Bupa Select Key
Policy Summary
Effective from 1 April 2018
bupa.co.uk
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.

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. Please read the Bupa Select Membership Guide together with your membership certificate to ensure the cover under the Agreement meets your needs.

The type of treatment covered
You are only covered for eligible treatment. This means treatment of:

- an acute condition or
- a mental health condition (depending on your cover for mental health treatment under the Agreement)

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, for example as specified by NICE (or equivalent bodies in Scotland) in its guidance on specific conditions or treatment where such guidance is available
- are demonstrated through scientific evidence to be effective in improving health outcomes
- 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 (see the Bupa Select Membership Guide and your membership certificate for details of the benefits that apply to your cover under the Agreement).

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

### When you are not admitted to hospital

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patient consultations and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-patient consultations with a consultant on GP or consultant referral</td>
<td>paid in full up to £1,000 each membership year for these out-patient benefits combined and not individually (a maximum £250 is available from within this limit for complementary medicine)</td>
<td>with a scheme recognised consultant with a scheme recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only) in a scheme recognised facility</td>
</tr>
<tr>
<td>Out-patient therapies and complementary medicine on GP or consultant referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility charges for out-patient diagnostic tests on consultant referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI, CT and PET scans</td>
<td>paid in full</td>
<td>in a scheme recognised facility for the type of scan you need as part of your eligible treatment</td>
</tr>
</tbody>
</table>

### When you are admitted to hospital

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patient surgical operations, day-patient or in-patient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants’ fees for surgical and medical hospital treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ consultants who are partnership consultants – paid in full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ recognised consultants who are not partnership consultants – up to the limits of the Bupa consultant fees schedule</td>
<td>in a partnership facility</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>paid in full</td>
<td>in a partnership facility for eligible intensive care in a scheme recognised critical care unit a list of the prostheses and appliances covered is available on request 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</td>
</tr>
<tr>
<td>Parent accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment at home</td>
<td>discretionary – if we agree, we pay in full for the charges that we agree to pay on your behalf</td>
<td>with a scheme recognised medical treatment provider</td>
</tr>
</tbody>
</table>
**Additional benefits**

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private ambulance</td>
<td>up to £80 each single trip</td>
<td>when medically necessary and related to private eligible day-patient or in-patient treatment</td>
</tr>
<tr>
<td>Home nursing</td>
<td>up to £2,000 each year</td>
<td>when immediately following private eligible in-patient treatment</td>
</tr>
<tr>
<td>NHS cash benefit for NHS in-patient treatment</td>
<td>£50 a night for up to 35 nights a year</td>
<td>NHS in-patient treatment that would otherwise be covered for private in-patient treatment under your scheme</td>
</tr>
<tr>
<td>NHS cash benefit for NHS in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation that is for cancer treatment</td>
<td>£100 each night</td>
<td>NHS in-patient cancer treatment that would otherwise be covered for private in-patient treatment under your scheme</td>
</tr>
</tbody>
</table>
| 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**

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patient consultations with a consultant</td>
<td>paid in full</td>
<td>with a scheme recognised consultant, therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)</td>
</tr>
<tr>
<td>Out-patient therapies and complementary medicine on GP or consultant referral</td>
<td></td>
<td>in a scheme recognised facility</td>
</tr>
<tr>
<td>Hospital charges for out-patient tests and investigations on consultant referral</td>
<td></td>
<td>in a scheme recognised facility</td>
</tr>
<tr>
<td>Hospital charges for out-patient cancer drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Mental health treatment

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health day-patient and in-patient treatment</td>
<td>up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually</td>
<td>for eligible mental health treatment in recognised facilities and with recognised consultants</td>
</tr>
<tr>
<td>Consultants’ fees and mental health and wellbeing therapists’ fees for out-patient treatment</td>
<td>paid in full up to and from within your available out-patient benefits combined limit specified above in this table</td>
<td>with a scheme recognised consultant or mental health and wellbeing therapist</td>
</tr>
<tr>
<td>Facility charges for out-patient tests and investigations on consultant referral</td>
<td></td>
<td>in a scheme recognised facility</td>
</tr>
<tr>
<td>Consultants’ fees for day-patient and in-patient treatment</td>
<td>○ consultants who are partnership consultants – paid in full  ○ consultants who are not partnership consultants – up to the limits of the Bupa consultant fees schedule up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually</td>
<td>in a partnership facility</td>
</tr>
<tr>
<td>Facility charges for day-patient and in-patient treatment</td>
<td>paid in full up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually</td>
<td>in a partnership facility</td>
</tr>
</tbody>
</table>

### Add-on – cash benefits

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family cash benefit</td>
<td>£200 for each birth or adoption</td>
<td>this cover applies to a main member only</td>
</tr>
</tbody>
</table>

The following benefits are not available for members under 16 years old (see the Cash Benefit section in the Bupa Select Membership Guide for details)

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optical cash benefit</td>
<td>up to £100 in any 2 year benefit period</td>
<td>when provided to or prescribed for you by a scheme recognised optician or consultant</td>
</tr>
<tr>
<td>Accidental dental injury cash benefit</td>
<td>up to £900 each year</td>
<td>with a scheme recognised dentist or orthodontist</td>
</tr>
<tr>
<td>Prescription cash benefit</td>
<td>up to £20 each year</td>
<td>for eligible treatment</td>
</tr>
</tbody>
</table>
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: £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, for mental health treatment in the ‘Benefits’ section) and your membership certificate together provide the details of those exceptions and they are also available from the helpline.

The excluded medical conditions and treatments include:
- ageing, menopause and puberty
- AIDS/HIV
- allergies or allergic disorders
- benefits that are not covered and/or are above your benefit limits
- birth control, conception, sexual problems and sex changes
- chronic conditions
- complications from excluded conditions, treatment and experimental treatment
- contamination, wars, riots and terrorist acts
- convalescence, rehabilitation and general nursing care
- cosmetic, reconstructive or weight loss treatment
- deafness
- dental/oral treatment
- dialysis
- drugs and dressings for out-patient or take-home use and complementary and alternative products
- excluded treatment or medical conditions
- experimental drugs and treatment
- eyesight
- pandemic
- intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)
- learning difficulties, behavioural and developmental problems
- overseas treatment
- physical aids and devices
- pre-existing conditions
- pregnancy and childbirth
- screening, monitoring and preventive treatment
- sleep problems and disorders
- special conditions
- speech disorders
- remote consultations
- temporary relief of symptoms
- treatment in a treatment facility that is not a recognised facility
- unrecognised medical practitioners, providers and facilities
- moratorium conditions 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
- pre-existing conditions for underwritten members: 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.

<table>
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<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants’ fees for eligible day-patient and in-patient surgical operations – consultants’ fees for other types of treatment are as set out in this table</td>
<td>paid in full</td>
<td>with a Bupa recognised consultant – irrespective of consultant partnership status – in a partnership facility</td>
</tr>
<tr>
<td>Travel costs to the UK mainland for you to receive eligible treatment</td>
<td>up to £240 for a return trip</td>
<td>specific conditions apply – see the Select Island guide for details</td>
</tr>
<tr>
<td>Travel costs to the UK mainland for a parent, nurse or relative to accompany you when medically necessary</td>
<td>up to £240 for a return trip</td>
<td>specific conditions apply – see the Select Island guide for details</td>
</tr>
<tr>
<td>Nursing care by a qualified nurse during your journey</td>
<td>up to £100 for a single trip</td>
<td>specific conditions apply – see the Select Island guide for details</td>
</tr>
</tbody>
</table>

Optional benefit Island cover – for residents of Jersey, Guernsey or the Isle of Man only
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: 0345 604 0623* between 8am and 8pm Monday to
Friday and 8am to 1pm Saturday. Alternatively, you can write to
us at: Bupa, Anchorage Quay, Salford Quays, Salford 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: 0345 604 0623*
Lines are open 8am to 8pm Monday to Friday,
8am to 1pm Saturday

Making a complaint
We’re committed to providing you with a first class service at
all times and will make every effort to meet the high standards
we’ve set. If you feel that we’ve 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: 0345 609 0111*
In writing: Customer Relations, Bupa, Salford Quays,
Manchester, M50 3XL
By email: customerrelations@bupa.com
Please be aware information submitted to us via email is
normally unsecure and may be copied, read or altered by
others before it reaches us.
via our website:
bupa.co.uk/members/member-feedback
Or via twitter: @AskBupaUK

*We may record or monitor our calls.
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’ll write to you to confirm this. Where we’re unable to resolve your complaint within this time, we’ll promptly write to you to acknowledge receipt. We’ll 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’re unable to resolve your complaint within four weeks following receipt, we’ll write to you to confirm that we’re still investigating it.

Within eight weeks of receiving your complaint we’ll either send you a final written decision explaining the results of our investigation or we’ll 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 9GE or contact them via email at complaint.info@financial-ombudsman.org.uk or call them on 0800 023 4567 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 European Commission also provides an online dispute resolution (ODR) platform which allows consumers 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 www.fscs.org.uk

Privacy notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. A full version of the notice can be found in your membership guide or online at bupa.co.uk/privacy

Financial crime and sanctions

Financial crime

You 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 your 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.