

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.

Word/phrase	Meaning
Agreement	means the agreement between Bupa and the main member which provides the terms of your cover and consists of this membership guide and your membership certificate .
Benefits	means each of the benefits set out in your membership certificate and your annual benefit limit table in this membership guide, to which you are entitled as a member of the policy.
Bupa	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 agreement .
Child dependant	means any child of yours or your partner's , including any child for whom you or your partner is a legal guardian or foster parent. See section 2.2 for more details.
Consultant	<p>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.</p> <p>The practitioners on the list will change from time to time.</p> <p>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</p>
Consultant fees schedule	<p>the schedule used by Bupa for the purpose of providing benefits which sets out the benefit limits for consultants fees based on:</p> <ul style="list-style-type: none">the type of treatment carried outfor 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 operationthe Bupa recognition status of the consultant, andwhere the treatment is carried out both in terms of the treatment facility and the location. <p>The schedule may change from time to time. Details of the schedule can be found at bupa.co.uk/codes</p>
Cosmetic treatment	any dental treatment 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 ' cover end date ' on your membership certificate .

Word/phrase	Meaning
Cover start date	the date on which your current continuous period of cover under the policy starts, shown as ' cover start date ' on your membership certificate .
Day-patient treatment	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.
Dental injury treatment	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).
Dental professional	means anyone that is registered with the General Dental Council (GDC) and practises in the UK . You can contact the GDC on www.gdc-uk.org to see if the dental professional is registered.
Dental treatment	routine dental treatment, restorative dental treatment, emergency dental treatment and dental injury treatment .
Dependant	your partner and any child of yours or your partners, who is a member of the scheme and named on your membership certificate .
Emergency dental treatment	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: <ul style="list-style-type: none"> ■ examinations ■ X-rays ■ extractions ■ root canal extirpation ■ initial relief treatment of dental or gingival infection ■ temporary filling, or provision of permanent filling if a temporary filling is not required ■ construction of temporary crown/bridge/veneer ■ re-cement of crown/inlay/bridge/veneer ■ temporary post and core, repair or replacement of orthodontic appliance ■ repair or adjustment to denture ■ other temporary emergency dental treatment as determined by the dental professional eg stopping bleeding, re-fixing orthodontic retainer wire. 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. We may review claims for emergency dental treatment and may request additional information in order to ensure the claim is eligible.
GP/General Practitioner	means a doctor who is on the UK General Medical Council's General Practitioner Register. You can contact the GMC on www.gmc-uk.org to see if the GP is registered.

Word/phrase	Meaning
In-patient treatment	dental treatment or oral cancer treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.
Main member	the person named as the main member on the membership certificate who is eligible to be covered in his or her own right rather than as a dependant .
Membership certificate	The most recent membership certificate that we issue to you for your current continuous period of membership under the agreement .
NHS treatment	any course of dental treatment carried out on the NHS in England, Scotland, Northern Ireland, Isle of Man and Wales.
Oral cancer treatment	any medical treatment 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, we mean the site where the cancer first appears.
Orthodontic treatment	any dental treatment provided for the correction or prevention of malocclusion or any other irregular alignment or positioning of teeth.
Out-patient treatment	dental treatment or oral cancer treatment given at a hospital, consulting room or out-patient clinic where you do not go in for day-patient treatment or in-patient treatment .
Partner	your husband, wife, civil partner or the person you live with in a relationship similar to that of a marriage or civil partnership.
Partnership consultant	a consultant who at the time you receive your treatment is recognised by us as a partnership consultant . You can contact us to find out if a consultant is a partnership consultant .
Partnership facility	<ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> – treating the medical condition you have, and – carrying out the type of treatment you need ■ any other establishment which we may decide to treat as a partnership facility for the purpose of the scheme. <p>The hospitals, treatment facilities, centres and units in the list and the medical conditions and types of treatment we recognise them for may change from time to time. Details of the facilities in the list and the categories of accommodation, the medical conditions and types of treatment we recognise them for are available on our consultant and facilities website at finder.bupa.co.uk</p>
Physical contact sport	rugby, hockey, wrestling, lacrosse, ice hockey or any other sport where it is common practice to wear mouth or gum protection.

Word/phrase	Meaning
Pre-existing condition	<p>a condition is pre-existing if:</p> <ul style="list-style-type: none"> ■ you had symptoms of or knew about the condition before you joined, or ■ a dental professional planned or recommended treatment for the condition before you joined, or ■ 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, we will not pay for any treatment: <ul style="list-style-type: none"> – identified as necessary, – planned, or – that you receive at the first dental examination by a dental professional after you join the policy.
Prosthetic appliance	any artificial aid used in the restoration of a patient's dentition.
Recognised practitioner	<p>a healthcare practitioner who at the time of your treatment:</p> <ul style="list-style-type: none"> ■ is recognised by us for the purpose of our private dental insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and ■ is in our list of recognised practitioners that applies to your benefits.
Renewal date	each anniversary of your cover start date .
Restorative dental treatment	<p>the following dental treatment carried out in the UK by a dental professional:</p> <ul style="list-style-type: none"> ■ fillings (amalgam, composite anterior, composite posterior) ■ chronic periodontal treatment ■ root canal treatment ■ surgical treatment (extraction, surgical, extraction flap raised, apicectomy, incising of abscess, simple gingivectomy) ■ 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) ■ dentures – acrylic/metal; partial/full; upper/lower (reline denture, addition of tooth, repair denture, occlusal splint) including anaesthetics fees.
Routine dental treatment	<p>the following dental services: carried out in the UK by a dental professional:</p> <ul style="list-style-type: none"> ■ routine examination/check-up ■ X-rays, and ■ scale and polish consultations, including simple scale and polish.
Schedule of procedures	the schedule used by Bupa for the purpose of providing benefits which classifies surgical operations according to their type and complexity. The schedule may change from time to time. Not all procedures listed in the schedule are covered under Bupa schemes. Further information on the schedule is available on request.
Scheme	the cover we provide as shown on your membership certificate together with this membership guide subject to the terms and conditions of the agreement .
Surgical implant	any implant inserted into the jaw bone which is used for the support or retention of crowns, bridges or dentures.

Word/phrase	Meaning
<i>Surgical operation</i>	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.
<i>Treatment</i>	any dental treatment or oral cancer treatment .
<i>United Kingdom/UK</i>	Great Britain, Northern Ireland, the Channel Islands (where applicable) and the Isle of Man.
<i>Waiting period</i>	the period from your cover start date during which benefits are not payable. Please see benefit table for more information.
<i>We/our/us</i>	Bupa .
<i>Year</i>	<ul style="list-style-type: none"> ▪ 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. ▪ for continuing members this is the period beginning on the renewal date and ending on the day before the next renewal date.

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**.

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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.

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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-authorized 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.

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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

Cover	Waiting period	Benefits
<i>Routine dental treatment</i> For example, check-ups, X-rays and scale and polish if clinically needed	No waiting period ^d	<ul style="list-style-type: none">100% reimbursement for all <i>NHS treatment</i>[#]Reimbursement of private <i>treatment</i> up to the NHS Band limit applicable at the date of treatment
<i>Restorative dental treatment</i> For example fillings, root canal work, removal of teeth, crowns, dentures, bridges and other laboratory work	Four months ^d	<ul style="list-style-type: none">100% reimbursement for all <i>NHS treatment</i>[#]Reimbursement of private <i>treatment</i> up to the NHS Band limit applicable at the date of treatment
<i>Oral cancer treatment</i>	Six months ^d	No annual benefit limits – paid in full [^] when being referred for <i>oral cancer treatment</i> and using <i>partnership consultants</i> and <i>partnership facilities</i>

[#]We explain how *benefits* for *NHS treatment* are paid in section 5.3.

^dWaiting 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

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

[†]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 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**.

Type of cover	Cover	Limits for each member (subject to rules on benefits)
Oral cancer treatment as an out-patient		
Out-patient consultations, therapies and <i>diagnostic tests</i>	Yes	<i>Partnership facility</i> – paid in full.
Out-patient MRI, CT and PET scans	Yes	<i>Partnership facility</i> – paid in full.
Out-patient cancer drugs	Yes*	<i>Partnership facility</i> charges – paid in full.
Additional benefits for oral cancer treatment		
<i>Treatment</i> at home	Yes	<i>We</i> will pay for <i>oral cancer treatment</i> at home if it is feasible to provide your treatment at that location. You must have <i>our</i> agreement before the <i>oral cancer treatment</i> starts and <i>we</i> need full details from your <i>consultant</i> .

**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-notice

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.

Notes

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Bupa dental insurance is provided by:
Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 203332.

Bupa insurance policies are arranged and administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 312526.

You can check the Financial Services Register by visiting <https://register.fca.org.uk> or by contacting the Financial Conduct Authority on 0800 111 6768.

Registered office: 1 Angel Court,
London EC2R 7HJ

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