

**BUPA SELECT KEY**

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# **POLICY SUMMARY**

Effective from 1 January 2014

[bupa.co.uk](http://bupa.co.uk)

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Welcome to Bupa Select Key (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 membership guide. Also, the terms of your cover may change from time to time, particularly at renewal. The helpline can provide further details.

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## About your cover

### The insurer

The insurance is provided under an agreement (the agreement) between Bupa Insurance Limited (Bupa, we, us, our) 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 health insurance which aims to fund eligible private medical treatment in the United Kingdom. Bupa Select contains a number of options. 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.

In most cases, 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. Please call us before your treatment to check you are covered.

## SUMMARY OF COVER TABLE

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

Unless otherwise specified, the amounts shown in the table are for each member.

### When you are not admitted to hospital

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
<b>Out-patient consultations and treatment</b>		
Out-patient consultations with a consultant on GP or consultant referral	up to £1,000 combined limit each membership year (maximum £250 from within your available limit for complementary medicine)	<ul style="list-style-type: none"> <li>consultants who are partnership consultants - paid in full up to and from within your available out-patient benefit limit</li> <li>consultants who are not partnership consultants - up to the limits of the consultant fees schedule and up to and from within your available out-patient benefit limit</li> </ul>
Out-patient therapies and complementary medicine on GP or consultant referral		with a scheme recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)
Facility charges for out-patient tests and investigations on consultant referral		in a scheme recognised facility
MRI, CT and PET scans	paid in full	in a scheme recognised facility for the type of scan you need as part of your eligible treatment

### When you are admitted to hospital

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
<b>Out-patient surgical operations, day-patient or in-patient treatment</b>		
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
Facility charges for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or in-patient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances	paid in full	<p>in a partnership facility</p> <p>for intensive care in a scheme recognised critical care unit</p> <p>a list of the prostheses and appliances covered is available on request</p>
Parent accommodation		for one parent only, accompanying a child under 16 who is a member of the scheme and receiving eligible in-patient treatment in a scheme recognised facility
Treatment at home	discretionary benefit	with a scheme recognised medical treatment provider

## Additional benefits

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
Private ambulance	up to £80 each single trip	when medically necessary and related to private eligible day-patient or in-patient treatment
Home nursing	£2,000 each year	when immediately following private eligible in-patient treatment
NHS cash benefit	£50 a night for up to 35 nights a year	NHS in-patient treatment that would otherwise be covered for private in-patient treatment under your scheme
NHS cash benefit for NHS in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation that is for cancer treatment	£100 each night	NHS in-patient cancer treatment that would otherwise be covered for private in-patient treatment under your scheme
NHS cash benefit for NHS out-patient or day-patient treatment or NHS home treatment for cancer	£100 for each day you receive radiotherapy in a hospital setting £100 for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy or part thereof £100 on the day of your surgical operation	NHS out-patient, day-patient and home treatment for cancer that would otherwise be covered under your scheme

## Cancer treatment

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
<b>Cancer treatment - as for other treatment set out in this table except for:</b>		
<p>Out-patient consultations with a consultant</p> <p>Out-patient therapies and complementary medicine on GP or consultant referral</p> <hr/> <p>Hospital charges for out-patient tests and investigations on consultant referral</p> <hr/> <p>Hospital charges for out-patient cancer drugs</p>	paid in full	<p>for out-patient consultations:</p> <ul style="list-style-type: none"> <li>○ consultants who are partnership consultants – paid in full</li> <li>○ consultants who are not partnership consultants – up to the limits of the consultant fees schedule</li> </ul> <p>with a scheme recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)</p> <hr/> <p>in a scheme recognised facility</p> <hr/> <p>in a scheme recognised facility</p>

## Mental health treatment

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
Mental health day-patient and in-patient treatment annual limit	up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually	for eligible treatment in recognised facilities and with recognised consultants
Consultants' fees and mental health and wellbeing therapists' fees for out-patient treatment	up to and from within your combined out-patient benefit limit	<ul style="list-style-type: none"> <li>consultants who are partnership consultants – paid in full up to and from within your available out-patient benefit limit</li> <li>consultants who are not partnership consultants – up to the limits of the consultant fees schedule and up to and from within your available out-patient benefit limit</li> </ul> <p>with a scheme recognised mental health and wellbeing – paid in full up to and from within your available out-patient benefit limit</p>
Facility charges for out-patient tests and investigations on consultant referral		In a scheme recognised facility – paid in full up to and from within your available out-patient benefit limit"
Consultants' fees for day-patient and in-patient treatment	up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually	<p>In a partnership facility</p> <ul style="list-style-type: none"> <li>consultants who are partnership consultants – paid in full</li> <li>consultants who are not partnership consultants – up to the limits of the consultant fees schedule</li> </ul>
Facility charges for day-patient and in-patient treatment	up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually	In a partnership facility – paid in full

## Optional cash benefits

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
Family cash benefit	£200 for each birth or adoption	this cover applies to a main member only
<b>The following benefits are not available for members under 16 years old</b>		
Optical cash benefit	up to £100 in any 2 year benefit period	when provided to or prescribed for you by a scheme recognised optician or consultant
Accidental dental injury cash benefit	up to £900 each year	with a scheme recognised dentist or orthodontist
Prescription cash benefit	up to £20 each year	for eligible treatment

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

Type of treatment cost	Maximum benefit available depending on your cover under the agreement	Notes as applicable depending on your cover under the agreement
Consultants' fees for eligible surgical operations – consultants' fees for other types of treatment are as set out in this table	paid in full	with a Bupa recognised consultant – irrespective of consultant partnership status – in a partnership facility
Travel costs to the UK mainland for you to receive eligible treatment	up to £240 for a return trip	specific conditions apply – call the helpline for details
Travel costs to the UK mainland for a parent, nurse or relative to accompany you when medically necessary	up to £240 for a return trip	specific conditions apply – call the helpline for details
Nursing care by a qualified nurse during your journey	up to £100 each trip	specific conditions apply – call the helpline for details

### Policy excess

The sponsor may agree with us that an excess applies to your cover. If it does apply, it applies to each member each year and will be one of the following amounts: £0, £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.

### 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 of those exceptions and they are also available for the helpline.

The excluded medical conditions and treatments include:

- treatment for ageing, menopause and puberty
- AIDS/HIV
- allergies
- birth control, conception, infertility, sexual problems or sex changes
- chronic conditions
- chronic mental health conditions
- complications from excluded conditions
- treatment resulting from contamination, wars, riots or terrorist acts
- pandemic or epidemic disease
- 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
- 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, monitoring 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.

### 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 overleaf. 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
- mental health treatment
- NHS cash benefit

### How long your cover will last

The agreement is an annual one. Your cover is dependent 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.

### 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 604 0623\*** 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 604 0623\***

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

### 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 dissatisfied in any other way, then this is the procedure that you should follow.

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: **0845 609 0111\***

In writing: **Customer Relations, Bupa, Salford Quays, Manchester, M50 3XL**

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

Or 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 cannot resolve your complaint immediately we will write to you, within five working days, to acknowledge receipt of your complaint. We will then continue to investigate your complaint and aim to send you our full written final decision within 15 working days. If we are unable to resolve your complaint within 15 working days we will write to you to confirm that we are still investigating your complaint.

Within eight weeks of receiving your complaint we will either send you a full written final decision detailing the results of our investigation or send you a letter advising that we have been unable to complete the review of your complaint.

If you remain dissatisfied after receiving our final decision, 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: South Quay Plaza, 183 Marsh Wall, London, E14 9SR or call them on **0800 023 4567** (free for fixed line users) 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**

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 Financial Services Compensation Scheme (FSCS)

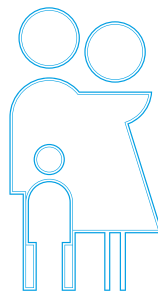
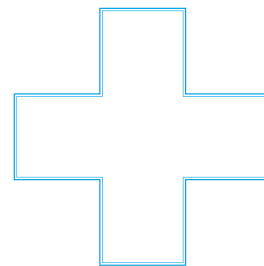
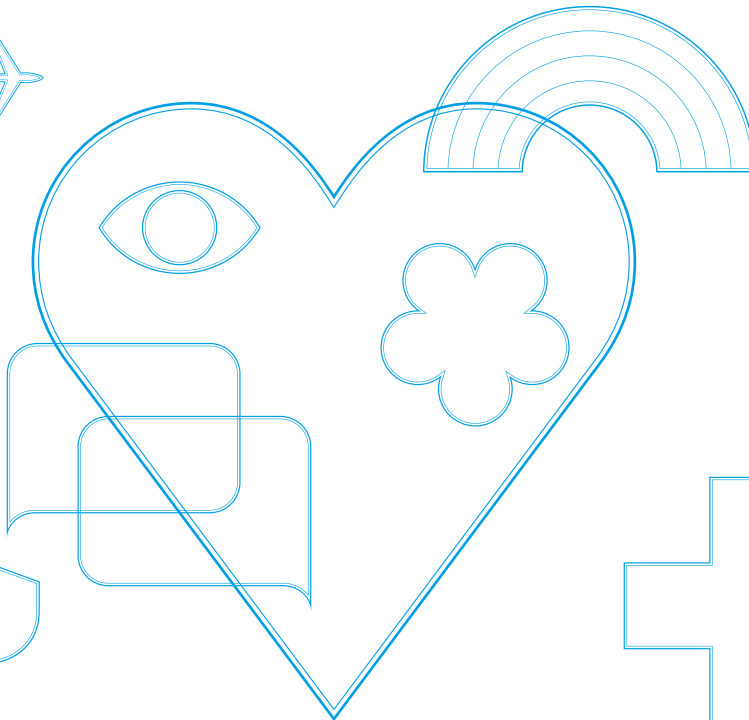
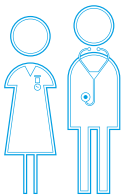
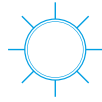
In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation.

Further information about compensation scheme arrangements is available from the FSCS on **0207 892 7300** or on its website **www.fscs.org.uk**

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