

Your membership guide

Bupa Dental Cover

Essential information explaining your Bupa cover

Please retain.



Helping you understand your cover

This booklet gives you information on what is and isn't covered under our dental cover (Dental 20 and Dental 10). To understand what you're covered for personally, make sure you look at your Membership Certificate too.

Words in bold and italic type

Where there are words or phrases that need a little more explanation, we have highlighted them in **bold** and *italic* type. You'll find them in the glossary towards the end.

How do I contact Bupa?

If you have any questions about your cover, please call us on **0800 237 777***. For those with hearing or speech difficulties who use a textphone, please call us on **0345 606 6863**.

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.

You can also write to us at **Bupa, Anchorage Quay, Salford Quays, Salford M50 3XL**

*We may record or monitor our calls.

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Section one:

1 Benefits of your Dental Cover

What you are covered for

Please take a look at **your membership certificate** for a list of the specific **benefits** of your Bupa Dental Cover policy. Any benefits that you see described in this guide that are not listed on **your membership certificate** or are shown as 'not covered' are not included in your insurance.

We do not pay **benefits** under Dental Cover 10 or 20 in relation to any **pre-existing condition**.

Annual benefit limits are the annual benefit limits that apply to **you** and **your dependants** individually. The amounts shown are the total amounts of **benefits we** pay up to each **year**. They are not the amounts **we** pay for each type of service or treatment individually.

Bupa Dental Cover benefit table

The table below provides a brief summary of the **benefits** available for Dental Cover 20 and Dental Cover 10.

Cover	Waiting period	Dental Cover 20	Dental Cover 10
		Benefits	
Routine dental treatment eg check-ups and X-rays	No waiting period**	up to £150 per year	100% reimbursement for all NHS treatment charges
Restorative dental treatment eg fillings and extractions	4 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	4 months**	up to £5,000 per year	
Oral cancer treatment	6 months**	no annual limit – paid in full [†]	no annual limit – paid in full [†]

[†]When we say 'paid in full' we mean that all of your eligible treatment expenses will be covered, providing you are treated at one **our partnership facilities** by one of **our partnership consultants**.

Waiting period applies from **your start date

Notes on benefits

- **Your membership certificate** shows which dental cover applies to **your benefits** (Dental Cover 20 or Dental Cover 10) and the maximum annual benefit limits which apply. **You** are not covered for **benefits** that do not appear on **your membership certificate** or appear but are stated as 'not covered'
- **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 on **your membership certificate**
- By reasonable and customary **we** mean the amount you are charged by **dental professionals** and what you are charged for have to be in line with what the majority of **our** other members are charged for similar treatment or services
- Where **benefits** are paid in cash, **we** will pay **benefits** to the **main member** only, not to any **dependants**
- **Benefits** are payable by **us** only to reimburse fees and expenses actually incurred by **you** or **your dependants**
- Any **benefits** paid by **us** for **dental treatment** to which **you** or any of **your dependants** are not strictly entitled shall count towards **your** annual maximum **benefits** available under the **scheme**, but **we** shall not, by making any such payment, be responsible for paying future **benefits** in respect of such **dental treatment**.

Oral cancer treatment

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**. These are specified in the benefit schedule for oral cancer treatment on page 17.

Please note: The medical practitioners, other healthcare professionals and facilities you use can affect the level 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 **treatment** is not a **consultant**, then none of your **oral cancer treatment** costs are covered.

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

Benefit D1 Dental Cover 20

Benefit D1.1 Routine dental treatment

We pay the proportion shown on **your membership certificate** of the treatment cost for **routine dental treatment** that you receive during a **year** (up to the maximum annual benefit limit also shown on **your membership certificate**).

Benefit D1.2 Restorative dental treatment

We pay the proportion shown on **your membership certificate** of the treatment cost for **dental treatment** that you receive during a **year** (which is not **routine dental treatment**, **emergency dental treatment** or **dental injury treatment**) (up to the maximum annual benefit limit also shown on **your membership certificate**).

Benefit D1.3 Emergency dental treatment

We pay the proportion shown on **your membership certificate** of the treatment cost for **emergency dental treatment** that you receive during a **year** (up to the maximum annual benefit limit also shown on **your membership certificate**).

We pay for **emergency dental treatment** carried out during your initial appointment for the dental emergency.

We may pay for **emergency dental treatment** for the same dental emergency carried out at a subsequent appointment but only if the **treatment** is medically essential to complete the **emergency dental treatment** started in the first appointment.

Benefit D1.4 Dental injury treatment

We pay the proportion shown on **your membership certificate** of the treatment cost (up to the maximum annual benefit limit also shown on your **membership certificate**) for **dental injury treatment** that you receive during a **year**.

Benefit D1.5 Oral cancer treatment

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

Type of cover	Cover	Conditions
Oral cancer treatment in hospital		
Consultants' fees	Yes	<ul style="list-style-type: none"> ■ partnership consultants, including anaesthetists, in a partnership facility – paid in full. ■ consultants, excluding anaesthetists, who are not partnership consultants, in a partnership facility – up to the limits of the consultant fees schedule. ■ consultant anaesthetists who are not partnership consultants in a partnership facility – paid in full.
Parent accommodation	Yes	Partnership facility charges for one parent for each night they need to stay with an eligible dependant child up to age 16.
Facility charges for surgical operations carried out as out-patient treatment	Yes	Partnership facility – paid in full.
Facility charges for day-patient treatment and in-patient treatment	Yes	Partnership facility – paid in full.
Oral cancer treatment as an out-patient		
Out-patient consultations, therapies and diagnostic tests	Yes	<ul style="list-style-type: none"> ■ partnership consultants paid in full ■ consultants who are not partnership consultants – up to the limits in the consultant fees schedule ■ therapists' fees – paid in full ■ partnership facility charges for diagnostic tests – paid in full.
Out-patient MRI, CT and PET scans	Yes	Partnership facility – paid in full.
Out-patient cancer drugs	Yes [^]	Partnership facility charges – paid in full.

[^]**We** pay recognised facility charges for common drugs, advanced therapies and specialist drugs that are related specifically to planning and performing **out-patient treatment** for 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.

Type of cover	Cover	Conditions
Discretionary benefits for oral cancer treatment		
Treatment at home	Discretionary	<p>You are only covered for this benefit if your membership certificate shows it is covered. We may, at our discretion, pay for you to receive eligible treatment at home. You must have our written agreement before the treatment starts and we need full clinical details from your consultant before we can make our decision. We will only consider treatment at home if all the following apply:</p> <ul style="list-style-type: none"> ■ your consultant has recommended that you receive the treatment at home and remains in overall charge of your treatment ■ if you did not have the treatment at home then, for medical reasons, you would need to receive the treatment in a recognised facility, and ■ the treatment is provided to you by a medical treatment provider. We do not pay for any fees or charges for treatment at home that has not been provided to you by the medical treatment provider.

Benefit D2 Dental cover 10

Benefit D2.1 NHS dental treatment

If **you** receive eligible **dental treatment**, **we** will reimburse **you** for the **dental treatment** costs you incur, up to a maximum of the relevant **NHS Band** charge for the **dental treatment** you received.

- **Band 1:** Includes an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish, and planning for further treatment. (All treatment covered by NHS Band 1 at the date of publication of this membership guide.)
- **Band 2:** Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions). (As above.)
- **Band 3:** Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges. (As above.)

Please note: for **dental treatment** within a two month period, you may claim a maximum of the highest applicable **NHS Band** rate. (If **you** treatment is NHS dental treatment, **we** expect that **you** should only be charged once by your dentist, so **you** should be reimbursed in full (although we can't guarantee this)).

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** rate.

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** charge up to NHS limits. For further information please refer to **www.nhs.uk**

Please note: that **we** will pay the same amounts for treatment which is carried out on the NHS and privately, even if the cost of **your** private treatment is more than the relevant **NHS Band** charge.

Benefit D2.2 Oral cancer treatment

Benefits are paid on the same basis as those for **oral cancer treatment** under benefit D1.5.

2 What you are not covered for

This section explains the treatment, services and charges that are not covered under your Bupa Dental Cover.

Benefits are not payable for:

- **pre-existing conditions**
 - **emergency dental treatment** claims until 14 days after the start date of **your** policy
 - **restorative dental treatment & dental injury** claims within in 4 months of **your** policy start date
 - **cosmetic treatment**
 - **orthodontic treatment**
 - **surgical implants**
 - **dental treatment** received outside the **UK**
 - mouthguards
 - any **dental treatment** or services not normally provided by **dental professionals** in the **UK**
 - 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
 - any **dental treatment** resulting from or related to any injury sustained whilst participating in a **physical contact sport**
 - any **dental treatment** resulting from or related to a self-inflicted injury
- 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
 - any **dental treatment** which in **our** reasonable opinion based on established dental and medical practice in the **UK** and overseas, is experimental or unproven except where such **dental treatment** is obtained overseas, in which case reasonable opinion will be based on established dental and medical practice in that jurisdiction. **We** may, at **our** sole discretion, make payments in the event that **you** or any of **your dependants** requires such **dental treatment**. No costs or expenses for experimental or unproven **dental treatment** will be reimbursed unless incurred with **our** prior written approval
 - self administered drugs such as antibiotics and painkillers or prescription charges

- any **oral cancer treatment** received by **you** or any of **your dependants** if the oral cancer was diagnosed:
 - (a) before the person with the oral cancer began their current continuous period of membership of the **scheme** (or any Bupa dental **scheme** which included cover for this type of treatment);
 - (b) during the first six months of their current continuous period of membership of the **scheme**
- any **oral cancer treatment** if the person receiving the treatment has not been referred to the **recognised practitioner** by their **GP** or **dental professional**
- any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred before the **start date**
- any **dental injury treatment** arising as a direct or indirect result of an external impact which occurred outside the **UK**
- fissure sealants

Important: Bupa Dental Cover 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'** fees and facility charges will only be covered for **oral cancer treatment**.

Claiming

Before your treatment

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

Always call **us** first if:

- you think your treatment will cost more than £500
- you think you may need treatment for oral cancer
- you're unsure what you're covered for.

Call to check on **0800 237 777***

*We may record or monitor our calls.

After your treatment

What happens about paying?

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

In a Bupa dental centre

We'll usually be able to settle your claim for you, so there's no need to pay unless there are any costs that fall outside the limits of your cover.

Remember to take your membership number with you and give it to the receptionist.

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. Remember to get a receipt as you'll need this to make your claim. Your receipt must show: name and contact details of the **dental professional**, date of treatment and name of the person who has had the treatment.
2. You can make your claim online or by post. Either way, make sure you include: your Bupa membership number, your receipt and the bank account you would like your authorised claim to be paid into.

Online

- Visit **bupa.co.uk/dental/finance-and-insurance/make-claim**
- Scan and upload your receipt
- Submit your claim

By post

- Download a claim form at **bupa.co.uk/dental/finance-and-insurance/make-claim**
- Fill in the form and post it, along with your receipt, to:
**Bupa Dental, Anchorage Quay,
Salford Quays, Salford
M50 3XL.**

3. 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 bank account or by cheque depending on which payment method you've chosen. For overseas treatment, we'll convert the cost into Pounds Sterling using the conversion rate that was correct on the day you had your treatment.

Making a claim

We recommend that you always contact **us** before arranging or receiving any **dental treatment**. This is the only way that **we** can confirm the **benefits** that are available to you before you incur any costs for your **dental treatment**. Any costs you incur that are not covered under your **benefits** are **your** responsibility.

Oral cancer treatment claims

All claims for oral cancer should be pre-authorised by calling the Bupa Dental Cover helpline number on **0800 237 777***. **Bupa** must first be provided with full written details from the **dental professional** providing the **dental treatment** or specialist registered medical practitioner providing any **oral cancer treatment**.

Please also see the '**Oral cancer treatment**' in 'Notes on **benefits**' section.

Large claims

In all cases except **emergency dental treatment** please make sure to provide **us** with full details before receiving any **dental treatment** if it is likely to cost more than £500. **We** will confirm with the **dental professional** carrying out the **dental treatment** whether it is necessary.

Payments of benefits

Claims should be submitted to **us** as soon as is reasonably practicable. Payment of **benefits** is conditional upon **us** receiving:

- a. a written claim for payment within six months from the date of the completion of the **dental treatment** (where reasonably possible), in such manner as may reasonably be prescribed by **us** and notified to you from time to time; and
- b. such proof of entitlement to receive the **benefits** claimed as **we** 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 **we** may require you to undergo at your expense); and
- c. copies or uploads of **your** original itemised receipts/fully paid invoices, scans or clear photographs are accepted; and
- d. if **we** ask you, you must provide written confirmation from **you** and/or any or **your dependants** as to whether or not, to the best of **your** or their knowledge and belief, the benefits claimed may be recoverable from another person or insurance company.

*We may record or monitor our calls.

Section two: Policy Terms Bupa Dental Cover 10 and 20

1 Cover for you and your dependants

1.1.1 Only **you** as the **main member** have legal rights under this **Agreement**, although your **dependants** also have access to our complaints process (please see 'Making a complaint' in the 'Protecting your information and rights' section of this booklet).

1.1.2 Your **membership certificate** names any **dependants you** have asked **us** to cover. Where we refer to "you" this will include **your dependants**, where relevant.

1.1.3 The details of the cover **you** have chosen, and the **start and renewal date(s)**, are listed on your **membership certificate**.

1.1.4 The **benefits we** provide and some requirements are described in our benefits table. **Benefits** mentioned on these policy terms or the benefits table, but not listed on your **membership certificate**, do not apply to **you** or **your dependants**.

1.1.5 This membership guide also details conditions, **dental treatment**, charges and costs **we** do not cover.

1.1.6 **You** must pay subscriptions (including Insurance Premium Tax if applicable (IPT)) to **us** in advance throughout your membership.

Subscriptions are collected by Bupa Insurance Services Limited who act as our agent for the purpose of receiving and holding premiums, making claims and refunds. **Your** subscriptions are protected by an agreement between **us** and Bupa Insurance Services Limited. The amount and method of payment is shown on your **membership certificate**.

1.1.7 If the IPT rate changes or any new taxes or charges are introduced, **we** will change the amount of the subscriptions **you** have to pay. **We** will tell you if this happens.

1.2 You will have a contract with the **dental professional** for your **dental treatment** and you are responsible for paying for this your **dental treatment**. If your **dental treatment** is eligible, we will reimburse you for the amount covered. In some circumstances, **we** may settle the amount covered directly with the relevant **dental professional**. Any amount not covered is your responsibility. **We** will tell you how **we** have dealt with a claim.

1.3 **We** only pay the **benefits** that apply to you under a current policy on the date you received your **treatment**. The fact that **we** have pre-authorised **treatment** does not mean that **we** will pay if the policy does not continue.

1.4 *We* do not have to pay a claim if *you* or *your dependants* break any of these policy terms.

1.5 *Your* cover will renew automatically each *year* as long as *you* continue to pay *your* subscriptions 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*.

1.6.1 *You* can end *your* cover (which will also end the cover for *your dependants*) or the inclusion of any of *your dependants* at any time by calling us on **0800 237 777*** or writing to us at: **Bupa, Salford Quays, Salford M50 3XL**. For those with hearing or speech difficulties who use a textphone, call *us* on **0345 606 6863**. *We* will refund any subscriptions which relate to a period after the cover ends.

You may also cancel your membership within 21 days of receiving the first *membership certificate we* send *you* each *year*. So long as you have not made any claims, we will refund all of *your* subscriptions for that *year*.

1.6.2 *Your* cover, and that of all *your dependants*, will automatically end if:

- *you* do not pay *your* subscriptions on time,
- *you* stop living in the *UK*, or
- *you* die.

It is *your* responsibility to tell *us* if this happens.

1.6.3 A *dependant's* individual cover will automatically end if:

- *you* tell *us* not to renew the cover of that *dependant*,
- the *dependant* stops living in the *UK*, or
- the *dependant* dies.

It is *your* responsibility to tell us if this happens.

1.6.4 *We* can end *your* or a *dependant's* cover, or refuse to pay a claim, if there is reasonable evidence that *you* or *your dependants* gave *us* false information or kept necessary information from *us*, either intentionally or carelessly, which could have affected whether or not *we* would provide cover or pay a claim.

1.7.1 *We* can change these policy terms, the amount of *your* subscriptions, any discount or preferential rates and the cover available to *you* and *your dependants* or other terms of *your* membership, at *your renewal date*.

If *we* do make any changes, *we* will write to tell *you* at least 28 days before the *renewal date*.

1.7.2 *We* may also make changes mid-year if required due to applicable law, regulation or taxation. *We* will try to give *you* at least 28 days notice of any such changes (or if changes are required sooner, as much notice as possible).

**We* may record or monitor our calls.

1.7.3 If **you** do not accept any of the changes **you** can end **your** membership either:

- within 28 days of the date on which the change takes effect, or
- within 28 days of our telling **you** about the change,

whichever is later. If **you** do end **your** membership within the 28 days **we** will treat the changes as not having been made.

1.7.4 At **your renewal date you** can ask **us** to change **your** cover options.

You may add **dependants** to **your** cover at any time.

These changes may affect the subscriptions **you** have to pay.

1.7.5 Changes are not effective until **we** have confirmed them in writing.

1.7.6 **You** may tell **us** that **you** want **your** partner to have the authority to ask **us** to make changes.

1.8.1 **We** will send all correspondence and membership documents to the **main member**. When **you** send us documents, **we** cannot return the originals to **you**. However **we** will send **you** copies if **you** ask **us** to do so at the time **you** give **us** the documents.

1.8.2 **You** must call or write to tell **us** if **you** change **your** address. **We** may post any official communication (a notice) to **you** under **your Agreement** at the contact details **we** hold. **Our** communication will be effective on the second business day after posting.

1.8.3 Any official communication or request **you** send to **us** will only be effective when **we** receive it. **We** may agree that **you** can send **us** official communications or requests by email.

1.9 This **Agreement** is governed by English law.

1.10 This **Agreement** is, and our marketing and other communications will be, in English. **We** will communicate with **you** in English throughout the period of the **Agreement**.

2. Glossary

Words and phrases printed in bold and italic in this membership guide have the meanings set out below.

Word/Phrase	Meaning
Agreement	<p>The agreement between the <i>main member</i> and <i>us</i> to provide cover for <i>you</i> and <i>your dependants</i> (if any) under the terms and conditions set out in the following documents:</p> <ul style="list-style-type: none">- <i>your membership guide</i>: this sets out the general terms and conditions of membership (and any exclusions) and all the elements of cover that can be provided under your Bupa Dental Cover scheme.- <i>your membership certificate</i>: this shows the cover that <i>you</i> have chosen, including the limits that apply, any variations to the benefits, terms or conditions explained in this <i>membership guide</i> and whether an excess applies to your cover and if it does the amount and how it applies.- <i>your</i> application for cover: this includes any quote request, applications for cover for <i>you</i> and <i>your dependants</i> and the declarations that <i>you</i> made during the application process.
Benefits	<p>The benefits specified on your <i>membership certificate</i> for which you are entitled as an individual under the scheme subject to the terms and conditions that apply to your membership in this Bupa Dental Cover membership guide, and all exclusions.</p>
Bupa	<p>Bupa Insurance Limited. Registered in England and Wales No 3956433. Registered Office: 1 Angel Court, London EC2R 7HJ. Bupa provides the cover.</p>
Bupa Dental Plus Network	<ul style="list-style-type: none">■ A dental treatment facility or centre that, at the time you receive your <i>dental treatment</i>, is in <i>our</i> network centre list that applies to <i>your benefits</i> and is recognised by <i>us</i> for carrying out the type of <i>dental treatment</i> you need.■ Any other establishment which <i>we</i> may decide to treat as a network centre for the purpose of the <i>scheme</i>. <p><i>Bupa Dental Plus Network</i> centres may not be owned, or managed by <i>Bupa</i>, but have been through a <i>Bupa</i> quality assessment process to help <i>us</i> guarantee clinical quality in line with the standards set by the General Dental Council. The list of network centres may change from time to time but the current list can be found at finder.bupa.co.uk</p>

Word/Phrase	Meaning
Consultant	<p>A registered medical or dental practitioner who at the time you receive your treatment:</p> <ul style="list-style-type: none"> is recognised by us as a consultant and has received written confirmation from us of this, unless we recognised them as being a consultant before 30 June 1996 is recognised by us both for treating the medical condition you have and for providing the treatment you need is in our list of consultants that applies to your benefits. You can contact us to find out if a medical practitioner is recognised by us as a consultant and the type of treatment we recognise for them.
Consultant fees schedule	<p>The schedule used by Bupa for the purpose of providing benefits which sets out the benefit limits for the consultants fees based on:</p> <ul style="list-style-type: none"> 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 consultants anaesthetist may differ for the surgical operations the Bupa recognition status of the consultant and where 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 for the schedule are available on request.</p>
Cosmetic treatment	Any dental treatment of a cosmetic nature or which is not necessary for the maintenance of dental fitness.
Day-patient treatment	Dental 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 that is carried out in the UK which is required as a direct result of injury caused by an external impact.
Dental Professional	Any dental practitioner who is registered with the General Dental Council who practices in the UK at the relevant date.
Dental Treatment	Any dental treatment or examination provided by a dental professional

Word/Phrase	Meaning
Dependant	Your partner and any child of yours who is a member of the scheme and named on your membership certificate .
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Emergency Dental Treatment	<p>the following temporary dental treatment carried out in the UK by a dental professional, which 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:</p> <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. <p>We may review claims for emergency dental treatment and may request additional information in order to ensure the claim is eligible.</p>
GP	A doctor who, at the time he/she refers for your consultation or Treatment, is on the UK General Medical Council's General Practitioner Register.
In-patient treatment	Dental treatment which, for medical reasons, means you have to stay in hospital overnight or for longer.

Word/Phrase	Meaning
Main member	The person who is covered under the agreement by virtue of being eligible 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 Band	Any of the bands (1, 2 or 3) specified by the NHS in England in relation to the classification of, and fees payable for dental services provided to NHS patients in England. These bands may change from time to time.
NHS treatment	Any course of dental treatment carried out on the NHS under Bands 1, 2 or 3.
Oral Cancer Treatment	Any treatment for cancer of the oral cavity, lips, tongue and/or pharynx provided by a consultant .
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 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 or wife or civil partner or the person you live with in a relationship similar to that of a husband and wife whether of the opposite sex or not.
Partnership consultant	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.

Word/Phrase	Meaning
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 request.</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.
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 clinician after you join the policy.
Prosthetic appliance	Any artificial aid used in the restoration of a patient's dentition.
Renewal date	<ul style="list-style-type: none">■ each anniversary of your start date; or

Word/Phrase	Meaning
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) ■ 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) <p>including anaesthetics fees.</p>
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 and chronic periodontal treatment.
Scale of cover	<p>Your cover option at the time you receive your dental treatment, being either Dental Cover 10 or Dental Cover 20, and as shown on your current membership certificate.</p>
Schedule of procedures	<p>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.</p>
Scheme	<p>The cover we provide as shown on your membership certificate together with this Bupa Dental Cover membership guide subject to the terms and conditions of the agreement.</p>
Start date	<p>The date you started your current continuous period of cover under the scheme.</p>

Word/Phrase	Meaning
Surgical implant	Any implant inserted into the jaw bone which is used for the support or retention of crowns, bridges or dentures.
Surgical operations	<p>This includes, if it is carried out as <i>in-patient treatment</i>:</p> <ul style="list-style-type: none">■ all medically necessary <i>treatment</i> related to the procedure■ all consultations carried out from the time you are admitted to a facility until the time you are discharged, or <p>if it is carried out as <i>out-patient treatment</i>, the following if it is integral to the operation:</p> <ul style="list-style-type: none">■ all medically necessary <i>treatment</i> related to the operation■ any consultation on the same day.
Therapist	<ul style="list-style-type: none">■ A chartered physiotherapist■ A British Association of Occupational Therapists registered occupational therapist■ A British and Irish Orthoptic Society registered orthoptist, or■ A Royal College of Speech and Language Therapists registered speech and language therapist <p>who is Health Professions Council Registered and is a recognised practitioner.</p> <p>You can contact <i>us</i> to find out if a practitioner is a recognised practitioner and the type of <i>treatment we</i> recognise them for.</p>
Treatment	Surgical or medical services (including <i>diagnostic tests</i>) that are needed to diagnose, relieve or cure a disease, illness or injury.
United Kingdom/UK	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
Waiting period	The period from your start date during which <i>benefits</i> are not payable. Please see benefit table for more information.
We/our/us	Bupa.

Word/Phrase	Meaning
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Year	<ul style="list-style-type: none">■ When you first become a member under the scheme this is the period beginning on your 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.
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You/your	This means the main member only.
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Section three:

1 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, how we use and protect it. It also provides information about your rights.

Further details can be found 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 of the Full Privacy Notice, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Alternatively 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 Bupa

In this privacy notice, references to 'we' or 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is comprised 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

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ('you', 'your'), via any channel (eg email, website, telephone, app etc).

Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties' legitimate interests or it is required or permitted by applicable law.

Marketing and preferences

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

Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some 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. Further details are available in our Full Privacy Notice.

Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.

Transfers outside of the European Economic Area (EEA)

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area ('EEA'), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to 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. Bupa's main establishment is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

2 Financial Crime and Sanctions

Financial Crime

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

Sanctions

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

3 Making a complaint

We're committed to providing you with a first class service at all times and will make every effort to meet the high standards we've set. If you feel that we've not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch. If Bupa, or any representative of Bupa, did not sell you this policy and your complaint is about the sale of your policy, please contact the party who sold the policy. Their details can be found on the status disclosure document or the terms of business document they provided to you. If you are a member of a company or corporate scheme please call your dedicated Bupa helpline, this will be detailed on your **membership certificate**.

For any other complaint **our** member services department is always the first number to call if you need help or support or if you have any comments or complaints. You can contact us in several ways:

By phone: **0800 237 777**

We may record or monitor our calls

In writing: **Customer Relations, Bupa, Salford Quays, Manchester M50 3XL**

By email: **customerrelations@bupa.com**

Please be aware information submitted to us via email is normally unsecure and may be copied, read or altered by others before it reaches us.

Via our website: **bupa.co.uk/members/member-feedback**

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

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

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

If you remain unhappy with our response, or after eight weeks you do not wish to wait for us to complete our review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at:

Exchange Tower, London E14 9GE or contact them via email at **complaint.**

info@financial-ombudsman.org.uk

or call them on **0800 023 4567**

(calls to this number are now free on mobile phones and landlines) or **0300 123 9123** (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

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

Your complaint will be dealt with confidentially and will not affect how we treat you in the future.

Whilst we are bound by the decision of the Financial Ombudsman Service, you are not.

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

The Financial Services Compensation Scheme (FSCS)

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

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

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.

Arranged and administered by:

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

Registered office: 1 Angel Court, London EC2R 7HJ.

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