Your Bupa membership guide

Dental Cover

Essential information explaining your cover

Please read and retain this membership guide in conjunction with your membership certificate for the full terms of your cover.

Effective from 1 December 2019
About this guide

Welcome to your dental cover membership guide

We know that insurance can be hard to follow. That’s why we’ve made this guide as simple as possible, so you’ll find individual chapters that deal with each aspect of your cover. Please make sure that you keep this guide somewhere safe, as you may need it when you come to claim.

How does the membership guide work with my membership certificate?
Your membership certificate lists the cover option you have chosen. This membership guide explains the benefits available to you for that level of cover. Please read this membership guide with your membership certificate as together they set out full details of how your dental insurance works.

Get in touch
If you have any queries do not hesitate to call us on 0800 237 777*, write to us at Bupa Dental Cover, Bupa Place, 102 The Quays, Salford M50 3SP or alternatively, email us on DentalMemberServices@bupa.com. We are on hand to help.

Please be aware that information you send to this email address may not be secure unless you send us your email through 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.

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

*We may record or monitor our calls.
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# 1. Membership terms

Some of the words we use in this membership guide have specific meanings. In this section you’ll find a definition of the terms used in *bold italic* throughout the guide. This will help you to understand what we mean when we use these terms.

<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>Agreement</td>
<td>means the <em>agreement</em> between Bupa and the <em>main member</em> which provides the terms of your cover and consists of this membership guide and your membership certificate.</td>
</tr>
<tr>
<td>Benefits</td>
<td>means each of the <em>benefits</em> set out in your <em>membership certificate</em> and your annual benefit limit table in this membership guide, to which you are entitled as a member of the policy.</td>
</tr>
<tr>
<td>Bupa</td>
<td>means Bupa Insurance Limited, being the company that provides the insurance cover. Registered in England and Wales No. 3956433. Registered office: 1 Angel Court, London EC2R 7HJ. The term Bupa may also refer to other companies in the Bupa group, where indicated in the <em>agreement</em>.</td>
</tr>
<tr>
<td>Child dependant</td>
<td>means any child of yours or your <em>partner’s</em>, including any child for whom you or your <em>partner</em> is a legal guardian or foster parent. See section 2.2 for more details.</td>
</tr>
</tbody>
</table>
| Consultant                | a registered medical or dental practitioner who at the time you receive your *treatment* is on our recognised consultant list for the relevant *benefit* and type of *treatment*.  
   The practitioners on the list will change from time to time.  
   You can ask us whether a medical or dental practitioner is on our list and the type of *treatment* we recognise them for or you can access these details at finder.bupa.co.uk |
| Consultant fees schedule  | the schedule used by Bupa for the purpose of providing *benefits* which sets out the benefit limits for *consultants* fees based on:  
   - the type of *treatment* carried out  
   - for *surgical operations*, the type and complexity of the *surgical operation* according to the *schedule of procedures* – the *benefits* available for *consultant* surgeons and *consultant* anaesthetist may differ for the same *surgical operation*  
   - the Bupa recognition status of the *consultant*, and  
   - where the *treatment* is carried out both in terms of the treatment facility and the location.  
   The schedule may change from time to time. Details of the schedule can be found at bupa.co.uk/codes |
<p>| Cosmetic treatment        | any <em>dental treatment</em> of a cosmetic nature or which is not necessary for the maintenance of dental fitness. |
| Cover end date            | the date on which your current period of cover under the policy ends, shown as ‘<em>cover end date</em>’ on your <em>membership certificate</em>. |</p>
<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
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<tbody>
<tr>
<td><strong>Cover start date</strong></td>
<td>the date on which your current continuous period of cover under the policy starts, shown as 'cover start date' on your membership certificate.</td>
</tr>
<tr>
<td><strong>Day-patient treatment</strong></td>
<td>dental treatment or oral cancer treatment which, for medical reasons, means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery but do not have to stay overnight.</td>
</tr>
<tr>
<td><strong>Dental injury treatment</strong></td>
<td>dental treatment carried out in the UK which is required as a direct result of injury to the teeth or supporting structures which is suddenly and unexpectedly caused by an external impact. All treatment connected with the same injury will be taken from the benefit limit in force on the date of the injury. Treatment must start within 6 months of the date of the injury, and be completed within 24 months (six years for persons under 18).</td>
</tr>
<tr>
<td><strong>Dental professional</strong></td>
<td>means anyone that is registered with the General Dental Council (GDC) and practises in the UK. You can contact the GDC on <a href="http://www.gdc-uk.org">www.gdc-uk.org</a> to see if the dental professional is registered.</td>
</tr>
<tr>
<td><strong>Dental treatment</strong></td>
<td>routine dental treatment, restorative dental treatment, emergency dental treatment and dental injury treatment.</td>
</tr>
<tr>
<td><strong>Dependant</strong></td>
<td>your partner and any child of yours or your partners, who is a member of the scheme and named on your membership certificate.</td>
</tr>
<tr>
<td><strong>Emergency dental treatment</strong></td>
<td>The following temporary dental treatment carried out in the UK by a dental professional, at an emergency appointment which was not pre-planned and is urgently required in order to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health:</td>
</tr>
<tr>
<td></td>
<td>- examinations</td>
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<tr>
<td></td>
<td>- X-rays</td>
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<td></td>
<td>- extractions</td>
</tr>
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<td></td>
<td>- root canal extirpation</td>
</tr>
<tr>
<td></td>
<td>- initial relief treatment of dental or gingival infection</td>
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<td></td>
<td>- temporary filling, or provision of permanent filling if a temporary filling is not required</td>
</tr>
<tr>
<td></td>
<td>- construction of temporary crown/bridge/veneer</td>
</tr>
<tr>
<td></td>
<td>- re-cement of crown/inlay/bridge/veneer</td>
</tr>
<tr>
<td></td>
<td>- temporary post and core, repair or replacement of orthodontic appliance</td>
</tr>
<tr>
<td></td>
<td>- repair or adjustment to denture</td>
</tr>
<tr>
<td></td>
<td>- other temporary emergency dental treatment as determined by the dental professional eg stopping bleeding, re-fixing orthodontic retainer wire.</td>
</tr>
<tr>
<td></td>
<td>Any treatment carried out at a follow up appointment must be claimed from the restorative dental treatment benefit limits which can be found in the Annual Benefit limit tables in Section 5.</td>
</tr>
<tr>
<td></td>
<td>We may review claims for emergency dental treatment and may request additional information in order to ensure the claim is eligible.</td>
</tr>
<tr>
<td><strong>GP/General Practitioner</strong></td>
<td>means a doctor who is on the UK General Medical Council’s General Practitioner Register. You can contact the GMC on <a href="http://www.gmc-uk.org">www.gmc-uk.org</a> to see if the GP is registered.</td>
</tr>
<tr>
<td>Word phrase</td>
<td>Meaning</td>
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</tr>
<tr>
<td><strong>In-patient treatment</strong></td>
<td><em>dental treatment</em> or <em>oral cancer treatment</em> which, for medical reasons, means you have to stay in hospital overnight or for longer.</td>
</tr>
<tr>
<td><strong>Main member</strong></td>
<td>the person named as the <em>main member</em> on the membership certificate who is eligible to be covered in his or her own right rather than as a <em>dependant</em>.</td>
</tr>
<tr>
<td><strong>Membership certificate</strong></td>
<td>The most recent <em>membership certificate</em> that we issue to you for your current continuous period of membership under the <em>agreement</em>.</td>
</tr>
<tr>
<td><strong>NHS treatment</strong></td>
<td>any course of <em>dental treatment</em> carried out on the NHS in England, Scotland, Northern Ireland, Isle of Man and Wales.</td>
</tr>
<tr>
<td><strong>Oral cancer treatment</strong></td>
<td>any medical <em>treatment</em> provided by a specialist registered medical practitioner for treating primary cancer in any part of the oral cavity from the lips to the back of the tongue, but excluding the tonsils and salivary glands. By primary cancer, <em>we</em> mean the site where the cancer first appears.</td>
</tr>
<tr>
<td><strong>Orthodontic treatment</strong></td>
<td>any <em>dental treatment</em> provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.</td>
</tr>
<tr>
<td><strong>Out-patient treatment</strong></td>
<td><em>dental treatment</em> or <em>oral cancer treatment</em> given at a hospital, consulting room or out-patient clinic where you do not go in for <em>day-patient treatment</em> or <em>in-patient treatment</em>.</td>
</tr>
<tr>
<td><strong>Partner</strong></td>
<td>your husband, wife, civil partner or the person you live with in a relationship similar to that of a marriage or civil partnership.</td>
</tr>
<tr>
<td><strong>Partnership consultant</strong></td>
<td>a <em>consultant</em> who at the time you receive your <em>treatment</em> is recognised by <em>us</em> as a <em>partnership consultant</em>. You can contact <em>us</em> to find out if a <em>consultant</em> is a <em>partnership consultant</em>.</td>
</tr>
</tbody>
</table>
| **Partnership facility**      | 1. a hospital or a *treatment* facility, centre or unit that, at the time you receive your eligible *treatment*, is in our *partnership facility* list that applies to your *benefits* and is recognised by *us* for both:  
   - treating the medical condition you have, and  
   - carrying out the type of *treatment* you need  
   2. any other establishment which *we* may decide to treat as a *partnership facility* for the purpose of the *scheme*. |
<p>| <strong>Physical contact sport</strong>    | rugby, hockey, wrestling, lacrosse, ice hockey or any other sport where is it common practice to wear mouth or gum protection.                                                                         |</p>
<table>
<thead>
<tr>
<th>Word/phrase</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td><strong>Pre-existing condition</strong></td>
<td>a condition is pre-existing if:</td>
</tr>
<tr>
<td></td>
<td>■ you had symptoms of or knew about the condition before you joined, or</td>
</tr>
<tr>
<td></td>
<td>■ a <em>dental professional</em> planned or recommended <em>treatment</em> for the condition before you joined, or</td>
</tr>
<tr>
<td></td>
<td>■ you have not had a dental examination in the 24 months before you joined the policy. If you have not had a dental examination in the 24 months before you joined the policy, <em>we</em> will not pay for any <em>treatment</em>:</td>
</tr>
<tr>
<td></td>
<td>- identified as necessary,</td>
</tr>
<tr>
<td></td>
<td>- planned, or</td>
</tr>
<tr>
<td></td>
<td>- that you receive at the first dental examination by a <em>dental professional</em> after you join the policy.</td>
</tr>
<tr>
<td><strong>Prosthetic appliance</strong></td>
<td>any artificial aid used in the restoration of a patient’s dentition.</td>
</tr>
<tr>
<td><strong>Recognised practitioner</strong></td>
<td>a healthcare practitioner who at the time of your <em>treatment</em>:</td>
</tr>
<tr>
<td></td>
<td>■ is recognised by <em>us</em> for the purpose of our private dental insurance schemes for treating the medical condition you have and for providing the type of <em>treatment</em> you need, and</td>
</tr>
<tr>
<td></td>
<td>■ is in our list of recognised practitioners that applies to your <em>benefits</em>.</td>
</tr>
<tr>
<td><strong>Renewal date</strong></td>
<td>each anniversary of your <em>cover start date</em>.</td>
</tr>
<tr>
<td><strong>Restorative dental treatment</strong></td>
<td>the following <em>dental treatment</em> carried out in the <em>UK</em> by a <em>dental professional</em>:</td>
</tr>
<tr>
<td></td>
<td>■ fillings (amalgam, composite anterior, composite posterior)</td>
</tr>
<tr>
<td></td>
<td>■ chronic periodontal <em>treatment</em></td>
</tr>
<tr>
<td></td>
<td>■ root canal <em>treatment</em></td>
</tr>
<tr>
<td></td>
<td>■ surgical <em>treatment</em> (extraction, surgical, extraction flap raised, apicectomy, incising of abscess, simple gingivectomy)</td>
</tr>
<tr>
<td></td>
<td>■ crowns and bridges (inlay/onlay, veneer, full gold crown, porcelain crown, porcelain bonded to metal crown, bridge, adhesive bridge, cast post and core, pre-fabricated post and core, re-fix or re-cement of existing crown, re-cement of adhesive bridge, re-cement of any other bridge)</td>
</tr>
<tr>
<td></td>
<td>■ dentures – acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint) including anaesthetics fees.</td>
</tr>
<tr>
<td><strong>Routine dental treatment</strong></td>
<td>the following dental services: carried out in the <em>UK</em> by a <em>dental professional</em>:</td>
</tr>
<tr>
<td></td>
<td>■ routine examination/check-up</td>
</tr>
<tr>
<td></td>
<td>■ X-rays, and</td>
</tr>
<tr>
<td></td>
<td>■ scale and polish consultations, including simple scale and polish.</td>
</tr>
<tr>
<td><strong>Schedule of procedures</strong></td>
<td>the schedule used by <em>Bupa</em> for the purpose of providing <em>benefits</em> which classifies <em>surgical operations</em> according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under <em>Bupa</em> schemes. Further information on the schedule is available on request.</td>
</tr>
<tr>
<td><strong>Scheme</strong></td>
<td>the cover <em>we</em> provide as shown on your <em>membership certificate</em> together with this membership guide subject to the terms and conditions of the <em>agreement</em>.</td>
</tr>
<tr>
<td><strong>Surgical implant</strong></td>
<td>any implant inserted into the jaw bone which is used for the support or retention of crowns, bridges or dentures.</td>
</tr>
<tr>
<td>Word/phrase</td>
<td>Meaning</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Surgical operation</strong></td>
<td>a surgical procedure or complex investigative/diagnostic procedure including all medically necessary treatment related to the procedure and all consultations carried out from the time you are admitted to a partnership facility until the time you are discharged, or if it is carried out as out-patient treatment, all medically necessary treatment related to the operation and any consultation on the same day which is integral to the operation.</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>any dental treatment or oral cancer treatment.</td>
</tr>
<tr>
<td><strong>United Kingdom/UK</strong></td>
<td>Great Britain, Northern Ireland, the Channel Islands (where applicable) and the Isle of Man.</td>
</tr>
<tr>
<td><strong>Waiting period</strong></td>
<td>the period from your cover start date during which benefits are not payable. Please see benefit table for more information.</td>
</tr>
<tr>
<td><strong>We/our/us</strong></td>
<td>Bupa</td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td>- when you first become a member under the scheme this is the period beginning on your cover start date and ending on the day before the renewal date.</td>
</tr>
<tr>
<td></td>
<td>- for continuing members this is the period beginning on the renewal date and ending on the day before the next renewal date.</td>
</tr>
</tbody>
</table>
2. How your membership works

2.1 The agreement and your membership documents

a. The following documents together make up the agreement. These documents must be read together as a whole:
   - this membership guide: this sets out the general terms and conditions of the membership, including, but not limited to, sections explaining how your membership works, making a claim, your right to cancel and making a complaint
   - your membership certificate.
b. For additional copies of this documentation, please call 0800 237 777*.c. We will pay eligible claims for treatment received from your cover start date, subject to any waiting periods or pre-existing conditions which apply.

2.2 Age and eligibility criteria

a. You can be accepted as a main member or partner from 18 years old. Once you are accepted as members, there is no maximum age limit for being a main member or partner on this policy.
b. You must be a UK resident.
c. Your child dependants are only eligible to be members if they are under 24 years old and a UK resident. The cover for any child you add as a child dependant will end at the next annual renewal date following their 24th birthday.

2.3 Premiums

a. Your membership certificate sets out the premiums payable under the agreement.
b. Premiums will begin calculating from your cover start date.
c. All premiums are payable monthly in advance by Direct Debit unless we agree otherwise.
d. If you are paying your premiums through another person/party, they will be treated as paying the premiums to us on your behalf. The premiums will not be considered paid until we actually receive them.
e. Your premiums may change if we or you make any changes to your membership. See also sections 2.7 and 2.8.
f. Your premiums include Insurance Premium Tax (IPT). If the government changes the rate of IPT we reserve the right to amend your premiums from the date that the IPT rate change takes effect. We will notify you of this change in line with section 2.7.

*We may record or monitor our calls.
2.4 When your membership starts and how it continues

a. Your membership and your **benefit** year start from your **cover start date**, shown in the **membership certificate**.

b. If you apply for your named **dependants** to become members, their cover will start from the date they are added to your cover and we will only pay **benefits** for each named **dependant** from that date.

c. Your **cover end date** is shown on your **membership certificate**. However, your cover will renew automatically each **year** as long as you continue to pay your premiums and any other charges, unless we decide to end the **scheme**. If this applies, we will write to tell you at least 28 days before your **renewal date**.

d. Your benefit limits will be refreshed at the start of each benefit **year**.

**Please note:** that your named **dependants’** benefit limits will also be refreshed at the start of each benefit **year**, even if they joined the policy in the middle of a benefit **year**.

2.5 When your membership ends

a. Your membership will end if:
   - you cease to be eligible to be a **main member** on this policy (see section 2.2). You must inform us if this happens.
   - you die, or
   - you do not continue to pay your premiums on or before the date they are due. If this happens, we will try to contact you, and if we cannot reach you after using reasonable efforts to do so, then we may terminate your membership immediately.

b. In the event your membership terminates as a result of you failing to pay your premiums (including Insurance Premium Tax and any other taxes which may from time to time be payable in respect of your membership) on the date they are due, **Bupa** may at its sole discretion permit your membership and that of your named **dependants** to continue, on condition that the overdue premiums and/or taxes are received by **Bupa** within 30 days of the due date.

c. Your named **dependants’** cover will end if:
   - they cease to be eligible to be a named **dependant** on this policy (see section 2.2). You must inform us if this happens
   - they die
   - your membership ends, or
   - you ask for them to be removed from your cover (subject to the conditions set out in 2.8.f).

d. If you or any of your named **dependants** die whilst covered by your membership, you or the appropriate next of kin or personal representative should inform us as soon as it is reasonably possible to do so. We may ask to see the relevant, supporting documentation.
2.6 Waiting periods

a. **Waiting periods** apply from your **cover start date** when you first join the **scheme**. This is the period during which **benefits** are not payable.
b. The **waiting period** is not applied at **renewal**, ie the anniversary of your **cover start date**.
c. If you switch cover at **renewal**, changing from Dental 10 to Dental 20 (or vice versa), then the **waiting period** is not applied.
d. If you switch from Dental Cover 10 to Dental Cover 20 (or vice versa) within six months of joining the **scheme** then any current **waiting period** would still apply.

2.7 Changes we can make

a. **We** may make changes to the **agreement** upon 28 days' written notice to you. These changes could affect for example:
   - how much premiums will be and when they have to be paid
   - the **benefits** that make up your dental cover
   - the terms and conditions of your membership.
b. If you do not accept any changes **we** make, you may end your membership by letting **us** know before the end of the 28 day notification period. If you do end your membership within the 28 days, **we** will treat the changes as not having been made and will terminate your membership at the end of the 28 day period. Please see section 6.1 for your rights to cancel or end the **agreement**.

2.8 Changes you can make

a. To make changes to your membership, please write to **us** or call **us** on **0800 237 777**.*
b. You must call or write to tell us if you change your address or you stop (or any of your named **dependants** stop) being resident in the **UK**. If you do not tell us that you have changed your address, **we** will not be able to notify you of changes to the **agreement** and any written communication will be issued to the address you last gave us. Please note that if **we** do not have the correct address for you, and **we** are unable to confirm your correct address after using reasonable efforts to do so, then **we** will cancel your policy at the **renewal date** as **we** will not be able to confirm that you still require cover.
c. If you choose to change your membership level then you will need to pay the applicable premium.
d. If you choose to change your membership level during a benefit **year**, **we** will take into account both your new and previous benefit limit and any previous claims paid when processing new claims.
e. You can add named **dependants** to your policy at any time. In the case of **child dependants**, their cover will end at the next annual **renewal date** following their 24th birthday.
f. If you choose to remove a named **dependant** from your policy, you will not be able to add that named **dependant** back on to your policy until at least the start of the following benefit **year**.

*We may record or monitor our calls.
2.9 Fraudulent or misleading information

a. We can end a person’s membership or refuse to pay a claim in full or part if there is reasonable evidence that you or a named dependant did not take reasonable care in answering our questions. By this we mean giving fraudulent or misleading information or keeping necessary information from us if:
   - intentional, we may end the cover and treat it as though it never existed or refuse a claim in full or in part.
   - careless, we may:
     - end your cover, refuse all claims and refund all of your premiums
     - change the cover
     - increase your premium or reduce any claim payment by the same proportion.

b. The following list contains examples of practices we consider intentionally fraudulent and/or misleading, although this list is not exhaustive:
   - deliberately giving us false information about you, a person on your policy or a claim on your policy
   - making any claim under your policy where you know the claim is false, or is exaggerated in any respect
   - making a statement in support of a claim where you know the statement is false in any respect
   - sending us a document in support of a claim where you know the document is forged, false or otherwise misleading in any respect, or
   - making claims under more than one insurance policy in order to receive a sum greater than the cost (to you) of treatment.

c. Joining the policy and making claims with the intention of ending your membership before proportionate premiums have been paid will also be considered intentionally fraudulent and/or misleading.

d. If we decide to end your membership, or that of your named dependants, we will write to let you know. Your membership will end with immediate effect.

e. If we end your membership based on receiving fraudulent or misleading information from you, you will not be able to join or re-join any policy in the future.

2.10 General information

a. Other parties:
   - only Bupa is allowed to make or confirm any changes to your membership on our behalf, or decide not to enforce any of our rights.
   - we will confirm changes to your membership in writing. No change to your membership will be valid unless it is confirmed in writing by us.

b. Correspondence and documents:
   - any correspondence between us in relation to your policy, which is properly sent by post or email, will be deemed to be received three days after posting. If you are submitting a claim form, then we must receive a completed claim form either online or by post in order to assess your claim.
all correspondence with you and your named dependants will be sent to you, the main member

claim advices will be sent addressed to the main member or dependant (when aged 16 and over) who has received the treatment. Claim advices relating to child dependants will be sent to the main member. All claim advices will be sent care of the main member’s address

if you wish to contact us by telephone please call 0800 237 777*.

c. Your membership will be governed by English law. Any dispute that cannot be resolved between us will be dealt with by the courts of England and Wales.

*We may record or monitor our calls.
3 Making a claim

3.1 Before your treatment

Before you or your dependants have any treatment, it’s important to check your policy and what you’re covered for.

Always call us first if:
- you’re unsure of what your benefit limits are
- you or your dependants are unsure what’s covered
- oral cancer treatment is required, as this needs to be pre-authorised prior to receiving any treatment. See also ‘Section 4.1: Oral cancer rules on benefits’ and ‘Section 5.2: Benefit table for oral cancer treatment – UK only’.

Call the Bupa Dental helpline on 0800 237 777*.

3.2 After your treatment

What happens about paying?

How you pay for your treatment depends on which centre you visit.

In selected Bupa-owned dental centres

Our dental insurance is designed to make things easy for you. When you visit participating Bupa-owned practices within our dental insurance network we don’t expect you to pay up front and then claim back the cost of your treatment†. Instead, we take care of the claim there and then. We call it no forms, no fuss claiming, and it means that as long as the treatment is covered under the policy, subject to your benefit limits you won’t need to pay for the treatment.

No forms, no fuss claiming is not available in all Bupa-owned dental centres. To find out which centres offer this service, please visit finder.bupa.co.uk and search Dental Insurance Network, selecting:

No Forms, no fuss claiming

Alternatively, to check which Bupa dental centres offer this service please call 0800 237 777*.

†Claims are forwarded by selected practices in the Bupa Dental Insurance Network as agent of Bupa Insurance Limited. Any claims for dental emergency, dental injury treatment and oral cancer cannot be processed by the dental centre and a claim form must be submitted. Also, all claims for NHS treatment in Scotland and Northern Ireland must be submitted using a claim form which can be found on bupa.co.uk. For a claim form go to bupa.co.uk or call us.

*We may record or monitor our calls.
In any other dental centre
You’ll need to pay for your treatment yourself and claim some or all of it back, depending on the limits of your cover.

1. Attend your dental appointment, pay for it and keep hold of your itemised receipt. Your receipt must show: name and contact details of the **dental professional**, date and type of **treatment**, and the name of the person who has had the **treatment**.

2. Visit **bupa.co.uk/dental/finance-and-insurance/make-claim**. Submit your (fully completed) claim and receipt online within six months of the **treatment** date, including your Bupa membership number, your receipt and your nominated bank account you would like your authorised claim to be paid into.

3. Alternatively you can submit your fully completed claim form by post, submitting your claim and a copy of your itemised receipt within six months of the **treatment** date.
   - Download a claim form at **bupa.co.uk/dental/finance-and-insurance/make-claim**
   - Fill in the form and post it, along with a copy of your itemised receipt, to: Bupa dental insurance, Bupa Place, 102 The Quays, Salford M50 3SP.

As long as we have all the information we need from you, you can expect your claim to be processed within seven to ten days. Your money will be paid directly into your nominated bank account or by cheque depending on which payment method you’ve chosen.

Please keep your original receipt(s) safe until your claim has been paid, in case there is a query. Any **treatment** costs you incur that are not covered under your **benefits** are your responsibility.

Payment of **benefits** is conditional upon you having paid all premiums due on or before the date of the **treatment** for which you are claiming **benefits**.

Claims should be submitted to **Bupa** as soon as possible and, in any event, within six months of receiving the **treatment** for which you are claiming unless this was not reasonably possible.

Payment of **benefits** is conditional upon **Bupa** receiving:
   - a fully completed claim for payment within six months from the date of the completion of the **treatment** for which you are claiming unless we agree otherwise where this was not reasonably possible
   - such proof of entitlement to receive the **benefits** claimed as Bupa may reasonably request (including but not limited to (i) any dental reports and other information, and (ii) the results of an independent dental examination which Bupa may require you to undergo at its expense)
   - copies or uploads of your original itemised receipts/fully paid invoices, scans or clear photographs are accepted.

There may be instances where we are uncertain about whether or not a claim is covered by the policy. If this is the case we may contact your **dental professional** to request further information and a copy of your dental records to be reviewed by our own dentist to advise **us** about the medical facts relating to a claim.
We only pay for treatment received in the United Kingdom. Treatment must be provided by a UK, Channel Islands or Isle of Man based and registered company, and you must be invoiced in pounds sterling.

We do not have to pay a claim if you break any of the terms and conditions of your membership, which is related to the claim. We may not pay a claim in full or part if there is reasonable evidence that you or a dependant did not take reasonable care in answering our questions. By this we mean giving false information or misleading information, see section 2.9.
4. General rules on benefits

_Bupa_ agrees to pay _benefits_ in respect of _treatment_ received by you and each of your _dependants_ in accordance with the terms and conditions of your membership when the _treatment_ was received provided that whoever receives the _treatment_ does so during their period of membership.

_We_ only pay for the _dental treatment_ and _oral cancer treatment_ specified in the _benefits_ section of this membership guide.

_Benefits_ are only payable by _us_ to the extent that the fees and expenses incurred for _dental treatment_ and _oral cancer treatment_ are up to an amount which is reasonable and customary and up to the maximum benefit limits set out in this membership guide for _dental treatment_ or the _consultant fees schedule_ for _oral cancer treatment_.

By reasonable and customary _we_ mean the amount you are charged by _dental professionals, consultant or partnership facilities_ and what you are charged for has to be in line with what the majority of _our_ other members are charged for similar _treatment_ or services. Any costs or expenses for experimental or unproven _dental treatment_ and _oral cancer treatment_ will not be reimbursed unless incurred with _Bupa’s_ prior written approval.

_Bupa_ will only pay _benefits_ for necessary _dental treatment_ provided by a _dental professional_. Where a _dependant_ makes a valid claim _Bupa_ will reimburse the _dependant_ for that claim. _Benefits_ are payable by _Bupa_ only to reimburse fees and expenses actually incurred by you or your _dependants_.

4.1 Oral cancer rules on benefits

_Being referred for oral cancer treatment using a recognised practitioner and partnership facility._

_See also ‘Section 5.2: Benefit table for oral cancer treatment – UK only’._

Your consultation or _treatment_ must follow an initial referral by a _dental professional_ or _GP_ after you have seen the _dental professional_ or _GP_ in person. However, for _day-patient treatment_ or _in-patient treatment_ provided by a _consultant_ such referral is not required in the case of a medical emergency.

Your cover for _oral cancer treatment_ costs depends on you using certain _recognised practitioners_ and _partnership facilities_. Please see _benefits_ table for _oral cancer treatment_ in section 5.2.

You can only claim for eligible private medical costs once. This means that if you have two policies that provide private medical cover, the costs of your _treatment_ may be split between _Bupa_ and the other insurance company. You will be asked to provide _us_ with full details of any other relevant insurance policy at the time of claim.

_Please note:_ The medical practitioners, other healthcare professionals and facilities you use can affect the amount _we_ pay you.
Your **treatment** costs are only covered when the person who has overall responsibility for your **oral cancer treatment** is a **consultant**. If the person who has overall responsibility for your **oral cancer treatment** is not a **consultant**, then none of your **oral cancer treatment** costs are covered.

**Important:** Always call **us** before arranging any **oral cancer treatment** to check your **benefits** and whether the chosen medical practitioner or other healthcare professional or **partnership facility** is recognised by **us** for treating the medical condition you have and provides the type of **treatment** you need. Any **treatment** costs you incur that are not covered under your **benefits** are your responsibility.

### 4.2 Exclusions on benefits

**Benefits** are not payable for:

- **pre-existing conditions**
- **restorative dental treatment** and **dental injury treatment** within four months of your **cover start date**
- **emergency dental treatment** until 14 days after the **cover start date**
- **cosmetic treatment**
- **orthodontic treatment**
- **surgical implants**
- **dental treatment** received outside the **UK**
- any **dental treatment** or services not normally provided by **dental professionals** in the **UK**
- any **dental treatment** resulting from or related to any injury sustained whilst participating in a **physical contact sport**
- any **dental injury treatment** resulting from or related to a self-inflicted injury
- any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred before the **cover start date** or outside the **UK**
- **oral cancer treatment** for cancer of the tonsils or the salivary glands
- any **oral cancer treatment** received by you or any of your **dependants** if the oral cancer was diagnosed or you were having investigations or waiting for the outcome of tests:
  - before the **cover start date**;
  - during the first six months following the **cover start date**
- any **oral cancer treatment** if the person receiving the **treatment** has not been referred to the **consultant recognised practitioner** by their **GP** or **dental professional**
- the replacement of a removable **prosthetic appliance** which has been lost or stolen
- the replacement of a **prosthetic appliance** which could have been repaired according to generally accepted dental standards
- the replacement of a **prosthetic appliance** (except dentures) within five years of it having been fitted
- **treatment**, care or repair to gums, teeth, mouth or tongue in connection with mouth jewellery
- fissure sealants
- **snoring devices**
- mouthguards
- any **dental treatment** required as a result of nuclear or chemical contamination, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection, or military or usurped power
- self-administered drugs such as antibiotics and painkillers or prescription charges
- dental procedures carried out in hospital, for example wisdom teeth extractions
- dental consumables such as toothbrushes, mouthwash and dental floss
- any fees in relation to any arrangement you may have with a third party to cover dental services.

**Important:** Bupa Dental Cover **scheme** is not intended to provide cover for **in-patient treatment** or **day-patient treatment**, such as wisdom tooth extraction.

The **benefit limits** set out on your **membership certificate** provide cover based on the cost of **dental treatment** provided in a dental surgery only.

**Consultants’** and hospital fees will only be covered for **oral cancer treatment**. Please refer to ‘Section 5.2: Benefit table for oral cancer treatment – UK only’ for full details.
5. Bupa Dental Cover benefits

There are three main sections to this part of the membership guide:

Section 1: Overall annual benefit limits and benefit limits for routine dental treatment and restorative dental treatment, emergency dental treatment and dental injury treatment where applicable.

Section 2: Benefit limits for oral cancer treatment, UK only

Section 3: About NHS treatment

5.1 Overall annual benefit limits

The tables below provide a brief summary of the benefits available for Dental Cover 10 and Dental Cover 20.

5.1.a Annual benefit limit table for Dental Cover 10

<table>
<thead>
<tr>
<th>Cover</th>
<th>Waiting period</th>
<th>Benefits</th>
</tr>
</thead>
</table>
| **Routine dental treatment**<br>For example, check-ups, X-rays and scale and polish if clinically needed | No waiting period\*<sup>1</sup> | ▪ 100% reimbursement for all NHS treatment\*<sup>2</sup>  
▪ Reimbursement of private treatment up to the NHS Band limit applicable at the date of treatment                                                                 |
| **Restorative dental treatment**<br>For example fillings, root canal work, removal of teeth, crowns, dentures, bridges and other laboratory work | Four months\*<sup>1</sup> | ▪ 100% reimbursement for all NHS treatment\*<sup>2</sup>  
▪ Reimbursement of private treatment up to the NHS Band limit applicable at the date of treatment                                                                 |
| **Oral cancer treatment**   | Six months\*<sup>1</sup> | No annual benefit limits – paid in full\*^ when being referred for oral cancer treatment and using partnership consultants and partnership facilities |

\*We explain how benefits for NHS treatment are paid in section 5.3.

\*Waiting periods apply from your cover start date when you first join the scheme. This is the period during which benefits are not payable.

N.B. The waiting period is not applied at renewal, ie the anniversary of your cover start date.

▪ If you switch cover at renewal, then the waiting period is not applied.

▪ If you switch from Dental Cover 20 to Dental Cover 10 within six months of joining the scheme then any current waiting period would still apply.

\*Any oral cancer treatment received within the first six months following the cover start date will not be covered unless you are transferring your dental insurance scheme from another dental insurance scheme with us.
### 5.1.b Annual benefit limit table for Dental Cover 20

<table>
<thead>
<tr>
<th>Cover</th>
<th>Waiting period</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine dental treatment</strong></td>
<td>No waiting period¹</td>
<td>Up to £150 per year</td>
</tr>
<tr>
<td>For example, check-ups, X-rays and scale and polish</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative dental treatment</strong></td>
<td>Four months¹</td>
<td>Up to 75% of your treatment costs to a total of £700 per year</td>
</tr>
<tr>
<td>For example fillings, root canal work, removal of teeth, crowns, dentures, bridges and other laboratory work</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency dental treatment</strong></td>
<td>14 days after your start date</td>
<td>Up to £600 per year</td>
</tr>
<tr>
<td><strong>Dental injury treatment</strong></td>
<td>Four months¹</td>
<td>Up to £5,000 per year</td>
</tr>
<tr>
<td><strong>Oral cancer treatment</strong></td>
<td>Six months¹</td>
<td>No annual benefit limits – paid in full* when being referred for oral cancer treatment and using partnership consultants and partnership facilities</td>
</tr>
</tbody>
</table>

¹Waiting periods apply from your **cover start date** when you first join the scheme. This is the period during which **benefits** are not payable.

N.B. The **waiting period** is not applied at renewal, ie the anniversary of your **cover start date**.

- If you switch cover at renewal, then the **waiting period** is not applied.
- If you switch from Dental Cover 10 to Dental Cover 20 within six months of joining the scheme then any current **waiting period** would still apply.

*Any oral cancer treatment received within the first six months following the **cover start date** will not be covered unless you are transferring your dental insurance scheme from another dental insurance scheme with us.

### 5.2 Benefit table for oral cancer treatment – UK only

We pay benefit for the types of oral cancer treatment and up to the benefit limits shown in this **benefits** table for you and each of your **dependants** individually.

So if you are diagnosed with oral cancer, we will look after you for as long as you have Bupa dental insurance, all eligible oral cancer treatment costs are paid in full. You must use a healthcare facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant).

We define oral cancer as primary cancer in any part of the oral cavity from the lips to the back of the tongue, but excluding the tonsils and salivary glands. By primary cancer, we mean the site where the cancer first appears.

You and your **dependants** are not covered for any oral cancer treatment received during the first six months of the **cover start date**.
<table>
<thead>
<tr>
<th><strong>Type of cover</strong></th>
<th><strong>Cover</strong></th>
<th><strong>Limits for each member (subject to rules on benefits)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral cancer treatment as an out-patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-patient consultations, therapies and <strong>diagnostic tests</strong></td>
<td>Yes</td>
<td><strong>Partnership facility</strong> - paid in full.</td>
</tr>
<tr>
<td>Out-patient MRI, CT and PET scans</td>
<td>Yes</td>
<td><strong>Partnership facility</strong> - paid in full.</td>
</tr>
<tr>
<td>Out-patient cancer drugs</td>
<td>Yes*</td>
<td><strong>Partnership facility</strong> charges – paid in full.</td>
</tr>
</tbody>
</table>

**Additional benefits for oral cancer treatment**

| **Treatment** at home | Yes | **We** will pay for **oral cancer treatment** at home if it is feasible to provide your treatment at that location. You must have **our** agreement before the **oral cancer treatment** starts and **we** need full details from your **consultant**. |

*We pay **partnership facility** charges for common drugs, advanced therapies and specialist drugs that are related specifically to planning and carrying out **out-patient treatment** for oral cancer. **We** do not pay for any complementary, homeopathic or alternative products, preparations or remedies (or substances) for treatment of cancer regardless of who they are prescribed or provided by or the type of treatment or medical condition they are used or prescribed for.

### 5.3 About NHS treatment

If you receive **NHS treatment**, **we** will reimburse you for your **NHS treatment** costs up to a maximum of the relevant **NHS treatment** charge.

If you have selected a level of cover that only includes reimbursement for **NHS treatment**, and you have private **treatment** **we** will only pay the NHS equivalent costs – the amount of money your **treatment** would have cost if it had been carried out and charged by the NHS.

**NHS treatment** charges may change on an annual basis and you are covered up to the applicable limit currently charged by the NHS.

**NHS treatment** charges differ depending on your location in the **UK**. To understand what **NHS treatment** costs will apply please refer to your local NHS website for information or ask your dentist.

**NHS England, Wales and Isle for Man**

If you live in England, Wales or the Isle Man **NHS treatment** is covered under different bands and each band covers different **treatment**. The below bands give details of the **NHS treatments** covered but you should always refer to your **dental professional** to understand which band your **NHS treatment** will be charged under.

**Band 1 course of treatment**
Includes an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed and preventative care such as the application of fluoride varnishing or fissure sealant if appropriate.

**Band 2 course of treatment**
Includes all treatment covered by Band 1, plus additional **treatment**, such as fillings, root canal **treatment** and removing teeth (extractions).
Band 3 course of treatment
Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

For a full list of applicable treatments covered under the NHS please refer to your local NHS website for information or ask your dentist.

Please note: If, within two months of completing a course of NHS treatment, you need more treatment from the same NHS band or a lower band we would expect that you would only be charged once for the same NHS band. This means that if you receive treatment, and then you need further treatment within two months which is from:

- the same or a lower NHS Band, we will reimburse you for the first treatment you received in full (but we won’t pay anything for the second treatment)
- a higher NHS Band, we would reimburse you for a total of the highest applicable NHS Band.

After two months, if you need more dental treatment, this would be treated as a new claim and we would reimburse you for the relevant NHS Band up to NHS limits.

Scotland and Northern Ireland
If you live in Scotland or Northern Ireland you will pay 80% of the cost of your NHS treatment, up to a maximum of permissible amount per treatment. For a full list of applicable treatments and cost covered under the NHS Scotland and Northern Ireland please refer to your local NHS website for information or ask your dentist.
6. Protecting your information and rights

6.1 Your right to cancel or end this agreement

a. We think you’ll be delighted with your membership, but if for any reason you’re not, you can end your membership without incurring a fee by calling us on 0800 237 777* or writing to us at Bupa, Bupa Place, 102 The Quays, Salford M50 3SP

b. You may end your membership:
   - within 21 days from the later of the start date or the date you receive your first set of policy documents. We will refund all of your premiums paid to us as long as you have not made a claim; or
   - at any time thereafter and we will refund any premiums you have paid to us relating to the period after your membership ends. You will also need to cancel your Direct Debit with your bank.

c. If you make a claim within your current benefit year and then you end your membership before proportionate premiums are paid, we may refuse you a new membership in the future if we reasonably believe you intended to act dishonestly.

6.2 Status disclosure

Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited for the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office: 1 Angel Court, London EC2R 7HJ.

Getting in touch

The Bupa helpline is always the first number to call if you need help or support.

You can call us on 0800 237 777*.

The Staff at Bupa are trained and supervised to provide our customers and members with information only on Bupa’s own insurance products and health related services.

*We may record or monitor our calls.
6.3 Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

By phone: 0800 237 777*

In writing: Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP

By email: customerrelations@bupa.com

Please be aware that the information you send to this email address may not be secure unless you send us your email through 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.

How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we will write to you to confirm this. Where we are unable to resolve your complaint within this time, we will promptly write to you to acknowledge receipt. We will then continue to investigate your complaint and aim to send you our final written decision within four weeks from the day of receipt. If we are unable to resolve your complaint within four weeks following receipt, we will write to you to confirm that we are still investigating it.

Within eight weeks of receiving your complaint we will either send you a final written decision explaining the results of our investigation or we will send you a letter advising that we have been unable to reach a decision at this time.

If you remain unhappy with our response, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: Exchange Tower, London E14 9SR or contact them via email at complaint.info@financial-ombudsman.org.uk or call them on 0800 023 4567 (calls to this number are free on mobile phones and landlines) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers).

For more information you can visit www.financial-ombudsman.org.uk

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact us.

Your complaint will be dealt with confidentially and will not affect how we treat you in the future. Following the complaints procedure does not affect your right to take legal action.

*We may record or monitor our calls.
The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For Bupa, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit http://ec.europa.eu/consumers/odr/

6.4 The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on 0800 678 1100 or 020 7741 4100 or on its website at: www.fscs.org.uk

6.5 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. 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 contact the Bupa Privacy team on +44 (0) 1784 893706. Or, you can email the team at dataprotection@bupa.com or 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 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. Scope of our privacy notice
This privacy notice applies to anyone who interacts with us about our products and services (‘you’, ‘your’), in any way (for example, email, website, phone, app and so on).

2. 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.
3. 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).

4. 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 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.

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 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

6. 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.

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 in what circumstances in our full privacy notice.
8. Transfers outside of the European Economic Area (EEA)
We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep 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.

10. 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 us to transfer 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.

11. 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 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. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

6.6 Financial crime and sanctions

Financial crime
The company agree to comply with all applicable UK legislation relating to the detection and prevention of financial crime (including, without limitation, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions
Bupa, through this policy, shall not provide cover or be liable to pay any claim where this would expose Bupa to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, and/or all other jurisdictions where Bupa transacts its business, including but not limited to providing medical coverage inside Sudan, Iran, North Korea, Syria, and Cuba.