ Please note the out-patient benefit limit restriction does not apply when the out-patient treatments are for eligible treatment of cancer.

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

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

Additional benefits

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

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

<p>cancer treatment - as for other treatment set out in this table except for:</p> <p>out-patient consultations with a consultant and out-patient therapies and complementary medicine on GP or consultant referral</p> <p>hospital charges for out-patient test and investigations on consultant referral</p> <p>hospital charges for out-patient cancer drugs</p> <p>out-patient MRI, CT and PET scans</p> <p>hospital charges and consultants fees for bone marrow and stem cell transplants</p> <p>consultant oncologist fees for chemotherapy and radiotherapy</p>	<p>paid in full</p>	<p>with a scheme recognised consultant, therapist or complementary medicine practitioner (acupuncture, chiropractic, homoeopathy and osteopathy only)</p> <p>in a partnership facility or specialist treatment centre</p> <p>in a scheme recognised imaging unit for the type of scan you need</p> <p>with a Bupa partnership consultant in a specialist treatment centre - benefit limits apply for Bupa recognised non-partnership consultants</p> <p>or</p> <p>with a Bupa recognised consultant - irrespective of consultant partnership status - in a specialist treatment centre</p> <p>with a Bupa partnership consultant in a partnership facility or specialist treatment centre - benefit limits apply for Bupa recognised non-partnership consultants</p> <p>or</p> <p>with a Bupa recognised consultant - irrespective of consultant partnership status - in a partnership facility or specialist treatment centre</p>
<p>Psychiatric treatment</p>	<p>discretionary benefit - unless the sponsor has chosen to exclude this cover</p>	<p>call the helpline for details</p>

Optional cash benefits

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

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

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

The sponsor may agree with us that an excess applies to your cover. If it does apply it applies to each member each year and will be one of the following amounts: £50^Δ, £100, £150, £200 or £500*. This means that each member is responsible for paying the first part of his or her eligible treatment costs up to the amount of the excess each year. The Bupa Select Membership Guide and your membership certificate together provide details, including the amount, of any excess that may apply to your cover or details are available from the helpline.

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

* Only available to new and existing groups with a start date on or after 1st July 2010

What your policy does not cover

There are certain medical conditions and treatments that you are not covered for. There are some exceptions to some exclusions. The Bupa Select Membership Guide (in the 'What is not covered' section) and your membership certificate together provide the details or they are available from the helpline.

The excluded medical conditions and treatments include:

- treatment for ageing, menopause and puberty;
- AIDS / HIV;
- allergies;
- birth control, conception, sexual problems or sex changes;
- chronic conditions;
- complications from excluded conditions;
- treatment resulting from contamination, wars, riots or terrorist acts;
- convalescence care, rehabilitation or general nursing care;
- cosmetic, reconstructive or weight loss treatment;
- treatment for deafness or to correct eyesight;
- dental or oral treatment;
- dialysis;
- experimental drugs and treatment;
- HRT and bone densitometry;
- intensive care (other than routinely needed after private day-patient treatment or in-patient treatment);
- learning difficulties, behavioural and developmental problems;
- pregnancy and childbirth;

- screening and preventive treatment;
- sleep problems and disorders;
- speech disorders;
- temporary relief of symptoms;
- out-patient drugs and dressings;
- physical aids and appliances;
- for underwritten members: pre-existing conditions (by underwritten members we mean a member who as part of his/her application to join the scheme was required to provide details of his/her medical history to us for the purpose of underwriting).
- for moratorium members[§]: any disease, illness or injury which existed in the five years before cover started, unless after two years continuous membership of the scheme you haven't received medication, advice or treatment or experienced symptoms of that disease, illness or injury.

[§]Only available to new and existing groups with a start date on or after 1st October 2010.

Additional exclusions applying to sports clubs groups

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

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

How long your cover will last

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

Changing your mind

You or your sponsor can end your membership or the membership of any of your dependants at any time by writing to us. If your membership ends, the membership of all your dependants will also end (*See section 1.2c of the policy membership guide*).

Getting in touch

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

How to make a claim

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

Helpline number: 0845 60 40 623[†]

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

Making a complaint

The helpline is always the first number to call if you have a complaint. If we are unable to resolve a problem and you wish to take the complaint further, you can contact our Customer Relations Department. Please write to: Bupa, Anchorage Quay, Salford Quays, M50 3XL or phone on 0845 60 66 739[†] between 8am and 5pm Monday to Friday.

It is very rare that we are unable to settle a complaint but if this does happen, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0845 080 1800.

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 020 7892 7300 or on its website <http://www.fscs.org.uk/>

[†] Calls to this number may be recorded and may be monitored.



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