

Designed for

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Nuffield Health Employee Healthcare Scheme Handbook

Effective from 1 January 2026

Contents

Welcome	3
Joining the scheme	4
Adding dependants to the scheme	4
Summary of benefits	5
HealthLine and digital wellbeing services	6
How to get in touch with us	7
How to get treatment and claim	8
Direct access to treatment and care	9
Table of benefits	10
Excess	13
Providing us with information	16
Leaving the scheme	17
Lifestyle event changes explained	18
Terms and conditions	19
Privacy notice – in brief	35
How to complain	38
Financial crime and sanctions	39

For more details please call the helpline on **0800 028 7687**

Lines are open Monday to Friday, 8am to 8pm and on Saturdays 8am to 4pm. We may record or monitor phone calls.

Welcome to the Nuffield Health Employee Healthcare Scheme

These pages are designed to provide a summary of the benefits payable under the Nuffield Health Employee Healthcare Scheme (the 'scheme'), the process of joining the scheme and the procedures you should follow to make a claim.

In the event of illness or injury, the scheme aims to provide you with fast access to treatment in a Nuffield Health hospital or other approved hospital.

Joining the scheme gives you peace of mind and the reassurance of knowing you'll get the treatment you need, when you need it and be cared for and treated the Nuffield Health way.

The scheme is a trust which has been set up by Nuffield Health to provide you with healthcare benefits.

The trustees of the trust have appointed Bupa Insurance Services Limited (Bupa) to help administer the trust on their behalf. This

is different to an insurance arrangement as Bupa is not responsible for meeting the cost of claims instead it is Nuffield Health's responsibility to fund the trust and Bupa can only pay benefits out of the monies that Nuffield Health has provided. Where you see the words 'we/our/us' in this handbook it means the trustee or Bupa acting on their behalf.

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



For more details please call the helpline on **0800 028 7687**

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Joining the scheme

For eligibility criteria please visit the My Benefits web pages. For employees, pre-existing eligible conditions are covered on joining the scheme and there is no medical history questionnaire to complete to join.

You can join the scheme within three months of first becoming eligible to join or in advance of the scheme renewal date each year which is usually 1 January (applications need to be received during the published application period in the previous year or following a qualifying lifestyle event*).

You are liable for income tax on the amount the company pays towards your benefit, known as a taxable benefit. Nuffield Health will process this taxable benefit for you through the monthly payroll.

Further details on how to join the scheme are available at:

www.nuffieldhealth.com/mybenefits/healthcare-scheme

UK residency

To be a beneficiary you and your dependants must be UK residents.

Need to know

The healthcare benefits and services under the trust are only available for use within the UK, unless your specific trust rules state otherwise. If you provide a non-UK address or international contact details (such as a non-UK telephone number), your access to certain healthcare benefits and services that may be payable under your trust rules will be limited.

Adding dependants to your scheme

You can choose to add a partner and/or child(ren) to the scheme at your own cost. You'll pay the contributions yourself via payroll deduction. Current costs for adding a dependant(s) can be found at:

www.nuffieldhealth.com/mybenefits/healthcare-scheme

You can add a dependant to the scheme within three months of first becoming eligible to join, or in advance of the scheme renewal date usually each 1 January, or if you have a qualifying lifestyle event*.

Fixed moratorium underwriting

When you apply to add a dependant to the scheme, we don't look at their medical history. Instead, if they claim we may ask you for more information about the history of their symptoms, so we can confirm if benefits are payable for

the condition or symptoms. We may also need details from their doctor and they may charge for this. If so, you'll need to pay for this yourself.

When they claim for a condition, symptom, disease, illness or injury they had in the two years before their moratorium start date, it will only be payable under their benefits after they have had cover for two consecutive years from their moratorium start date. Their moratorium start date is on your registration certificate. If you're not sure of their moratorium start date, contact us and we'll tell you it.

Need to know

After they've had cover for two consecutive years from their moratorium start date, treatment of a moratorium condition is payable under their benefits subject to the scheme terms and conditions.

*A qualifying lifestyle event is defined as: marriage or civil partnership; divorce or separation; birth or adoption of a child; change of partner; death of a spouse/partner/dependant; start or return from maternity leave; decrease in working hours by at least 20%; change in partner benefits. All applications made under a qualifying lifestyle event must have evidence of the event attached to the application via Workday. [See page 18](#) for a full explanation of qualifying lifestyle events.

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Adding a new born

A new born child may be added to the scheme from their date of birth without moratorium underwriting by applying via Workday. This must be done within three months of their birth. Further details are available at

www.nuffieldhealth.com/mybenefits/healthcare-scheme

Summary of benefits

Your scheme is designed to pay for treatment of curable, short term disease, illness or injury. The table of benefits on page 10 is a summary of what's included in your scheme. It also shows you any allowances that apply.

Your scheme does not pay for every type of healthcare treatment, for example chronic conditions with the exception of outpatient monitoring and management of chronic conditions up to the allowance detailed in the table of benefits. Therefore, it's important that you contact the helpline to get a pre-authorisation before arranging any treatment as you will have to pay the costs of any treatment that is not payable under the scheme yourself. Details of treatment that the scheme will not pay for is explained in full in the What isn't payable section on page 25.

Your approved hospital access

The scheme is designed to get you treated and cared for in a Nuffield Health hospital. If your condition can't be treated at a Nuffield Health hospital or you live more than 25 miles from a Nuffield Health hospital, then we may arrange for you to be treated at another approved hospital. Your claim won't be paid if you receive your treatment in a facility that's not an approved hospital without pre-authorisation.

Child dependants

A child dependant may be included under the scheme until the end of the scheme year in which they reach the age of 25.

Overseas treatment

The scheme does not pay for treatment that you receive outside the United Kingdom. Nuffield Health strongly recommends that you buy travel insurance before travelling outside the United Kingdom.

Medical emergency treatment

In the case of a medical emergency you should always use the NHS.

After any urgent or immediate treatment has been completed, your benefits may cover any further treatment you need. Please contact us and we can let you know how we can support you.

Please also see Accident and emergency treatment (Exclusion 1) in the 'What isn't payable' section.

Private Healthcare Information Network

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



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HealthLine and digital wellbeing services

Our HealthLine services are available to all our customers and are free to use. Digital wellbeing services are available to customers aged 16 and over. We may record or monitor phone calls.

Bupa Anytime HealthLine

If you have any health questions or concerns you can call our confidential Bupa Anytime HealthLine on **0345 607 7777**.

You can speak to qualified nurses at anytime of the day or night. They have practical, professional experience and skills to help. This service is provided by Bupa Occupational Health Limited.



Family Mental HealthLine

If you're a parent or care for a young person and are concerned about their mental wellbeing, our confidential Family Mental HealthLine can provide advice, guidance and support.

A trained adviser or mental health nurse will give you advice about what to do next. You can call our Family Mental HealthLine on **0345 266 7938** between 8am and 6pm, Monday to Friday. You can use this service even if the young person isn't a beneficiary under the trust.

Menopause HealthLine

You, or anyone included as a beneficiary under the trust, can talk to a menopause-trained nurse. They'll offer advice, guidance, and support, even if you're not sure that you're menopausal. This includes support that you can give to a partner who may be going through the menopause. You can call our Menopause HealthLine on **0345 608 9984** between 8am and 8pm, every day. This service is provided by Bupa Occupational Health Limited.

Digital wellbeing services

If you are in the UK, our digital wellbeing services on the My Bupa app can help you keep your body and mind healthy. These services provide ways to support your mental and physical health.

Download the My Bupa app to get started.



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How to get in touch with us

We're always here for our customers and happy to help.

Bupa digital account

Your own secure online account so you can see your Bupa trust documents and a personalised view of your benefits in one place wherever you are.

Visit **bupa.co.uk** to create your account or download the My Bupa app.



Call

For any queries about your benefits please call us on **0800 028 7687**.

We may record or monitor phone calls.



Webchat

For answers to general questions and to ask us to pre-authorise consultations, tests and treatment, you can chat with us using your online account, or by visiting **bupa.co.uk**.



If you have hearing or speech difficulties

You can use the Relay UK service. Visit **www.relayuk.bt.com** for more information.

If you have sight difficulties

We have documents in Braille, large print or audio.

Please let us know if you'd like us to send your documents in any of these formats.



Write

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

Bupa digital account

When you or any dependant over 16 provides us with an email address, we will invite you or your dependant by email to create a Bupa digital account.

For more details please call the helpline on **0800 028 7687**

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How to get treatment and claim

We're here to help.

If it's about:

- cancer
- muscles, bones and joints, or
- mental health

use our Direct Access service.

You can call us about your symptoms without needing a referral from a GP. We'll provide support and advice, and a referral for consultations, tests or treatment if you need them.

You can find more information on the next page.

If Direct Access is not available to you or if you prefer, see a GP. This can be a digital GP.

If it's about anything else

You'll first need to see a GP. This can be your own or a digital GP. If you need a consultation, tests or treatment, ask the GP for an open referral and contact us. We can then help you find a consultant or healthcare professional eligible under your benefits.

We may also accept referrals from other healthcare professionals. Find out more at bupa.co.uk/referrals.

Need to know

If you're claiming for cash benefits or health expenses, please contact us and we'll let you know how to claim.

How to get in touch with us

Call

The helpline number below.

We may record or monitor phone calls.

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit bupa.co.uk or use the My Bupa app.

For more details please call the helpline on **0800 028 7687**

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Direct access to treatment and care

Support when you're concerned about symptoms of cancer, mental health or muscle, bone and joint conditions.

You don't always need to see a GP before contacting us. With our Direct Access service, you can call us if you're worried about cancer, mental health or muscle, bone and joint problems. We'll provide support and advice and a referral for consultations, tests or treatment if you need them.

If you have a GP referral, we may also offer you a phone or video assessment with a healthcare professional who specialises in your condition. This will allow you to explore all of your treatment options.

If you have a Direct Access phone or video assessment you won't need to pay an excess for it, and we won't take the cost from your outpatient benefit allowance. If our Direct Access service refers you for a consultation, tests or treatment you may be able to claim for that consultation, test or treatment, and we'll explain how to do this after your assessment.

You can find more information about our Direct Access service at [bupa.co.uk/directaccess](https://www.bupa.co.uk/directaccess).

Need to know

All Nuffield Health employees can access the staff physiotherapy service directly which offers free triage and discounted face to face sessions with no excess contribution to pay. You can find more information on this benefit at:

www.nuffieldhealth.com/mybenefits/health/physiotherapy

For Direct Access please call the helpline.



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Table of benefits for the Nuffield Health Employee Healthcare Scheme

This table of benefits shows your specific benefits and allowances. Please also see the terms and conditions section of this guide. Call the helpline if you are unsure of your benefits.

Benefits	Allowances for each beneficiary	Notes
Diagnostics and outpatient treatment		
Outpatient consultations with a consultant	up to £2,000 allowance each year	with a recognised consultant
Outpatient therapies (Including physiotherapy, osteopathy and chiropractic)	up to £2,000 combined allowance each year	<ul style="list-style-type: none"> with a recognised therapist, or with a recognised complementary medicine practitioner
Outpatient acupuncture	up to £300 allowance each year	with a recognised complementary medicine practitioner
Outpatient diagnostic tests	paid in full	<ul style="list-style-type: none"> with a recognised consultant, or in an approved hospital
Outpatient operations	paid in full	with a recognised consultant and in an approved hospital
Outpatient MRI, CT and PET scans	paid in full	in an approved hospital for the type of scan you need
Outpatient consultations, therapies and diagnostic tests for the monitoring and management of chronic conditions	up to £500 combined allowance each year	with a recognised consultant, therapist, complementary medicine practitioner (acupuncture, chiropractic and osteopathy only) or an approved hospital
Being treated in hospital		
Consultants' fees	paid in full	with a recognised consultant and in an approved hospital
Hospital charges for day-patient treatment and inpatient treatment	paid in full	in an approved hospital
Staying in hospital with a child	paid in full	one parent only, accompanying a child aged 17 or under who is a beneficiary under the trust and receiving inpatient treatment payable under their benefits in an approved hospital

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Cancer treatment

Need to know

Once cancer has been diagnosed, the benefits below apply to your outpatient treatment for cancer. Benefits for all other eligible treatment for cancer are paid in the same way we pay for other treatment set out in this table of benefits.

Outpatient consultations with a consultant	paid in full	with a recognised consultant
Outpatient therapies and complementary medicine	paid in full	with a recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)
Outpatient diagnostic tests	paid in full	<ul style="list-style-type: none"> with a recognised consultant, or in an approved hospital
Other outpatient charges	paid in full	we pay charges for clinical reviews we may request to establish the eligibility of treatment
Hospital charges for eligible outpatient cancer drugs	paid in full	in an approved hospital when: <ul style="list-style-type: none"> unavailable from your GP, or an initial small supply is provided by the approved hospital on discharge to enable you to start your treatment straight away
Cash benefit for wigs or hairpieces	£100	if you experience hair loss during eligible treatment for cancer. Payable each time: <ul style="list-style-type: none"> a new cancer is diagnosed, or a previous cancer comes back.
Cash benefit for post-surgery bras	£200	for post-surgery bras and prostheses after an eligible operation for breast cancer. This cash benefit is paid once for each operation.

Mental health treatment

Inpatient and day-patient hospital charges and consultants' fees for mental health treatment	paid in full for up to a maximum of 28 days each year for day-patient treatment and inpatient treatment combined and not individually	with a recognised consultant psychiatrist and in an approved hospital
Consultant psychiatrists' fees, therapies and diagnostic tests for outpatient mental health treatment	up to and from within your available outpatient allowances for outpatient consultations, therapies and diagnostic tests detailed above	with a recognised consultant psychiatrist or mental health and wellbeing therapist

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Additional benefits

Home nursing	up to £600 allowance each year	when immediately following private inpatient treatment payable under your benefits and needed for medical reasons and not domestic or social reasons
Private ambulance charges	up to £300 allowance each year	when medically necessary and related to private day-patient or inpatient treatment payable under your benefits

Advanced Therapies

New and innovative targeted/ bespoke therapies may be included as part of your treatment plan. Please refer to “Advanced therapies list B” in the following link for the list of included therapies [bupa.co.uk/policyinformation](https://www.bupa.co.uk/policyinformation)

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Excess

The scheme has an excess of £150 which applies to each member individually each year. Having an excess means that you must pay part of any treatment costs that would otherwise be payable under your benefits, up to the £150 excess. The excess renews at the beginning of each year, even if you're part way through treatment. So, you could have to pay the excess twice during a single course of treatment if your treatment begins in one year and continues into the next year.

When there's an excess to pay, we will write to you or the dependant having treatment (if they're aged 16 or over) to let you know which consultant, healthcare professional, hospital or clinic you need to pay your excess to. The excess is applied in the order in which we receive your claims.

Need to know

If you are claiming for treatment costs where an allowance applies, your excess payment will count towards the allowance for that benefit. Your table of benefits will show your specific benefit allowances.

Here's an example of how your excess works

Helen's trust scheme has a £150 excess which applies each year. Helen has some physiotherapy which costs £250. We pay Helen's physiotherapist £100 and we'll let Helen know that she needs to pay them £150 (the excess). If Helen needs other treatment (whether it's for the same condition or not) during the year, she doesn't need to pay another excess. When Helen's benefits renew, the excess will also renew.

What we pay consultants for treatment in hospital

We pay consultant fees for treatment in hospital up to the amounts shown in our schedule of procedures. You can find the schedule at bupa.co.uk/codes.

If you see a consultant who charges more than we will pay, you may need to pay the difference.

Reasonable and usual charges

We only pay reasonable and usual charges for eligible treatment. This means that the amount we will pay consultants, healthcare professionals, hospitals and facilities will be in line with what the majority of Bupa UK's customers are charged for similar treatment or services.

There may be another proven treatment available in the UK that costs more than the treatment that the majority of Bupa UK's customers have for the same condition. If the other proven treatment doesn't provide a better clinical outcome, we will only pay up to the amount the majority of Bupa UK's customers are charged for similar treatment or services.

For more details please call the helpline on **0800 028 7687**

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Getting a GP referral

If you see a GP and you need a consultation, tests or treatment, ask for an open referral.

This means your GP will recommend the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your GP's recommendation to help you choose a consultant or healthcare professional.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or treatment so we can:

- confirm whether the consultation, test or treatment is eligible treatment and if it's payable under your benefits
- confirm the consultants, healthcare professionals, hospitals or clinics are recognised by the trust
- let you know how to claim for cash benefits or health expenses benefits, and
- give you a pre-authorisation number.

We may ask you for information about the history of your symptoms, including details from your GP or consultant.

You can then contact the consultant, healthcare professional, hospital or clinic to arrange an appointment. You'll need to give them your pre-authorisation number so we can pay them for your treatment that is payable under your benefits. We will write to the main beneficiary, or to their dependant who is having treatment (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess) to explain how much and who to pay.

Need to know

If you don't get pre-authorisation from us, you'll be responsible for paying for

all treatment that we wouldn't have pre-authorised if you'd contacted us before arranging it.

Information about benefits for children aged 17 or under

We always need a named referral for a paediatric consultant. If someone aged 17 or under who is a beneficiary under the trust needs to see a consultant, please ask their GP for a named referral, and not an open referral. Some private hospitals don't provide services for children or have restricted services available, so treatment may be at an NHS hospital. Please visit finder.bupa.co.uk to see paediatric services available in your area and contact us before any consultations, tests or treatment so we can confirm that these are payable under your benefits.

Trust recognised consultants, healthcare professionals, approved hospitals and facilities

Need to know

Where we say trust recognised, we mean recognised by Bupa for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules.

Your benefits for eligible treatment costs depend on you using certain trust recognised consultants, healthcare professionals and recognised facilities.

- The facility, consultant or healthcare professional must be recognised by the trust for treating the medical condition you have, and for providing the type of treatment you need on the date you receive that treatment.
- If you need inpatient treatment or day-patient treatment (or both), the hospital must be an approved hospital.
- The person who has overall responsibility for your treatment must be a consultant, except where a GP or our Direct Access service, refers you for outpatient treatment by a therapist,

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complementary medicine practitioner or mental health and wellbeing therapist.

Paying for treatment

We only pay for treatment you have while you're a beneficiary under the trust and we only pay for treatment in line with the benefits that apply to you on the date the treatment takes place. Benefits aren't payable for any treatment that takes place after the date you stop being a beneficiary, even if we've pre-authorised it. Your benefits and allowances may change at renewal. This means any treatment that takes place after the renewal of your benefits won't be payable if that treatment is no longer included under your benefits.

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

When you receive private medical treatment you have a contract with the providers of your treatment. You are responsible for the costs of having private treatment. However, we pay the costs for which you're eligible under your benefits. If your treatment isn't payable under your benefits, you'll be responsible for paying the costs of that treatment to your treatment provider.

We don't provide private treatment or any other clinical services that you receive under your benefits. In many cases we have agreements with consultants, healthcare professionals, hospitals and clinics for how much they charge our customers for treatment and how we pay them. We'll usually pay the consultant, healthcare professional, hospital or clinic direct for your treatment. Otherwise, we'll pay the

main beneficiary. We'll write to the main beneficiary or to their dependant who is having treatment (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess) to explain how much and who to pay.

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Providing us with information

We may need some information from you to help us with your claim. This might include for example:

- medical reports and other information about the treatment you're claiming for
- the results of any independent medical examination we may ask you to have (which we'll pay for), and
- original unaltered invoices for your claim (including any treatment costs covered by your excess).

We may not be able to review or pay your claim without this information.

Medical reports

We may need to ask your doctor for information about your consultation, tests or treatment to see if it's payable under your benefits. We'll need your permission to do this, and you have certain rights when it comes to your personal and medical information.

- You can give your doctor permission to send us a medical report without you seeing it first. Or you can ask your doctor to show you the medical report before they send it to us, but you must do this within 21 days from the date we ask them for it.
- If you don't contact your doctor within 21 days to ask to see your medical report, we'll ask them to send it straight to us.
- You can ask your doctor to change the report if you think it's inaccurate or misleading. If they refuse, you can add your own comments to the report before the doctor sends it to us.
- Once you've seen the report, your doctor can't send it to us unless you give them permission to do so.

- You can ask your doctor not to send us the medical report, but if you do this we won't be able to tell you whether your consultation, test or treatment is payable under your benefits, and we may not be able to pay your claim.
- You can ask your doctor to let you see a copy of your medical report within six months of it being sent to us.
- Your doctor can withhold some or all the information in the report if they believe the information:
 - might cause you or someone else physical or mental harm, or
 - would reveal someone else's identity without their permission (unless the person is a healthcare professional, and the information they provide is about your care).
- Your doctor may charge a fee for a medical report. We'll let you know if we'll pay some of this cost.
- There are more details about your rights in **The Access to Medical Reports Act 1988** and **The Access to Personal Files and Medical Reports (NI) Order 1991**, which you can find at legislation.gov.uk.

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Leaving the scheme

Your benefits under the scheme will automatically end on the last day of your employment. You may voluntarily leave the scheme or remove dependants from the scheme ahead of the scheme renewal date (usually January) or within three months of a qualifying lifestyle event* by making changes to your current benefits via Workday. Further details are available at: www.nuffieldhealth.com/mybenefits/healthcare-scheme

Child dependants

A child dependant's benefits will automatically end on the first renewal date after they reach age 25.

Need to know

Any treatment that takes place after the date your benefits end isn't payable, even if it's been pre-authorized. You'll be responsible for paying for this.

*A qualifying lifestyle event is defined as: marriage or civil partnership; divorce or separation; birth or adoption of a child; change of partner; death of a spouse/partner/dependant; start or return from maternity leave; decrease in working hours by at least 20%; change in partner benefits. All applications made under a qualifying lifestyle event must have evidence of the event attached to the application via Workday. **See page 18** for a full explanation of qualifying lifestyle events.

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Lifestyle event changes explained

Please see the table below for a full explanation of what qualifies as a lifestyle event and what changes you may make to your scheme mid-year. Any other changes can be requested ahead of the annual scheme renewal (usually 1 January). All lifestyle event changes must be requested within 3 months of the relevant event date. All applications made under a qualifying lifestyle event must have evidence of the event attached to the application via Workday.

Changes you can make to your cover following a lifestyle event

Lifestyle event	Changes to cover						Suggested Evidence
	Employee can join scheme	Employee can leave scheme	Add a partner	Add a child	Remove a partner	Remove a child	
Marriage or civil partnership	✗	✗	✓	✓	✓	✗	Marriage or Civil Partnership Certificate
Partner benefit entitlement changes (e.g. because your partner changes jobs)	✓	✓	✓	✓	✓	✓	Offer Letter, Contract, Letter from Employer
Birth or adoption of a child	✗	✓	✗	✓	✓	✗	Birth or Adoption Certificate
Decrease in working hours by +20%	✗	✓	✗	✗	✓	✓	Offer Letter, Contract, Letter from Manager
Divorce or separation	✗	✓	✗	✗	✓	✓	Divorce Certificate
Change of partner	✗	✗	✗	✗	✓	✓	Tenancy Agreement, Joint Bank Account Statement
Death of a spouse/partner/dependant	✗	✓	✗	✗	✓	✓	Death Certificate
Start family friendly leave	✗	✓	✗	✗	✓	✓	Maternity/Adoption certificate, Paternity/Shared Parental Leave letter from Manager
Return from family friendly leave	✓	✗	✓	✓	✗	✗	Maternity/Adoption certificate, Paternity/Shared Parental Leave letter from Manager

To notify Bupa of a lifestyle event change, please apply via Workday. Further details are available at: www.nuffieldhealth.com/mybenefits/healthcare-scheme

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Terms and conditions

This scheme has been specially designed to pay for private medical treatment within a Nuffield Health hospital following disease, illness or injury.

The terms and conditions for the scheme detail to what extent and how the scheme will pay for private medical treatment and are intended to be clear in language and layout. It's important that you understand the scheme and your own obligations in order to receive the full benefits.

There are words and phrases in this guide which have a special meaning which are set out in the definitions section below.

Definitions

Activities of daily living

- Being able to move from one place to another to carry out day-to-day activities.
- Having a shower or bath.
- Feeding yourself.
- Maintaining personal hygiene (for example, brushing your teeth, washing your hands and washing your hair).
- Going to the toilet.
- Being able to work or take part in education.

Acute Condition A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Acute flare up of a Chronic Condition A sudden and unexpected deterioration of a chronic condition that is likely to respond quickly to treatment. This does not include deterioration of a chronic condition where this is part of the normal progress of the illness or recurring relapses of a chronic condition.

Advanced therapies Gene therapy, somatic-cell therapy or tissue-engineered medicines which:

- the UK medicines regulator has classified as advanced therapy medicinal products (ATMPs) to be used as part of your eligible treatment, and

- at the time of your eligible treatment are included (with the medical conditions we pay them for) on the list of advanced therapies that applies to your benefits, as shown on your table of benefits under the heading 'Advanced therapies list'.

This list is used by Bupa for the purpose of its schemes and has been adopted by the trust for the purpose of the trust rules.

The list of advanced therapies that applies to your benefits is available at **bupa.co.uk/policyinformation**, or you can contact us. The advanced therapies on the list will change from time to time.

Allowances The financial allowances of your benefits, as shown on your table of benefits.

Appliances Any medical appliances which are on Bupa's appliance list for your benefits when you have your treatment and which list the trust has adopted for the purpose of the trust rules. The list of appliances will change from time to time. You can find the list at **bupa.co.uk/prostheses-and-appliances**.

Approved hospital The Nuffield Health facility that you should use for treatment and consultations, unless:

- The treatment or consultation you require is not available at that Nuffield Health facility.
- You live more than 25 miles from the Nuffield Health facility.

For more details please call the helpline on **0800 028 7687**

Lines are open Monday to Friday, 8am to 8pm and on Saturdays 8am to 4pm. We may record or monitor phone calls.

Beneficiary A person designated by the group as a beneficiary under the trust and as being eligible for healthcare benefits under the trust.

Benefits The benefits listed on your table of benefits for which you're eligible as an individual beneficiary under the trust.

Bupa UK Bupa Insurance Limited.

Bupa UK schemes Bupa UK's private health insurance schemes for UK residents.

Cancer A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue, that has been diagnosed by laboratory testing or radiological imaging.

Chronic condition A disease, illness or injury that has one or more of the following characteristics:

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

Common drugs Commonly used medicines (such as antibiotics and painkillers) which, in our reasonable opinion based on established clinical and medical practice, should be an essential part of your eligible treatment.

Company(s) The organisation who has established the scheme under which medical expense benefits are provided to all or a selected group of its employees, or any other organisation who has agreed to participate in that scheme.

Complementary medicine practitioner An acupuncturist, chiropractor or osteopath who is recognised by Bupa for the purpose of Bupa UK schemes and which recognition the

trust has adopted for the purpose of the trust rules. You can search for a complementary medicine practitioner at finder.bupa.co.uk or contact us.

Consultant A registered medical healthcare professional who, when you have your treatment is:

- recognised by Bupa as a consultant for the purposes of Bupa UK schemes both for treating your condition and for providing the type of treatment you need, and which recognition the trust has adopted for the purpose of the trust rules, and
- is in Bupa's list of recognised consultants that applies to your benefits and which list the trust has adopted for the purpose of the trust rules.

You can search for a consultant at

finder.bupa.co.uk or contact us.

Critical care unit Any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in Bupa's list of critical care units for the purpose of Bupa UK schemes and recognised by Bupa at the time of the treatment for the type of intensive care that you need and which list and recognition the trust has adopted for the purpose of the trust rules. This includes when these types of units are for neonatal and paediatric patients, such as neonatal intensive care unit (NICU), paediatric intensive care unit (PICU) or special care baby unit (SCBU). The units on the list and the type of intensive care that we recognise each unit for will change from time to time.

You can search for a critical care unit at

finder.bupa.co.uk or contact us.

Day-patient A patient who is admitted to hospital or a day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

For more details please call the helpline on **0800 028 7687**

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Dependant(s) Your partner or any child, under the age of 25 at the renewal date, you or your partner is responsible for and who is a beneficiary of the scheme and named on your registration certificate.

Diagnostic tests Investigations, such as X-rays or blood tests, to find or to help find the cause of your symptoms. We do not pay charges for diagnostic tests that are not from an approved hospital or from a consultant / specialist who is not recognised by us to carry out diagnostic tests.

Employee(s) An employee (or ex-employee) of the company who is considered by the company to be eligible for inclusion in the Healthcare Scheme and is habitually resident in the UK.

Eligible treatment Treatment (including any products and equipment used as part of the treatment):

- of an acute condition, cancer, a mental health condition, or
- payable by the trust for the outpatient monitoring and management of chronic conditions as set out in the table of benefits.

The treatment must be:

- consistent with generally accepted standards of medical practice and best practice in the medical profession in the UK (for example, as specified by the National Institute for Health and Care Excellence (NICE), or equivalent bodies in Scotland)
- clinically appropriate, in terms of the facility or location where the services are provided and the type, frequency, extent and duration of treatment
- demonstrated through scientific evidence to be effective in improving health outcomes
- not provided or used mainly for the convenience or financial (or other) advantage of you, your consultant or another healthcare professional, and
- not excluded from your benefits.

Gender dysphoria When someone has a sense of unease because of a mismatch between their biological sex (the sex they were assigned at birth) and the gender they identify with.

GP A doctor who refers you for a consultation or treatment and who is on the UK General Medical Council's General Practitioner Register.

Healthcare Scheme/Scheme The healthcare trust provided by the company for the provision of healthcare benefits.

Home nursing The services of a nurse following inpatient or day-patient treatment. The services must be actively supervised by a specialist and be for medical and not domestic reasons.

Hospital charges Accommodation, nursing care, drugs and dressings, diagnostic tests, prostheses and operating theatre costs.

Accommodation charges for one parent or guardian accompanying a dependant aged 17 or under.

Inpatient A patient who is admitted to hospital and who occupies a bed overnight (or for longer) for medical reasons.

Intensive care Treatment that takes place in a critical care unit.

Main beneficiary The person named as the main beneficiary on the registration certificate. The term main beneficiary doesn't include any dependants.

Medical condition Any disease, illness or injury.

Mental health and wellbeing therapist

A healthcare professional recognised by Bupa for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules, who is:

- a psychologist registered with the Health and Care Professions Council
- a psychotherapist accredited with UK Council for Psychotherapy, the British Association for

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Counselling and Psychotherapy, or the British Psychoanalytic Council

- a counsellor accredited with the British Association for Counselling and Psychotherapy, or the National Counselling and Psychotherapy Society, or
- a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies.

You can search for a recognised mental health and wellbeing therapist at **finder.bupa.co.uk**.

Mental health condition An illness or condition which a reasonable medical authority considers to be a mental health condition (for example, anxiety or depression). We do not pay for treatment of dementia.

Moratorium condition Any condition, disease, illness or injury (including related conditions), whether diagnosed or not, which you:

- asked for or received medical advice, treatment or medication for, or
- had symptoms of or knew existed in the two years immediately before your moratorium start date.

By a related condition we mean any symptom, condition, disease, illness or injury which, in our reasonable medical opinion, is associated with another symptom, condition, disease, illness or injury.

Moratorium start date The date you started your continuous period of entitlement to benefits under the scheme is:

- the 'Moratorium start date' on your registration certificate, or
- if this isn't shown on your registration certificate, your start date on the first registration certificate we sent you, or
- your original moratorium start date from a previous scheme if you had a moratorium underwriting scheme with Bupa or another insurer and we have agreed with the group

that this would continue to apply when you joined this scheme.

If you're not sure of your moratorium start date, contact us and we'll tell you it.

NHS

- The National Health Service in Great Britain and Northern Ireland.
- The healthcare system that is operated by the relevant authorities of the Channel Islands.
- The healthcare scheme that is operated by the relevant authorities of the Isle of Man.

Nurse A qualified nurse who is on the register of The Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Operation Eligible treatment that is a medical procedure. This includes surgery and complex diagnostic procedures (such as an endoscopy) and all associated treatment that is medically necessary.

Outpatient A patient who attends a hospital, consulting room or outpatient clinic and is not admitted as a day-patient or inpatient. We will pay for outpatient treatment at home when recommended by your treatment provider or offered by us. We only pay if your treatment provider is recognised by us for treatment at home.

Partner Your husband, wife, civil partner or the person you live with in a relationship and who is a beneficiary.

Preventive treatment Medical services that are used to identify whether you are likely to suffer from an illness, injury or disease in the future, but in a situation where no clinical symptoms are currently present. This includes treatment to prevent the occurrence of a specific medical condition.

Private ambulance Private road ambulance charges if you need private day-patient treatment or inpatient treatment and an ambulance is medically necessary for travel:

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- to an approved hospital from your home, place of work, or an airport or seaport
- between approved hospitals if you need to move for inpatient treatment, or
- from an approved hospital to your home.

Prostheses Any prostheses which are in Bupa's list of prostheses for the purpose of Bupa UK schemes for both your benefits and your type of treatment when you have your treatment and which list the trust has adopted for the purpose of the trust rules. The prostheses on the list will change from time to time. You can find the list at bupa.co.uk/prostheses-and-appliances.

Registration certificate The most recent registration certificate that we send to you for your current continuous period of being a beneficiary, or the most recent Group Certificate held by the trustee that provides details of your healthcare benefits.

Renewal date The day after the 'End date' as shown on your registration certificate or such other date as shall be decided by the trustee as the renewal date.

The scheme is usually renewed each year. Depending on the month in which you first become a beneficiary, your initial benefit year may not be a full 12 months. Your benefits and allowances may change on the renewal date.

Schedule of procedures The rates up to which we will pay consultants for treating Bupa customers. These rates are set out in our Schedule of procedures used by Bupa for the purpose of Bupa UK schemes and are based on the complexity of the procedure and the time and skill needed to perform it. The trust has adopted this schedule for the purpose of the trust rules. Not all procedures listed in the schedule are eligible for benefits under the trust.

You can find the Schedule of procedures at bupa.co.uk/codes.

Scheme The benefits for which you are eligible as a beneficiary under the trust as shown on your table of benefits together with this guide subject to all the rules of the trust including exclusions.

Specialist drugs Drugs and medicines to be used as part of your eligible treatment which are not common drugs and are included in Bupa's list of specialist drugs for the purpose of Bupa UK schemes and that applies to your benefits and which list the trust has adopted for the purpose of the trust rules. The list is available at bupa.co.uk/policyinformation. The specialist drugs on the list will change from time to time.

Start date The date on which your current period of entitlement to benefits under the scheme starts, shown as 'Start date' on your registration certificate.

Table of benefits The current table of benefits which sets out the amounts payable by the trustees under this scheme for treatment.

Therapist healthcare professional registered with the Health and Care Professions Council (HCPC), and on Bupa's list of recognised therapists for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules, who is:

- a chartered physiotherapist
- an occupational therapist registered with the British Association of Occupational Therapists
- an orthoptist registered with the British and Irish Orthoptist Society
- a speech and language therapist registered with the Royal College of Speech and Language Therapists
- a podiatrist registered with the Society of Chiropractors and Podiatrists, or

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- a dietitian registered with the British Dietetic Association.

You can search for a recognised therapist at finder.bupa.co.uk.

The therapists on the list will change from time to time.

Treatment Surgical or medical services (including diagnostic tests), that are needed to diagnose, relieve or cure a disease, illness or injury.

Trust The health trust of which you are designated a beneficiary by the group, which is shown on your registration certificate.

Trust rules This guide together with the most recent Group Certificate(s) held by the trustee that sets out the details of the healthcare benefits that are payable under the trust.

Trustee The trustee(s) of the health trust of which you are a beneficiary.

UK Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.

Year The period beginning on your start date and ending on your end date. Depending on when you join the scheme, your first year may not be a full 12 months. Your benefits and allowances may change on the renewal date.

General Conditions

Your benefits under the Healthcare Scheme will stop on the day that you retire from or leave the company. Benefits may be continued after this date if agreed by the company.

Your entitlement to benefits under the scheme ends the day before the renewal date unless it is renewed by mutual agreement between the company and Bupa with the consent of the trustees.

The company may offer to renew the Healthcare Scheme with different terms and conditions, benefits or contributions, with the consent of the trustees, and will notify the members in writing of any changes they propose.

The company may, with the consent of the trustees, discontinue the Healthcare Scheme at the end of any scheme year.

Any contributions which you undertake to pay for your dependant(s) must be paid in advance, at such times as the trustees require. Entitlement to claim benefit shall commence when a contribution has been received in full and shall end when the period of entitlement corresponding to that contribution has expired.

The trustees reserve the right to discontinue your entitlement to benefits if a contribution is more than 31 days in arrears, or if a beneficiary is in breach of these terms and conditions.

There will be no refund of any contribution, paid by you, on the death of any beneficiary.

Scheme conditions

Benefits are only payable for eligible treatment (including any products and equipment used as part of the treatment):

- of an acute condition, cancer, a mental health condition, or
- payable by the trust for the outpatient monitoring and management of chronic conditions as set out in the table of benefits.

The treatment must be:

- consistent with generally accepted standards of medical practice and best practice in the medical profession in the UK (for example, as specified by the National Institute for Health and Care Excellence (NICE), or equivalent bodies in Scotland)
- clinically appropriate, in terms of the facility or location where the services are provided and the type, frequency, extent and duration of treatment
- demonstrated through scientific evidence to be effective in improving health outcomes
- not provided or used mainly for the convenience or financial (or other) advantage

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of you, your consultant or another healthcare professional, and

- not excluded from your benefits.

The trustees will pay for eligible monitoring and management received as an outpatient for a chronic condition, other than an acute flare up of that condition up to the allowance detailed in the table of benefits.

This benefit is payable for:

- outpatient treatment for monitoring and management of a chronic condition as detailed in your table of benefits, and
- therapists' fees for outpatient treatment that, although not likely to quickly cure you or return you to your previous state of health, is clinically appropriate and likely to improve your condition.

This benefit isn't payable for:

- any treatment that is excluded by the trust rules (including the section 'What isn't payable' in this trust guide, for example Allergies, allergic disorders or food intolerances (exclusion 5), Outpatient drugs, dressings, complementary and alternative products (exclusion 15), and Sleep problems (exclusion 30))
- operations
- MRI, CT and PET scans
- treatment of mental health conditions, please see 'Mental health treatment' in your table of benefits
- treatment of unexpected acute symptoms of a chronic condition that flare up, this would be payable as explained in 'Chronic conditions' (exclusion 8, exception 1).

What isn't payable

Your Healthcare Scheme is designed to pay for treatment of curable, short term disease, illness or injury (known as acute conditions). This section explains the type of treatment, services and charges which aren't payable under your benefits and the exceptions when benefits are available.

Mental health treatment for, or relating to moratorium conditions isn't payable. If a mental health condition relates to anything else in this section, mental health treatment is payable as detailed in your table of benefits under 'Mental health treatment'. We do not pay for treatment for dementia.

1. Accident and Emergency Treatment

Any accident and emergency treatment, including immediate care, provided by an NHS or private accident and emergency (A&E) department, urgent care or walk-in clinic isn't payable.

Any hospital admission, or any treatment within 24 hours of a hospital admission isn't payable if you're admitted immediately after and in connection with:

- attending an NHS or private A&E department, an urgent care centre or a walk-in clinic, or
- a consultation with a GP.

Need to know

Your benefits may cover inpatient treatment after you have been in hospital for 24 hours, following an admission from an A&E department, an urgent care centre or a walk-in clinic. We don't pay for any of your treatment costs if you're admitted directly into a critical care unit. Please see 'Intensive care' (exclusion 21).

Exception: this exclusion does not apply to mental health treatment.

2. Addictive conditions More than one addiction treatment programme in each member's lifetime, any inpatient or day-patient treatment for alcoholism, alcohol abuse, solvent abuse, drug abuse or addictive conditions of any kind, and medical conditions arising directly from any such abuse or addiction.

For more details please call the helpline on **0800 028 7687**

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3. Advanced therapies and specialist drugs

Any gene therapy, somatic-cell therapy and tissue engineered medicines that aren't on list B of advanced therapies aren't payable. You can find list B of advanced therapies at bupa.co.uk/policyinformation.

Any drugs or medicines which the recognised facility charges separately for that aren't common drugs or specialist drugs aren't payable.

4. Ageing, menopause and puberty

Treatment to relieve symptoms linked to the body's natural changes, such as ageing, menopause or puberty, and not due to any disease, illness or injury, isn't payable (for example, acne which is caused by natural hormonal changes).

Exception: eligible treatment of an acute condition that develops during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence, is payable in line with the other trust rules.

5. Allergies, allergic disorders or food intolerances

Treatment isn't payable once an allergic condition, disorder or food intolerance has been diagnosed. This includes tests and treatment to desensitise or neutralise any allergic condition.

Exception: eligible treatment to diagnose a suspected allergy or food intolerance is payable, including tests to identify the exact allergen or food involved.

6. Benefits that are not payable or are above your allowances

Treatment, services or charges that aren't listed as payable under your benefits aren't payable. Any costs above your allowances aren't payable.

7. Birth control, conception and sexual problems

Treatment isn't payable for:

- contraception, sterilisation or termination of pregnancy
- sexual problems (including impotence, whatever the cause), or

- conception or fertility treatment such as assisted reproduction, fertility investigations, IVF, surrogacy, harvesting of (collecting) donor eggs or donor sperm.

Exception: treatment of an acute condition causing pain or discomfort during sex is payable in line with the other trust rules.

8. Chronic conditions Treatment of chronic conditions isn't payable. By this, we mean a disease, illness or injury which has at least one of the following characteristics.

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests.
- It needs ongoing or long-term control or relief of symptoms.
- It needs rehabilitation or for you to be specially trained to cope with it.
- It continues indefinitely.
- It doesn't have a known cure.
- It comes back or is likely to come back.

Treatment for expected flare-ups of a chronic condition isn't payable under your benefits. This is because the treatment is part of the ongoing management of the condition. For example, conditions where symptoms come and go, such as inflammatory bowel disease. There may be times when symptoms are severe (a flare-up), followed by long periods when there are few or no symptoms (remission). These are called 'relapsing and remitting conditions' and aren't payable because the flare-ups are an expected part of the condition.

Need to know

Sometimes, it may not be immediately clear that the disease, illness or injury being treated is a chronic condition. Once a condition is confirmed as being chronic, any further consultations, tests or treatment aren't payable under your benefits. If this happens during a hospital stay, we'll help you transfer to the NHS or you can arrange to pay for the treatment yourself.

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Exception 1: eligible treatment of unexpected acute symptoms of a chronic condition that flare up and don't need prolonged treatment is payable, as long as the treatment is likely to quickly:

- lead to a complete recovery, or
- get you back to how you were before the flare-up.

For example, treatment following a heart attack as a result of chronic heart disease is payable.

Exception 2: eligible treatment of cancer and mental health conditions is payable. You can find details of what is payable in 'Cancer treatment' and 'Mental health treatment' in the table of benefits.

Please also see 'Temporary relief of symptoms' (exclusion 28) in this section.

Exception 3: outpatient monitoring and management of chronic conditions is payable as set out in in the table of benefits.

9. Contamination, wars, riots and terrorist acts Treatment isn't payable for any condition directly or indirectly arising from:

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

Exception: eligible treatment needed following a terrorist act is payable as long as the act doesn't cause chemical, biological, radioactive or nuclear contamination

10. Convalescence, rehabilitation and general nursing care Accommodation isn't payable if it's mainly for:

- convalescence, rehabilitation, supervision or anything other than providing eligible treatment
- general nursing care or other services which

could be provided in a nursing home or anywhere else which isn't an approved hospital, or

- services from a therapist, complementary medicine practitioner or mental health and wellbeing therapist.

Need to know

This does not apply to addiction treatment programmes payable by your benefits under 'Mental health treatment'.

Please also see Addictive conditions (Exclusion 2) in this section.

11. Cosmetic, reconstructive or weight loss treatment Treatment isn't payable even if it's needed for medical or psychological reasons, if:

- it's to change your appearance, such as surgery to reshape your nose, a facelift or a breast enlargement
- an intended result of the treatment is weight loss, whether this is a direct or indirect result and even if the treatment may cure or relieve other conditions or symptoms (for example, bariatric surgery)
- it involves removing healthy (not diseased) or surplus tissue or fat (liposuction), or
- it's to reduce scarring, including keloid scars.

Exception 1: eligible treatment to remove a lesion is payable if:

- a biopsy shows, or a consultant believes, that the lesion is diseased
- the lesion stops you from being able to see, smell or hear
- the lesion causes pressure on your organs, or
- the lesion stops you from being able to carry out activities of daily living.

Exception 2: eligible operations following an accident, eligible cancer treatment or eligible preventive surgery (prophylactic surgery) to restore the appearance of the affected part of your body are payable. This includes operations on a healthy breast to make its

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appearance match the other breast which has been reconstructed following cancer surgery. Once you've had initial eligible treatment to restore your appearance (including delayed operations), any repeat operations, reconstructions and further treatment to restore or amend your appearance aren't payable.

Exception 3: removal of healthy (not diseased) tissue is payable as long as it's:

- needed for medical reasons
- part of treatment for an acute condition, and
- in line with clinical best practice in the UK.

12. Deafness Treatment for or arising from deafness that is present from birth, or that develops due to maturing or ageing isn't payable.

Exception: treatment for deafness caused by an infection, injury or tumour is payable.

13. Dental treatment Dental and oral treatment isn't payable. This includes:

- fitting dental implants or dentures, or repairing or replacing damaged teeth, including crowns, bridges, dentures, or any other dental prosthesis
- management of, or treatment for, jaw shrinkage or loss as a result of having teeth removed or gum disease, and
- bone disease treatment for gum or tooth disease or damage.

Exception 1: eligible treatment for oral cancer treatment is payable as set out in 'Cancer treatment' in the table of benefits.

Operations following eligible cancer treatment as set out in 'Cosmetic, reconstructive or weight-loss treatment' (exclusion 11, exception 2).

Exception 2: an eligible operation is payable if it is carried out by a consultant to:

- treat a jawbone cyst, as long as it's not for a cyst or abscess on the tooth root, or any other tooth or gum disease or damage, or

- surgically remove a complicated, buried or impacted tooth or root, which is causing infection or pain (such as an impacted wisdom tooth), as long as it's not to make space for dentures.

14. Dialysis Treatment for or linked to kidney dialysis (haemodialysis and peritoneal dialysis) isn't payable.

Exception: eligible treatment for short-term kidney dialysis or peritoneal dialysis is payable if it's needed temporarily for sudden kidney failure caused by a disease, illness or injury affecting another part of your body.

15. Outpatient drugs, dressings, complementary and alternative products

Drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home when you leave hospital or a treatment facility aren't payable.

Complementary or alternative therapy products aren't payable. This includes homeopathic remedies.

Exception: outpatient common drugs, advanced therapies and specialist drugs for eligible treatment of cancer are payable only as set out in 'Cancer treatment' in the table of benefits.

16. Unproven drugs and treatment

Treatment or procedures which are, in our reasonable opinion, unproven based on established medical practice in the UK aren't payable. This includes:

- drugs used outside their licence or procedures which haven't been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence), and
- licensed advanced therapies for conditions other than cancer that haven't been tested in phase-3 clinical trials.

17. Eyesight Treatment to correct your eyesight (for example, long or short sight) or treatment for poor sight due to ageing isn't

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payable. Glasses or contact lenses aren't payable.

Laser-assisted cataract surgery isn't payable.

Exception 1: eligible treatment for your sight is payable if it's needed as a result of an injury or an acute condition, such as a detached retina.

Exception 2: eligible treatment for cataract surgery performed using ultrasonic emulsification is payable.

18. Epidemic or pandemic disease

Treatment for or arising from an epidemic or pandemic isn't payable.

Need to know

Epidemic means significantly more cases of an illness, specific health-related behaviour or other health-related events in a community or region than would normally be expected (unless the World Health Organization provides another definition). Pandemic means the worldwide spread of a disease with epidemics in many countries and most regions of the world.

19. Gender dysphoria or gender affirmation

Treatment for gender dysphoria or gender affirmation isn't payable.

20. General Practitioner (GP) Services

General Practitioner services, or services from any person who is acting in such a capacity, except for a contribution towards the cost of a GP completing a claim form.

21. Intensive care Intensive care isn't payable if:

- it follows a transfer from a private approved hospital to an NHS hospital
- it follows a transfer from an NHS critical care unit to a private one
- it's not carried out in a critical care unit, or
- you go straight into a critical care unit when you're admitted to hospital, for example, following:
 - an NHS transfer to a approved hospital
 - an outpatient consultation

- a GP referral

- return to the UK (repatriation), or

- transferring from one private facility to another.

Exception: Intensive care which is essential, follows planned inpatient treatment in an approved hospital, takes place in a critical care unit, and is routinely needed by people having the same type of treatment as you is payable.

If your inpatient treatment or day-patient treatment in a approved hospital doesn't routinely need intensive care, and something unexpected happens which means you do need it, your intensive care will be payable if either:

- it is provided in the approved hospital's critical care unit, or
- the approved hospital doesn't have a critical care unit, but has an agreement with us to follow an emergency protocol to transfer patients to a specific approved hospital's critical care unit, which is next to the original approved hospital, or part of the same hospital group.

Your consultant or approved hospital will contact us if you're admitted into a critical care unit.

Please also see 'Accident and emergency treatment' (Exclusion 1) in this section.

Need to know

Transferring into private inpatient care from an NHS hospital

If you want to transfer your care from an NHS hospital, or a hospital stay that you're paying for yourself, to a private approved hospital, your eligible treatment costs will be payable under your benefits following the transfer, as long as:

- you've been discharged from a critical care unit to a general ward for more than 24 hours before the transfer

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- the consultants in the hospital you are moving from and the consultants in the approved hospital you are transferring to agree that it's clinically safe and appropriate to transfer your care, and
- we've had full clinical details from your consultant and confirmed that you're having eligible treatment before the transfer.

22. Learning difficulties, behavioural and development conditions

Treatment for learning difficulties, such as dyslexia isn't payable.

Treatment for behavioural conditions, such as attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) isn't payable.

Treatment for development conditions such as shortness of stature isn't payable.

23. Leg varicose veins Only one operation on each leg for varicose veins is payable in each person's lifetime (both legs treated on the same day counts as one operation on each leg).

Any further operations for varicose veins aren't payable.

Need to know

This applies to each person's lifetime, and includes operations provided under all Bupa policies and Bupa administered health trusts, which you've been a member or beneficiary of previously, are a beneficiary of now or become a member or beneficiary of in the future.

Exception: the following treatment for leg varicose veins is payable.

- If you still have symptoms following an operation for varicose veins, we pay a single sclerotherapy treatment within six months of your operation.
- Any eligible consultations and diagnostic tests needed for your operation.

24. Moratorium conditions If your underwriting type is moratorium:

- treatment of moratorium conditions isn't payable
- treatment of any condition, symptom, disease, illness or injury resulting from moratorium conditions isn't payable.

Exception: eligible treatment of a moratorium condition after you have had your cover for two consecutive years from your moratorium start date is payable.

25. Overseas treatment Treatment you have outside of the UK isn't payable.

26. Physical aids and devices Treatment for supplying or fitting physical aids and devices isn't payable. This includes hearing aids, glasses, contact lenses, crutches and walking sticks.

Exception 1: approved hospital charges for prostheses or appliances that are needed as part of outpatient treatment, day-patient treatment or inpatient treatment are payable.

Exception 2: the costs of maintaining, refitting or replacing a prosthesis or appliance which was fitted as part of eligible treatment are payable if you have acute symptoms that directly relate to the prosthesis or appliance.

27. Pregnancy and childbirth Treatment isn't payable for:

- pregnancy, including treatment of an embryo or foetus
- childbirth (including delivery of a baby by caesarean section), or
- termination of pregnancy, or any condition resulting from this.

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Exception 1: eligible treatment of the conditions below, including complications following them, is payable.

- Miscarriage
- Stillbirth
- Abnormal cell growth in the womb (hydatidiform mole)
- Foetus growing outside the womb (ectopic pregnancy)
- Heavy bleeding immediately after childbirth (post-partum haemorrhage)
- Part of the afterbirth being left in the womb after having a baby (retained placental membrane).

Exception 2: eligible treatment of an acute condition of the beneficiary (mother) that relates to pregnancy or childbirth is payable as long as:

- it's needed to treat a flare-up, and
- it's likely to lead to a quick and complete recovery of the mother or restore her to how she was before the condition flared up, without needing prolonged treatment.

28. Routine monitoring of implantable electronic devices Routine monitoring of any implanted devices e.g. cardiac pacemakers, internal defibrillators and nerve stimulators after insertion aren't payable.

29. Screening, monitoring and preventive treatment Health checks and screening aren't payable. Health screening is where you may or may not know that you're at risk of, or affected by, a disease or its complications, and answer questions or have tests to find out if you are.

Routine tests or monitoring of medical conditions isn't payable. This includes:

- antenatal care or screening of the mother or foetus during pregnancy
- checks or monitoring of chronic conditions such as diabetes mellitus or high blood pressure (hypertension), and
- tests or procedures which, in our reasonable opinion based on established clinical and

medical practice, are for screening or monitoring (for example, an endoscopy, when you don't have any symptoms).

Preventive treatment, procedures or medical services aren't payable.

This includes:

- vaccinations, and
- medication reviews and appointments where there's no change in your usual symptoms.

Exception 1: genetic tests to measure your future risk of cancer are payable if:

- you're being treated for cancer
- you have a strong direct family history of cancer, and
- your consultant recommends the test.

We'll need full details of your treatment from your consultant before it starts so that we can confirm whether it's payable under your benefits.

Exception 2: if an eligible genetic test shows your risk of developing more cancers is high, preventive surgery (prophylactic surgery) recommended by your consultant is payable. Reconstructive surgery following eligible preventive surgery is also payable, as described in 'Cosmetic, reconstructive or weight-loss treatment' (exclusion 11 under exception 2 in this section).

Exception 3: eligible treatment to monitor cancer, is payable as described in Cancer treatment in the table of benefits.

Exception 4: outpatient monitoring and management of chronic conditions is payable as set out in the table of benefits.

30. Sleep problems and disorders

Treatment for or needed as a result of sleep problems such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep) isn't payable.

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31. Speech and language disorders

Treatment for, or relating to, developmental speech, language and communication difficulties, including stammering, isn't payable.

Exception 1: short-term speech therapy provided by a therapist is payable when it's part of eligible treatment and takes place during or immediately after it.

Exception 2: up to 12 sessions of speech therapy is payable for acute symptoms of glue ear which affect speech development.

32. Temporary relief of symptoms

Treatment which is mainly to temporarily relieve symptoms or is for the ongoing management of a condition isn't payable.

Exception 1: up to 21 consecutive days of treatment to support your end-of-life care for a terminal illness is payable if:

- it's needed as part of your care plan
- your consultant tells you that the ongoing treatment will be to support your end-of-life care, and
- you're no longer receiving treatment to stop or improve the illness.

Treatment can take place in an approved hospital or in another location of your choice, such as your home. The treatment must be provided by services registered with the relevant health and social care regulators of the UK, for example, the CQC (Care Quality Commission).

This treatment is payable on the same basis as 'Consultants' fees and 'Hospital charges for day-patient and inpatient treatment' under 'Being treated in hospital' in the table of benefits.

This benefit can only be claimed once.

Exception 2: outpatient monitoring and management of chronic conditions is payable as set out in the table of benefits.

33. Transplants and Autologous Blood

Transfusions. Treatment involving a) donor or transplantation operations or treatment associated with such operations and b) transplants of bone marrow or stem cells, autologous blood transfusions or similar procedures isn't payable.

Exception 1: Corneal or skin grafting, coronary artery bypass grafts or mosaicism are payable.

Exception 2: If you are being treated for cancer, and your consultant has advised that you receive transplants of bone marrow or stem cells. You must have our agreement before you have tests, procedures or treatment and we will need full clinical details from your consultant before we can give our decision.

34. Treatment or medical conditions that are not payable, and their complications

Benefits aren't payable for:

- treatment or medical conditions that are excluded from your benefits
- treatment for complications of medical conditions that are excluded from your benefits, or
- treatment for complications from treatment that is excluded from your benefits.

35. Unrecognised healthcare professionals, hospitals and clinics

We don't pay for any of your treatment costs, from any consultants, healthcare professionals, hospitals, clinics or any treatment facility if your treatment is provided under the care or supervision of a consultant who isn't trust recognised for:

- treating the medical condition you have, or
- providing the treatment you need.

We don't pay for any part of your treatment costs for day-patient or inpatient treatment that takes place in a hospital, clinic or treatment facility that isn't an approved hospital or isn't trust recognised for the type

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of treatment you need or treating the medical condition you have.

We don't pay any treatment costs from consultants, healthcare professionals, hospitals, clinics or treatment facilities that aren't trust recognised for the type of treatment you need or medical condition you have.

Exception: if, for medical reasons, your day-patient or inpatient treatment can't take place in an approved hospital, we may cover your treatment somewhere else. We need full details of your treatment from your consultant before it starts so that we can confirm whether it's payable under your benefits.

When you need treatment because of something that was someone else's fault

You may need to claim for treatment you need because of an injury or medical condition that was caused by someone else (a 'third party') or was their fault. This could be due to a road accident, an injury or potential clinical negligence. If this happens, you should let us know as soon as possible as we'll need to recover costs we've paid for your treatment from the third party. This won't reduce the amount you can claim from the third party.

- Tell us as soon as you know you need (or may need) treatment for something that was caused by a third party or was their fault. You can call us on **0800 028 6850** (we may record or monitor phone calls) or email us at **infothirdparty@bupa.com**. If you need to send us sensitive information, you can email us using Egress, which is a free secure email service (visit **switch.egress.com** for more information).
- Tell your solicitor, insurer or representative (if you're using one) that you are a beneficiary of a trust that may have paid some of the costs.
- Give us your solicitor's, insurer's and representative's details and your permission to contact them.

- Help us to recover the cost of the treatment we paid for from the third party. This includes making sure we can communicate with you and your legal representative (if you appoint one) about this, and that you or your legal representative regularly keeps us updated on their progress with any recovery action.
- Ask your solicitor, insurer or representative to include in your claim all the costs we've paid for your treatment, plus 8% interest for each year.
- If you agree a settlement with the third party, make sure it includes the full cost of the treatment we've paid for, and that you pay this amount (and any interest) to us as soon as possible.

If you'd like to withdraw a claim

Please call us on your helpline number and let us know as soon as possible if you'd like to withdraw a claim you have made. You'll need to pay for your treatment if you do this. You cannot withdraw a claim we've already paid.

Treatment or costs not payable by your benefits

You're responsible for paying for any consultations, tests, treatment or costs that aren't payable by your benefits. You are also responsible for paying costs for an appointment that you/your dependant did not attend.

Insurance cover

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

For more details please call the helpline on **0800 028 7687**

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Changes to lists

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

- We are required to make a change under any industry code, law or regulation that applies.
- A contract (for example, with a treatment provider) ends or is amended by a third party for any reason.
- We decide to end or amend a contract (for example, because of quality concerns or changes to the facilities or specialist services provided).
- To make sure we are providing a balanced service – for example, we may need to add or remove treatment providers if we find that services in some areas of the UK are no longer in line with similar treatments or services (in terms of effectiveness or cost) or are not in line with accepted standards of medical practice.
- A new service, treatment or facility is available.

The lists we may change include the following.

- Advanced therapies
- Appliances
- Approved hospitals
- Complementary medicine practitioners
- Consultants
- Critical care units
- Mental health and wellbeing therapists
- Prostheses
- Schedule of procedures
- Specialist drugs
- Therapists

Please note, we cannot guarantee that any facility, practitioner or treatment will be available.

Our right to cancel or suspend your healthcare benefits under the Trust

We can suspend, cancel or refuse to renew the main beneficiary's or a dependant's healthcare benefits if, in our reasonable opinion, our relationship with the main beneficiary or dependant has broken down. For example, they:

- are abusive or display inappropriate conduct to our staff or healthcare providers
- start court proceedings against us without a good reason, or
- do anything which leads us to believe they won't act in good faith in their dealings with us.

Need to know

If the main beneficiary's healthcare benefits end or are suspended for any reason, the benefits for any dependants will also end or be suspended.

For more details please call the helpline on **0800 028 7687**

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Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice explains what information we collect about you, how we use it and how we protect it. It also gives you information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice, which is available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, 1 Angel Court, London EC2R 7HJ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.

Information about us

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

1. Who this privacy notice applies to

This privacy notice is for anyone who buys, uses or contacts us about our products and services ('you', 'your') in any way (for example, by email, through our website, by phone, on our app and so on).

2. How we collect personal information

We collect personal information from you when you get in touch with us and from certain other organisations 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. What personal information we collect

We process the following categories of personal information about you and, if it applies, your dependants.

- Standard personal information (for example, information we use to contact you, identify you or manage our relationship with you)
- Special categories of information (for example, health information, information about race, ethnic origin and religion) that allow us to tailor your care
- 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. How we use the personal information we collect

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 because it is necessary so we can provide the services set out in a contract, it is in our or other people's

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legitimate interests or it is needed or allowed by law. We process special categories of information (also known as sensitive information) because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have your permission or it is in our 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, 1 Angel Court, London EC2R 7HJ**.

6. AI, profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fairer service, as well as 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 (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) 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, and in what circumstances, in our full privacy notice.

8. Cookies

When you use our websites and apps, we and third-party companies use cookies and similar technologies to collect information (for example, your browsing activity).

9. Transferring your personal information abroad

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

For more details please call the helpline on **0800 028 7687**

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10. How long we keep your personal information

We keep your personal information in line with periods set out in our Retention Policy. We will typically keep your personal information for seven years after you stop being our customer.

11. Your rights

You have rights to have access to your information and to ask us to correct, delete and restrict the use of it. You also have rights to:

- object to your information being used
- ask us to transfer your information to someone else
- withdraw your permission for us to use your information, and
- ask us not to make automated decisions which produce legal effects that concern or significantly affect you.

Please contact us if you would like to exercise any of your rights

12. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this privacy notice, or any other concerns about the way in which we process information about you, please contact us at **dataprotection@bupa.com**. You can also use this address to contact our Data Protection Officer. You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office, who you can contact through their website at **ico.org.uk/make-a-complaint** or by calling 0303 123 1113.

For more details please call the helpline on **0800 028 7687**

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How to complain

We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

Ways to get in touch

Call us on your Bupa helpline number, which you can find on your registration certificate, or call our Customer Relations team on **0345 606 6739** between 9am and 5pm, Monday to Friday. We may record or monitor phone calls.

Chat to us online at **[bupa.co.uk/complaints](https://www.bupa.co.uk/complaints)**.

Email us at **customerrelations@bupa.com** (please include your registration number).

If you need to send us sensitive information you can email us using Egress, which is a free secure email service.

Visit **[switch.egress.com](https://www.switch.egress.com)**.

Write to us at **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford, M50 3SP**.

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

The role of your trustees

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

Applicable Law

The trust rules are governed by English law.

Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network

www.phin.org.uk

Financial crime and sanctions

Financial crime

Your group agree to keep to all UK laws relating to detecting and preventing financial crime (including, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the UK, or the US)
- put us at risk of being sanctioned by any relevant authority competent body, or
- put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we will take any action we consider necessary to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your policy, and we may not be able to pay any claim.

For more details please call the helpline on **0800 028 7687**

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Bupa health trusts are administered by: Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

Menopause HealthLine and Bupa Anytime HealthLine are provided by: Bupa Occupational Health Limited.

Registered in England and Wales with registration number 631336.

Registered office: 1 Angel Court, London EC2R 7HJ

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