



Nuffield Health Employee Healthcare Scheme Handbook

Effective from 1 January 2022

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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 our 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.

Your scheme has been set up by Nuffield Health as a healthcare trust to provide you with benefits. The trustees of your Healthcare Scheme have appointed Bupa Insurance Services Limited (Bupa) to help administer the scheme 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/administrator' in this handbook it means Bupa acting on behalf of the trustees.



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How do I contact Bupa?

We are always on hand to help.

Bupa online account

Creating an online account provides on the go access to your Bupa health trust. Giving you a comprehensive, personalised view of your benefits in one place, visit **bupa.co.uk/touchdashboard** to create an account. From here you can call or use webchat to get in touch, which is the quickest way of reaching us.



Call

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



Webchat

You can now chat with us either using your online account, or by visiting bupa.co.uk. You can use this service to ask general queries and authorise treatment. We may need to ask you to call us based on your needs.



If you have difficulties

For those with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit **www.relayuk.bt.com**. We also offer documents in Braille, large print or audio.



Write

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

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

Joining the scheme

All employees are immediately eligible to join the scheme from their date of hire. 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.

To join the scheme you need to apply via Workday. Further details are available at www.nuffieldhealth.com/mybenefits/healthcare-scheme

Adding dependants to your scheme

You can choose to add a partner and/or child(ren) to the scheme at your own cost (i.e. you will pay the contributions yourself via payroll deduction; the company will not pay these for you). 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*.

Medical underwriting

Before your dependant(s) can join the scheme, they must complete a medical declaration which you, the employee, must declare as being factual and accurate. You will still pay for cover during the time it takes for the medical declaration to be completed by your partner and dependant(s) and processed by Bupa.

The administrator will review your dependant(s)' medical declaration and inform you if there are any medical conditions that are not eligible for benefit under the scheme.

*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 17** for a full explanation of qualifying lifestyle events.

Dependants' pre-existing medical conditions/symptoms, whether or not advice has been sought, are excluded from treatment under the scheme for a period of two years, from their original joining date. The main member or dependant (if aged 16 or over) will be sent a confirmation of special conditions for any dependant where a pre-existing condition applies.

Adding a new born

A new born child may be added to the scheme from their date of birth without the need to provide a health declaration 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

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 or after their marriage, whichever happens first.

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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 7 is a summary of what is included in your scheme. It also shows you any limits for certain treatments that might apply.

Your scheme does not pay for every type of healthcare treatment, for example chronic conditions. Therefore, it is important that you contact the helpline to pre-authorise any treatment before arranging any treatment as you will have to pay the costs of any treatment that is not a benefit under the scheme yourself. Details of treatment that the scheme will not pay for is explained in full in the Exclusions on page 23.

Your approved hospital access

The scheme is designed to get you treated and cared for in a Nuffield Health hospital. If your condition cannot be treated at a Nuffield Health hospital or you live more than 25 miles from a Nuffield Health hospital, then the administrator may arrange for you to be treated at another approved private hospital or NHS private ward. The administrator will not pay your claim if you receive your treatment in a facility that is not an approved hospital without the administrator's prior confirmation.

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.

Following a medical emergency admission to an NHS hospital and at the appropriate time, arrangements can be made if you want to transfer your care from an NHS hospital to a participating Nuffield Health hospital subject to it being clinically safe and appropriate to transfer your care and the availability of a suitable network facility that can provide the treatment required. The administrator will need full clinical details from your consultant before they can give their decision. You should contact the helpline to confirm that your treatment is eligible under the scheme.

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



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Table of benefits for the Nuffield Health Employee Healthcare Scheme

The trustees will cover all charges which are within the range that is customary and reasonable within UK Private Healthcare. If the proposed provider is one of the few who charge outside this range, the administrator will let you know when they authorise treatment and you will have the option to pay the difference or choose another provider.

Benefits	Maximum benefit available	Notes
Diagnostics and out-patient treatment		
Out-patient consultations with a specialist/consultant	up to £1,000 limit per member each scheme year	with a recognised specialist/consultant
Out-patient therapies (for physiotherapy, osteopathy and chiropractic)	up to £1,000 combined limit per member each scheme year	with a recognised therapist
Hospital/consultant charges for out-patient diagnostic tests	paid in full	in an approved hospital/with a recognised specialist/consultant
Hospital charges for surgical operations carried out as out-patient treatment	paid in full	in an approved hospital
MRI, CT and PET scans	paid in full	in an approved hospital
Being treated in hospital		
Specialists'/consultants' fees	paid in full	with a recognised specialist/consultant and in an approved hospital
Hospital charges for day-patient treatment and in-patient treatment	paid in full	in an approved hospital
Cancer treatment		
Cancer cover - as for other treatment set out in this table and paid in full for the type of cancer treatments set out in this section of the table.		
You are only eligible for this benefit after a diagnosis of cancer has been confirmed.		
Out-patient consultations with a specialist/consultant	paid in full	with a recognised specialist/consultant
Out-patient therapies	paid in full	with a recognised therapist

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Cancer treatment (continued)		
Other out-patient charges	paid in full	we pay charges for clinical reviews we may request to establish the eligibility of treatment
Hospital charges for eligible out-patient cancer drugs	paid in full	in an approved hospital
Cash benefit for wigs or hairpieces	£100	if you experience hair loss during eligible treatment for cancer. Payable once per cancer occurrence
Cash benefit for mastectomy bras and prostheses	£200	following an eligible surgical operation involving a mastectomy procedure where a reconstruction is not performed at the same time. Payable once per mastectomy surgery

Mental health treatment		
In-patient and day-patient hospital charges and specialists'/ consultants' fees for mental health treatment	up to a maximum of 28 days per member per scheme year	with a recognised specialist/ consultant in an approved hospital
Out-patient specialists'/ consultants' fees, mental health and wellbeing therapists' fees and diagnostic tests for mental health treatment	up to £2,000 combined limit per member per scheme year	with a recognised specialist/ consultant or mental health and wellbeing therapist in an approved hospital

Additional benefits		
Home nursing	up to £600 per member per scheme year	when immediately following private eligible in-patient treatment
Private ambulance charges	up to £300 per member per scheme year	when medically necessary and related to private eligible day-patient or in-patient treatment
Out-patient alternative therapy (acupuncture)	up to £300 per member each scheme year	with a recognised therapist
Parent accommodation	paid in full	one parent, accompanying a child aged 17 or under who is a member of the scheme receiving eligible in-patient treatment in an approved hospital

Advanced Therapies		
<p>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</p>		

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Excess

The scheme has a maximum £100 rolling excess. This means that you will pay the first £100 of a claim (or group of claims if they are under £100) once in any 12 month period that you receive treatment. The £100 excess applies to each member individually and you are responsible for paying the excess directly to the healthcare provider. Your excess amount counts towards your total benefit, see example below.

The excess is applied to your claims in the order in which they are processed. The excess does not apply to cash benefits.

For main applicants only (Nuffield Health employees), the £100 excess will not apply to any claims for mental health treatment taken in a Nuffield facility. This does not apply to any dependants and any excess remains in place. The administrator will write to you to tell you the amount of excess to pay and who you should pay the excess to.

Example

Example	Excess
Out-patient benefit limit for the year	£1,000
On 1 March 2022 you incur costs for out-patient physiotherapy	£150
We pay your therapist	£50
We notify you of excess amount you pay direct to your therapist	£100
Your remaining out-patient benefit limit for the rest of the year	£850
Your remaining excess until 1 March 2023 As you have paid your excess in full you will not have to pay an excess towards any further claims you make until 1 March 2023 when your excess will then return to the full amount of £100	£0

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Claiming

Always call the helpline before arranging any consultations or treatment to obtain authorisation and to check the benefits available through the scheme.

A step-by-step guide to making a claim

STEP 1 Call the helpline for Direct Access or visit a GP (including via a digital GP service)

direct access

If you have a concern with **muscle, joint or bone conditions, cancer symptoms or mental health concerns**, call the helpline in the first instance and they may be able to refer you directly to a specialist without the need to see a GP. If you already have a GP referral, you may also be offered the option to speak to a therapist, practitioner or other clinician who specialises in your condition to explore all of your treatment options.

or visit a GP

For anything else please seek a referral from a GP in the first instance. Ask a GP for full details of your condition/injury, diagnosis and intended treatment (where available) and request an "open referral" to the type of specialist or therapist they are referring you to (a GP cannot specify your actual specialist/therapist/consultant).

STEP 2 Call the helpline for authorisation before arranging a consultation or receiving treatment & get a pre-authorisation number.

Alternatively, you can contact us via our webchat service or complete the online request for treatment form.

When the helpline has confirmed that your treatment is eligible under your scheme, they will give you a 'pre-authorisation' number. You can then contact your consultant or healthcare professional to arrange an appointment or the helpline may be able to make an appointment for you. It's recommended that you give your pre-authorisation number to your consultant or specialist so that the invoice for any treatment costs can be sent to the administrator directly for payment. Please call the helpline to authorise any further consultations or treatment to ensure that they are eligible under your scheme.

Sometimes, when you have had a consultation with another healthcare practitioner before seeing a GP and they believe referral to a consultant is appropriate, a GP appointment may not be clinically necessary.

If for any reason you are sent the invoice, simply send it on to: **Claims Department, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

Once a claim has been paid on your behalf, the administrator will send you a summary of your claim and treatment details. They will also confirm any excess that may be due to be paid by you.

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

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Information about benefits for children aged 17 or under

It is not always possible for us to find you a paediatric consultant so when a paediatric referral is required we ask that you obtain a named referral from a GP.

Some private hospitals do not provide services for children or have restricted services available for children, so treatment may be offered at an NHS hospital.

You can ask us about recognised facilities where paediatric services are available or you can find them on **finder.bupa.co.uk**

Where in-patient or day-patient eligible treatment is required, children are likely to be treated in a general children's ward. This is in line with good paediatric practice.

Payment of benefits

We only pay for treatment that you receive while you are a member of the employee healthcare scheme and we only pay in line with the benefits that apply to you on the date your treatment takes place. We do not pay for any treatment, including treatment we have pre-authorised, that takes place on or after the date you stop being a member of the employee healthcare scheme.

In most cases, your membership, including the membership of any dependants you may have covered under the employee healthcare scheme will end on your last working day.

When you receive private medical treatment, you have a contract with the providers of your treatment and you are responsible for the costs you incur. However, if your treatment is eligible treatment we pay the

costs for these benefits. Any costs, that are not eligible under your benefits are your sole responsibility.

For treatment costs payable under your benefits we will, in most cases, pay the provider of your treatment directly – such as the recognised facility or consultant – or whichever other person or facility is entitled to receive the payment. Otherwise we will pay the main member. We will write to tell the main member or dependant having treatment (when aged 16 and over) how we have dealt with any claim.

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

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Direct Access

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

When you're worried or experiencing symptoms of any of the conditions below it's reassuring to know you can speak to someone quickly. As long as your symptoms are covered under your scheme, the Direct Access service has two parts to it:

- first, it can help provide a fast and convenient way for you to access eligible treatment without the need for a GP referral, and
- secondly, if you already have a GP referral, you may also be offered the option to speak to a therapist, practitioner or other clinician who specialises in your condition to explore all of your treatment options.#

Fast access to our support

Cancer symptoms

If you're experiencing symptoms that you suspect may be related to cancer, the team can discuss your symptoms over the phone and arrange an appointment with an approved specialist^.

Mental health

If you're concerned about your mental health, the employee healthcare scheme will pay for mental health and wellbeing therapists' fees when the treatment is recommended by our Emotional Wellbeing team. Call the helpline to check your eligibility and they will transfer you to the Emotional Wellbeing team at Nuffield Health who are here to listen. Talk to the team about your symptoms and they can arrange for

a telephone appointment and arrange onward referral for treatment if appropriate^.

We also cover remote consultations by telephone or via any other remote medium with a consultant psychiatrist/mental health and wellbeing therapist who is recognised by us to carry out remote consultations.

Muscles, bones and joints

You don't have to suffer with muscle, bone or joint pain. Simply call the helpline to arrange a telephone consultation with an experienced Nuffield Health physiotherapist who can arrange onward referral for treatment, if appropriate^.

Alternatively, 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 and to check your eligibility please call the helpline.



#Direct Access telephone services are available as long as the symptoms are covered under the scheme. If your dependants' cover excludes conditions they had before their cover started, we'll ask you/them to provide evidence from a GP that their symptoms are not pre-existing for a period of up to two years after their cover start date. Always call us first to check your/their eligibility.

^Subject to benefits available under the scheme.

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

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Providing us with information

You will need to provide us with information to help us assess your claim if we make a reasonable request for you to do so. For example, we may ask you for one or more of the following:

- medical reports and other information about the treatment for which you are claiming
- the results of any independent medical examination which we may ask you to undergo

- original accounts and invoices in connection with your claim (including any related to treatment costs covered by your excess).

We cannot accept photocopies of accounts or invoices or originals that have had alterations made to them.

If you do not provide us with any information we reasonably ask for we will be unable to assess your claim.

Medical reports – when we need more information from your doctor

When we need to ask your doctor for more information, in writing about your consultation, tests or treatment, we will need your permission.

The Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (NI) Order 1991 give you certain rights, which are:

1. You can give permission for your doctor to send us a medical report without asking to see it before they send it to us.
 2. You can give permission for your doctor to send us a medical report and ask to see it before they send it to us.
- You will have 21 days from the date we ask your doctor for your medical report to contact them and arrange to see it.

- If you do not contact your doctor within 21 days, we will ask them to send the report straight to us.
- You can ask your doctor to change the report if you think it is inaccurate or misleading. If they refuse, you can insist on adding your own comments to the report before they send it to us.
- Once you have seen the report, it will not be sent to us unless you give your doctor permission to do so.

3. You can withhold your permission for your doctor to send us a medical report. If you do, we will be unable to see whether the consultation, test or treatment is eligible under your benefits, and we will not be able to give you a pre-authorisation number or confirm whether we can contribute to the costs.

In any event you also have the right to 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, in their view, the information:

- might cause physical or mental harm to you or someone else or
- would reveal someone else's identity without their permission (unless the person is a healthcare professional and the information is about your care provided by that person).

Bupa may contribute to the cost of any medical report that Bupa has requested on your behalf. We will confirm whether you are eligible for a contribution on the telephone. If Bupa does contribute, you will be responsible for any amount above this.

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Supporting you when you need it most

When you have a medical condition, speaking to someone who understands can make a big difference. There are specialist support teams in a range of key condition areas offering you the help and advice you need, when you need it most.

The specialist support teams are made up of advisers, care coordinators and nurses. They'll help with everything from understanding your condition, to getting decisions on drugs, to supporting you and your family emotionally.

Specialist support teams

- Cardiovascular
- Oncology
- Mental health
- Muscles, joints and bones
- Gastroenterology
- Eyecare or Ophthalmology
- Obstetrics and Gynaecology

How to access the team you need

When you call the helpline, you'll be referred to the team who specialises in your particular medical condition.

You can call your team directly on **0800 028 7687[†]**.

Case Management

If we believe you are having eligible treatment that could benefit from our case management support, we will provide a case manager to help you navigate through your healthcare experience. Your case manager will contact you by phone and will work with you to understand your individual needs and the best way to help you. This can include discussing options available to you, liaising with healthcare professionals and helping you get the most from your policy. With your permission, our case managers can also speak with your dependants, such as a partner/spouse.

Health information at your fingertips

There is an A to Z of health topics and tools that you and your family can easily access online. It's the goal to provide you with trusted information so you can make the right decisions about your health and wellbeing. Try the tools and calculators to give you an insight into your own health

bupa.co.uk/health-information/tools-calculators

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 our calls.



Bupa Anytime HealthLine

Whatever your health question or concern – from advice about symptoms, to information on leading a healthier lifestyle – you can speak to a nurse, 24 hours a day, seven days a week.

If you have a medical problem and you need more help, a GP will aim to call you back within the hour. You can ask any questions about anyone in your family, they don't have to be on your scheme.

For health advice call

☎ 0345 601 3216^Δ

Family Mental HealthLine

If you are a parent or care for a young person, and have concerns about their mental wellbeing, our Family Mental HealthLine is available to provide advice, guidance and support. A trained adviser and/or mental health nurse will listen to what your family is experiencing and give you advice about what to do next.

The young person does not have to be a beneficiary under the trust for you to be able to use this service.

Call our Family Mental HealthLine on

☎ 0345 266 7938^{††Δ}

^{††}Telephone support between 8am to 6pm Monday to Friday.

^ΔCalls may be recorded and to maintain the quality of our service a nursing manager may monitor some calls always respecting the confidentiality of the call.

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

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Leaving the scheme

Your cover under the scheme will automatically cease 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

If you or any person included under the scheme is receiving treatment using your healthcare scheme, it will not fund any treatment or consultations that you receive after your leaving date from the scheme even if the treatment was previously authorised by the administrator.

*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 17** 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 cover 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 the administrator 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 are intended to be clear in language and layout, but it is important that you understand the scheme and your own obligations in order to receive the full benefits. In these terms and conditions and in the table of benefits there are many words which have a special meaning in the context of this scheme.

The meaning of these words are set out in the definitions section. These terms and conditions detail to what extent and how the scheme will pay for private medical treatment.

1. Definitions

1.1 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.

1.2 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.

1.3 Administrator The administrator of this Healthcare Scheme is Bupa Insurance Services Limited.

1.4 Advanced therapies Gene therapy, somatic-cell therapy or tissue engineered medicines classified as **Advanced Therapy Medicinal Products (ATMPs)** by the UK medicines regulator to be used as part of your eligible treatment and which are, at the time of your eligible treatment, included (with the medical condition(s) for which we pay for them) on the list of advanced therapies that applies to your benefits as shown on your benefit table under the heading 'Advanced

therapies list'. The list is used by Bupa UK for the purpose of its schemes and has been adopted by the trust for the purpose of the trust rules. The list that applies to your benefits is available at bupa.co.uk/policyinformation or you can call us. The advanced therapies on the list will change from time to time.

1.5 Alternative therapy Acupuncture therapy administered by an alternative therapist. The acupuncturist must be registered with: i) The British Acupuncture Council or ii) The British Medical Acupuncture Society or iii) The Acupuncture Association of Chartered Physiotherapists.

1.6 Approved hospital The Nuffield Health facility that you should use for treatment and consultations, unless: a) The treatment or consultation you require is not available at that Nuffield Health facility. b) You live more than 25 miles from the Nuffield Health facility.

1.7 Authorisation Permission Gained from us before the commencement of any consultations, diagnostic tests or treatment.

1.8 Cancer A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

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

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

We do not consider cancer to be a chronic condition.

1.10 Common drugs Commonly used medicines, such as antibiotics and painkillers that in our reasonable opinion based on established clinical and medical practice should be included as an integral part of your eligible treatment.

1.11 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.

1.12 Confirmation of special conditions

The most recent confirmation of special conditions that we issue for any dependant to whom pre-existing conditions apply.

1.13 Critical care unit Any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit:

- which is recognised by Bupa for the type of intensive care that you require at the time you receive your treatment; and
- for which Bupa's recognition has been adopted for the purposes of the trust rules.

The units we recognise and the type of

intensive care that we recognise each unit for may change from time to time.

1.14 Customary clinical practice Clinical Practice falling within the pattern of care most frequently practiced by the majority of specialists for the treatment of your medical condition.

1.15 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.

1.16 Dependant(s) For the purpose of this Healthcare Scheme a dependant is defined as: your partner and any child, under the age of 25 at the renewal date for whom you or your partner hold responsibility and who is a beneficiary of this healthcare scheme and named on your registration certificate.

1.17 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.

1.18 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.

1.19 Experimental treatment and drugs

Treatment or drugs which, in the opinion of our medical advisor, the safety and efficacy are unproven based on current and established practice in the UK.

1.20 General Practitioner (GP) A doctor who, at the time he/she refers you for your consultation or treatment, is on the UK General Medical Council's General Practitioner Register.

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

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

1.22 Hospital A private hospital registered with the Care Quality Commission or an NHS hospital which has written confirmation that the hospital is currently recognised by us.

1.23 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.

1.24 In-patient A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

1.25 Intensive care Eligible treatment for intensive care, intensive therapy, high dependency, coronary care or progressive care.

1.26 Material facts Any information that we would regard as likely to influence acceptance of an application to join the Healthcare Scheme or the authorisation of any part of a claim. If there is any doubt if certain information is material, it should be declared.

1.27 Medical condition Any disease, illness or injury.

1.28 Member Those employees and employees' dependant(s) who have been notified to us and accepted by the trustees as members of the scheme.

1.29 Mental health and wellbeing therapist

- a psychologist registered with the Health Professions Council
- a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy or the British Psychoanalytic Council
- a counsellor accredited with the British Association for Counselling and Psychotherapy, or

- a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies who is a recognised practitioner. You can ask us if a practitioner is a recognised practitioner and the type of treatment we recognise them for or you can access these details at finder.bupa.co.uk

1.30 Mental health condition A condition which is a mental health condition according to a reasonable body of medical opinion, and/or which is diagnosed and treated and managed to be a mental health condition by a consultant psychiatrist or a mental health and wellbeing therapist. We do not pay for treatment of dementia, behavioural or developmental problems.

1.31 NHS patient A patient who is admitted for treatment to an NHS hospital without charge.

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

1.33 Nursing at home The services of a nurse following in-patient or day-patient treatment. The services must be actively supervised by a specialist and be for medical and not domestic reasons.

1.34 Out-patient A patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a day-patient or in-patient. We will pay for out-patient 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.

1.35 Pre-existing condition Any disease, illness or injury for which: a) the dependant has received medication, advice or treatment, or b) the dependant has experienced

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symptoms; whether the condition has been diagnosed or not, before the dependant joins the scheme.

1.36 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.

1.37 Private ambulance Transport by a registered ambulance on the recommendation of your specialist for your transfer between hospitals to undergo further treatment where medically necessary and for which a charge is made.

1.38 Related medical condition Any symptom, disease, illness or injury, which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.

1.39 Renewal date The date on which this Healthcare Scheme renews.

1.40 Scheme year The period agreed by your company for your Healthcare Scheme, during which benefits are payable, as defined in the table of benefits, issued by the trustees under this scheme.

1.41 Specialist A doctor who:

a) holds an NHS Consultant Post and
b) is on the Specialist Register held by the General Medical Council and holds a current licence to practice, or c) has received written confirmation that they are currently recognised by us.

1.42 Specialist drugs Drugs and medicines to be used as part of your eligible treatment, which are not common drugs and are at the time of your eligible treatment included in our list of specialist drugs for the purpose of Bupa UK schemes and that applies to

your benefits. The list is available at **bupa.co.uk/policyinformation** or on request. The specialist drugs on the list will change from time to time.

1.43 Surgical procedure An operation (including oral surgery) as specified in the current schedule of surgical operations used by us.

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

1.45 Therapist A therapist is one of the following:

- a) A Physiotherapist registered with the Health Care Professions Council.
- b) An Osteopath who is a professionally qualified member of The Statutory Register of Osteopaths administered by the General Osteopathic Council.
- c) A Chiropractor who is a professionally qualified member of The Statutory Register of Chiropractors administered by the General Chiropractic Council.
- d) A Podiatrist registered with the Health Care Professions Council carrying out Gait Analysis or Biomechanical Studies on the referral of a specialist.

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

1.47 Trustee(s) Trustee or Trustees for the time being of the scheme.

1.48 United Kingdom (UK) For the purposes of this Healthcare Scheme: Great Britain, Northern Ireland, The Channel Islands and The Isle of Man.

1.49 We/Us/Our Bupa Insurance Services Limited, the administrator of your Scheme.

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1.50 You/your The employee(s) or dependant(s) who are members of this Healthcare Scheme.

2. General Conditions

2.1 Your membership of the Healthcare Scheme will stop on the day that you retire from or leave the company. Membership may be continued after this date if agreed by the company.

a) Membership of the Healthcare Scheme stops the day before the renewal date unless it is renewed by mutual agreement between the company and the administrator with the consent of the trustees.

b) 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.

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

d) 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.

e) The trustees reserve the right to discontinue a member's membership if a contribution is more than 31 days in arrears, or if a member is in breach of these terms and conditions.

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

3. Scheme conditions

3.1 The trustees will only pay benefit for treatment of acute conditions or mental health conditions:

a) which has been given for a specific medical condition and has been arranged by a GP, except where treatment has been received through direct access services when authorised by the Helpline.

b) where it was not possible for a GP to arrange the treatment because of an emergency. The trustees will pay benefit for eligible treatment provided a GP has been kept fully informed of the treatment undertaken and supports the claim.

c) which has been supervised by a specialist.

d) which a specialist, nurse or therapist has given.

e) where treatment is for an allergy, it must have been given by a specialist who holds a consultant position within that specialty in an NHS hospital at the time the treatment was provided.

3.2 The trustees may not pay your claim for treatment or may restrict the amount they pay if:

a) The expenditure incurred was not: i) Reasonable, ii) Necessary for the treatment of the medical condition, or iii) Wholly and exclusively for the purpose of providing treatment.

b) The specialist's fees were higher than customary & reasonable.

c) The treatment provided was not in accordance with customary clinical practice.

d) The member has: i) Not acted in good faith, or ii) Has misled the trustees or a previous medical expenses Healthcare Scheme by mis-stating or withholding material facts, or iii) Breached the scheme terms and conditions.

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3.3 The trustees will pay the actual cost of any treatment up to the maximum amount (if any) specified in the table of benefits applicable at the time treatment was received.

3.4 The trustees will retain for their own benefit the cost of any healthcare treatment: a) recovered as damages; or b) refunded by any providers of treatment.

4. Exclusions

Your Healthcare Scheme is designed to pay for treatment of curable, short term disease, illness or injury (known as acute conditions). The trustees will NOT pay benefits for:

4.1 Accident and Emergency Treatment

We do not pay for any treatment, including immediate care, received during a visit to an NHS or private accident and emergency (A&E) department, urgent care centre or walk in clinic.

We also do not pay for any treatment received following an admission via an NHS or private A&E department, urgent care centre or walk-in clinic until after you are referred by a consultant for eligible treatment in a recognised facility. In these circumstances, before you receive any treatment, you should contact us as soon as reasonably possible to confirm whether your treatment is eligible under your benefits as you are responsible for any costs you incur that are not eligible under your benefits.

Exception: We pay for eligible treatment of mental health symptoms related to or arising from accident and emergency treatment.

4.2 Addictive conditions More than one addiction treatment programme in each member's lifetime, any in-patient 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.

4.3 Ageing, menopause and puberty

Treatment to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury. For example, we do not pay for the treatment of acne arising from natural hormonal changes.

Exception: We pay for eligible treatment of mental health symptoms related to or arising from any bodily change, arising from any psychological or natural cause.

4.4 Allergies, allergic disorders or food intolerances

We do not pay for treatment: to de-sensitise or neutralise any allergic condition or disorder or of any food intolerance. Once a diagnosis of an allergic condition or disorder or food intolerance has been confirmed we do not pay for any further treatment, including diagnostic tests, to identify the precise allergen(s) or foodstuff(s) involved. This means, for example, if you are diagnosed with a tree nut allergy we will not pay for further investigations into which specific nut(s) you are allergic to.

Exception: We pay for eligible treatment of mental health symptoms related to or arising from allergies, allergic disorders or food intolerances.

4.5 Breast reduction or augmentation

operations Whether or not for psychological reasons, except where the treatment is to correct disfigurement caused by an accident or specific disease of the breast.

4.6 Cancellation fees Fees incurred for an appointment that you/your dependant did not attend.

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4.7 Chronic conditions Treatment of chronic conditions.

Exception 1: We pay for treatment of unexpected acute symptoms of a chronic condition that flare-up. However, we only pay if the treatment is likely to lead to a complete recovery or to you being restored fully to your previous state of health, without you having to receive prolonged treatment. For example, we pay for treatment following a heart attack arising out of chronic heart disease. We do not pay for treatment required due to the expected deterioration or flare up of a chronic condition. This includes conditions which have a relapsing-remitting nature and require management of recurrent flare-ups, for example, inflammatory bowel disease. In such cases, the flare-ups are an expected part of the normal course of the illness and therefore we do not consider them as acute complications of the disease.

Exception 2: We pay for eligible treatment of a mental health condition that is a chronic condition and mental health symptoms related to or arising from treatment of any chronic condition.

We do not consider cancer to be a chronic condition.

4.8 Complications Treatment costs incurred because of complications caused by a condition or treatment for which the scheme does not provide benefits.

4.9 Contamination, wars, riots and terrorist acts We do not pay for treatment for any condition arising directly or indirectly from:

- war, riots, terrorist acts, civil disturbances, acts against any foreign hostility, whether war has been declared or not, or any similar cause
- chemical, biological, radioactive or nuclear contamination, including the combustion of chemicals or nuclear fuel, or any similar event

Exception: We pay for eligible treatment that is required as a result of a terrorist act providing that the act does not cause chemical, biological, radioactive or nuclear contamination.

4.10 Convalescence, rehabilitation and general nursing care We do not pay for approved hospital accommodation if it is primarily used for any of the following purposes:

- convalescence, rehabilitation, supervision or any purpose other than receiving eligible treatment
- receiving general nursing care or any other service which could have been provided in a nursing home or in any other establishment which is not an approved hospital
- receiving services from a therapist or mental health and wellbeing therapist.

This does not apply to addiction treatment programmes under Mental Health treatment. Please also see 4.2 in this section.

4.11 Cosmetic treatment Whether or not for psychological reasons, except for eligible surgical operations to restore the appearance of the specific part of your body that has been directly affected:

- by an accident, or
- as a direct result of surgery for cancer.

Eligible surgical operations to restore appearance include those for the purposes of symmetry (e.g. surgery to a healthy breast to make it match a breast reconstructed following cancer surgery). Once the initial eligible treatment to restore your appearance is complete (including delayed surgery, such as delayed breast reconstructions) we do not pay for repeat surgeries or reconstructions, or further treatment to restore or amend your appearance.

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We only pay if all the following apply:

- the accident or the cancer surgery takes place during your current continuous period of being a beneficiary and/or a beneficiary of a trust administered by Bupa and/or a member of a Bupa UK medical insurance scheme eligible to receive benefits for this type of treatment provided there has been no break in your being such a beneficiary and/or member as applicable, and
- this is part of the original eligible treatment resulting from the accident or cancer surgery.

Before any treatment starts you must have our confirmation that the above criteria have been met and we need full clinical details from your consultant before we can determine this. We do not pay for more than the one course/ one set of surgical operations or for repeat cosmetic procedures.

Exception: We pay for eligible treatment of mental health symptoms related to or arising from cosmetic treatment.

4.12 Criminal activity Treatment of an illness, injury or condition which arises from your own criminal act.

4.13 Dental treatment We do not pay for Dental treatment.

Exception: We pay for an eligible surgical operation carried out by a specialist/ consultant to:

- treat a jaw bone cyst, but not if it is related to a cyst or abscess on the tooth root or any other tooth or gum disease or damage
- surgically remove a complicated, buried or impacted tooth root, which is causing infection or pain such as an impacted wisdom tooth, but not if the purpose is to facilitate dentures or the acute condition relates to a pre-existing condition.

4.14 Dialysis Regular and/or long term dialysis in respect of chronic or end stage renal failure.

4.15 Drugs and dressings Drugs, dressings and medicines, except where provided as an integral part of in-patient or day-patient treatment.

Exception: The trustees will pay for common drugs, advanced therapies and specialist drugs that are related specifically to planning and carrying out out-patient treatment for cancer either:

- when they can only be dispensed by a hospital and are not available from a GP; or
- when they are available from a GP and you are prescribed an initial small supply on discharge to enable you to start your treatment straight away.

We do not pay for any common drugs, advanced therapies and specialist drugs that are otherwise available from a GP or are available to purchase without a prescription.

We do not pay for any complementary, homeopathic or alternative products, preparations or remedies for treatment of cancer.

4.16 Excluded medical conditions Medical conditions which are pre-existing and have been notified by us as an exclusion, or any related medical condition (refer to 1.31 Exclusions).

4.17 Experimental treatment and drugs

Treatment or procedures which, in our reasonable opinion, are experimental or unproven based on established clinical and medical practice in the UK, such as drugs outside the terms of their license or procedures which have not been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence). Licensed gene therapy, somatic-cell therapy or tissue engineered medicines for conditions other than cancer that have not been tested in phase III clinical trials will be considered experimental.

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4.18 Eye treatment We do not pay for treatment to correct your eyesight, for example for long or short sight, including spectacles or contact lenses. We do not pay for laser-assisted cataract surgery.

Exception 1: We pay for eligible treatment for your eyesight if it is needed as a result of an injury or an acute condition, such as a detached retina.

Exception 2: We pay for eligible treatment for cataract surgery using ultrasonic emulsification.

Exception 3: We pay for eligible treatment of mental health symptoms related to or arising from treatment to correct your eyesight.

4.19 Gender dysphoria or gender re-assignment

We do not pay for treatment for gender dysphoria or gender reassignment.

Exception: We pay for eligible treatment of mental health symptoms related to gender dysphoria or gender re-assignment.

4.20 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.

4.21 Infertility Treatment in any way related to infertility or to any form of assisted reproduction including any investigations into the causes of infertility.

Exception: We pay for eligible treatment of mental health symptoms related to or arising from treatment related to infertility or assisted reproduction.

4.22 Intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)

We do not pay for any intensive care if:

- you have been directly admitted into a critical care unit at the point of admission, such as following:

- an NHS transfer to a recognised facility
- an out-patient consultation
- a GP referral
- repatriation
- private facility to private facility transfer
- it follows a transfer (whether on an emergency basis or not) to an NHS hospital or facility from a private recognised facility
- it follows a transfer from an NHS critical care unit to a private critical care unit
- it is carried out in a unit or facility which is not a critical care unit.

Exception: We pay for intensive care when needed as an essential part of your eligible treatment if all the following conditions are met:

- the intensive care is required routinely by patients undergoing the same type of treatment as yours, and
- you are receiving private eligible treatment in a recognised facility equipped with a critical care unit, and
- the intensive care is carried out in the critical care unit, and
- it follows your planned admission to the recognised facility for private eligible treatment.

If you are receiving private eligible treatment which does not routinely require intensive care as part of that eligible treatment and unforeseen circumstances arise that require intensive care we will only pay for the intensive care if you are receiving your private eligible treatment in a recognised facility and either:

- the recognised facility is equipped with a critical care unit, and your intensive care is carried out in that critical care unit, or
- the recognised facility is not equipped with a critical care unit but has a prior agreement with us to follow an emergency protocol agreed with another recognised facility that is equipped with a critical care unit, which is either adjacent or is part of the same group of

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companies, and you are transferred under that prior emergency protocol and your intensive care is carried out in that critical care unit. In which case your consultant or recognised facility should contact us at the earliest opportunity.

If you want to transfer your care from an NHS hospital, or a self-funded stay, to a private recognised facility for eligible treatment, we only pay if all the following conditions are met:

- you have been discharged from a critical care unit to a general ward for more than 24 hours, and
- it is agreed by both your referring and receiving consultants that it is clinically safe and appropriate to transfer your care, and
- we have confirmed that your treatment is eligible under your benefits. However, we need full clinical details from your consultant before we can make our decision.

Please remember that any treatment costs you incur that are not eligible under your benefits are your responsibility.

4.23 Learning difficulties, behavioural/developmental problems We do not pay for treatment related to learning difficulties, such as dyslexia, or behavioural problems, such as attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD), or developmental problems, such as shortness of stature.

Exception 1: We pay for eligible diagnostic tests to rule out ADHD and ASD when a mental health condition is suspected. You must have our confirmation before any diagnostic tests are carried out that the above criterion has been met and we need full clinical details from your consultant before we can determine this.

Exception 2: We pay for eligible treatment of mental health symptoms related to or arising from learning difficulties and behavioural/developmental problems.

4.24 Medical reports Charges for obtaining medical reports or for the completion of claim forms (except for a contribution towards the cost of a GP completing a claim form as set out in 4.20 and charges for clinical reviews we may request to establish the eligibility of treatment for cancer).

4.25 Non medical treatment and additional care for domestic reasons Accommodation or treatment received in a health hydro, nature clinic or similar establishment, even if the establishment is registered as a private hospital. A residential stay in hospital wholly or partly for domestic reasons and which is not directly related to the treatment of a medical condition.

4.26 Nursing at home Arranged wholly or partly for domestic reasons and which is not directly related to the treatment of an acute medical condition.

4.27 Obesity We do not pay for any treatment, including surgery:

- which is for or involves the removal of healthy tissue (i.e. tissue which is not diseased), or the removal of surplus or fat tissue, or
- where the intention of the treatment, whether directly or indirectly, is the reduction or removal of surplus or fat tissue including weight loss (for example, surgery related to obesity including morbid obesity), whether or not the treatment is needed for medical or psychological reasons.

4.28 Outside of membership Treatment received after the day you leave the scheme regardless of whether the treatment has been authorised.

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4.29 Overseas treatment Treatment received outside the United Kingdom.

4.30 Pandemic or epidemic disease We do not pay for treatment for or arising from any pandemic disease and/or epidemic disease. By pandemic we mean the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world. By epidemic we mean the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events materially in excess of normal expectancy, or as otherwise defined by the World Health Organisation (WHO).

4.31 Physical aids and devices Glasses, contact lenses, hearing aids, false teeth, oral appliances (for example a gumshield) and orthotics (for example insoles).

4.32 Pregnancy and childbirth Treatment arising from pregnancy, childbirth, contraception, sterilisation or termination of pregnancy and any related medical condition except for ectopic pregnancy, Hydatidiform Mole, post partum haemorrhage, miscarriage, retained placenta or stillbirth.

Exception: We pay for eligible treatment of mental health symptoms related to or arising from pregnancy, childbirth or any related medical condition.

4.33 Preventive screening, monitoring and treatment

a) health checks or health screening where you may not be aware you are at risk of, or affected by a disease or its complications but are asked questions or have tests to find out if you are

b) medication reviews or appointments where you have had no change in your usual symptoms, routine tests, or monitoring of medical conditions, including: routine

antenatal care or screening for and monitoring of medical conditions of the mother or foetus during pregnancy, routine checks or monitoring of chronic conditions such as diabetes mellitus or hypertension

c) tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are carried out for screening or monitoring purposes, such as endoscopies when no symptoms are present

d) preventive treatment, procedures or medical services.

Exception 1: If you are being treated for cancer and have strong direct family history of cancer, we pay for you to receive a genetically-based test to evaluate future risk of developing further cancers, if recommended by your consultant. If the test shows you are at high risk of developing further cancers we pay for prophylactic surgery, if recommended by your consultant. Before you have any tests, procedures or treatment you must have our written confirmation that the above criteria have been met and we will need full clinical details from your consultant before we can determine this.

Exception 2: We pay for eligible treatment of mental health symptoms related to or arising from treatment otherwise excluded by this exclusion.

Exception 3: We pay for eligible treatment for out-patient consultations with a specialist/consultant and out-patient diagnostic tests for the monitoring of cancer.

4.34 Routine monitoring of Implantable electronic devices Routine monitoring of any implanted devices e.g. cardiac pacemakers, internal defibrillators and nerve stimulators after insertion.

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4.35 Self-inflicted injury Treatment (except for any eligible mental health treatment) required directly or indirectly as a result of self-inflicted injury, including treatment required as a result of attempted suicide.

4.36 Sleep problems and disorders

Treatment for or arising from sleep problems or disorders such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep).

Exception: We pay for eligible treatment of mental health symptoms related to or arising from any sleep problem or disorder.

4.37 Surgical appliances and prostheses

Prostheses and surgical or dental appliances except when they are used as an integral part of a surgical procedure and when, generally but not always, they are implanted within the body for treatment purposes.

4.38 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.

Exception 1: Corneal or skin grafting, coronary artery bypass grafts or mosaicoplasty.

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.

4.39 Advanced therapies and specialist drugs

We do not pay for:

- any gene therapy, somatic-cell therapy or tissue engineered medicines that are not on

the list of advanced therapies that applies to your benefits

- any drugs or medicines that are neither common drugs nor specialist drugs for which a separate charge is made by your recognised facility.

4.40 Varicose veins

We do not pay for the treatment of varicose veins.

Exception: We pay for one eligible surgical operation for varicose veins per leg in your lifetime of being covered under a Bupa health insurance policy and/or a beneficiary of a Bupa administered trust. This applies to all Bupa insurance schemes and/or Bupa administered trusts you may be a member and/or beneficiary of in the future, whether your being a member and/or beneficiary is continuous or not.

Both legs being treated on the same day is considered one surgical operation on each leg.

We also pay for:

- any eligible consultations and diagnostic tests needed for your surgical operation
- a single sclerotherapy treatment within six months of an original surgical operation if there are remaining symptoms.

5. Claims procedure

5.1 If you need treatment funded by the scheme, you must notify us about all treatment before it occurs. We will confirm whether the proposed treatment is eligible under your scheme.

5.2 The administrator may require a medical report to be submitted, at your expense, in respect of any claim you make and may appoint, at their expense, an independent medical examiner.

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5.3 You must advise the administrator if the cost of treatment is covered under any other medical expense scheme or by a third party. The trustees reserve the right to pursue an alternative medical expense scheme or third party in the name of the member to recover these costs. If the trustees choose to do this, the member must provide all reasonable assistance to the trustees and account to the trustees for any amount recovered.

5.4 We can pay any benefit due directly to the healthcare provider, to you or to a legally appointed representative. Please read 'Claiming' on page 10. This details the steps you should take when making a claim.

6. Summary of benefits

You can only claim benefits for treatment detailed in the table of benefits (page 6). The treatment must take place whilst the scheme is in effect.

7. Changes to benefits

At renewal the company may change the benefits under the scheme and the terms and conditions under which you and your dependants are entitled to them and will notify the members in writing of any changes they propose. Following a change, claims for treatment will be assessed according to the updated benefits. This may mean that the scheme might not pay for treatment that falls within the table of benefits set out in this handbook or payment may be subject to additional or different conditions. The scheme will pay for treatment which we have already provided authorisation for before the change, subject to the table of benefits and terms set out in this handbook.

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Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides 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 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, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at **dataprotection@bupa.com**

Information about Bupa

In this privacy notice, references to 'we' or '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**

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ('you', 'your'), in any way (for example email, website, telephone, app and so on).

How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers,

healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

Categories of personal information

We process two categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you) and special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary, so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process

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

Marketing and preferences

We may use your personal information to send you marketing by post, telephone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**

Processing for profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision making.

Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from, to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

International Transfers

We work with companies that we partner with, or that provide services to us (such as health-care 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 including transfers 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.

How long we retain your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

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Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask for the transfer of information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions, which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at

dataprotection@bupa.com You 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, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

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Making a complaint

We are sorry if you need to complain. We will do our best to understand what has happened and put things right.

Ways to get in touch

- Call us: **0800 028 7687[†]**
- Chat to us online: **bupa.co.uk/complaints**
- Email us: **customerrelations@bupa.com**
If you need to send us sensitive information you can email us securely using Egress.
For more information and to sign up for a free Egress account, go to **<https://switch.egress.com>**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.
- Write to us: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

What happens with my complaint?

We will carefully consider your complaint and do our best to resolve it quickly. If we can't resolve it straight away, we will email or write to you within five business days to explain the next steps.

We will keep you updated on our progress and once we have fully investigated your complaint, we will email or write to you to explain our decision. If we have not resolved it within eight weeks, we will write to you and explain the reasons for the delay.

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**

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

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Notes

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Bupa health trusts are
administered by Bupa
Insurance Services Limited.
Registered in England and
Wales No. 3829851.

Registered office: 1 Angel
Court, London EC2R 7HJ

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