

*LocalCare policy summary*

# Philip Williams & Co Bupa Healthcare Scheme

Effective from 23 February 2017



This policy summary contains key information about the Bupa LocalCare scheme provided to members of the Philip Williams & Co Bupa Healthcare Scheme.

Please note that it does not contain the full terms and conditions or the exclusions of cover, these can be found in your membership guide.

The policy summary shows the cover that is specific to Bupa LocalCare in your membership guide, you should read this carefully and keep it in a safe place afterwards.

## About your cover

### The provider

Bupa LocalCare is provided by Bupa Insurance Limited (Bupa, we, us, our), a subsidiary of The British United Provident Association Limited. Other services are provided by or via other subsidiary companies.

### The insurance and the cover that it provides

Bupa LocalCare offers you private medical health insurance which aims to fund medical treatment. It will cover the costs of your eligible treatment in the UK up to the limits of your chosen cover by Bupa recognised consultants, therapists and practitioners.

When you receive private medical treatment you have a contract with the providers of your treatment. You are responsible for the costs you incur in having private treatment. However, if your treatment is eligible treatment we pay the costs that are covered under your benefits. Any costs, including eligible treatment costs, that are not covered under your benefits are your sole responsibility.

This policy is fully medically underwritten. This means that any symptoms or conditions you have prior to the start date of your policy may not be covered, and we may require further medical information to assess your claim, particularly where claims are made early in your policy.

Following medical underwriting you may not have all the cover set out in your membership guide. It is your membership certificate that shows the cover that is specific to you.

Your membership guide and your membership certificate together set out full details of your benefits. They should not be read as separate documents.

Bupa LocalCare provides cover for eligible hospital treatment at recognised facilities in the national network of Bupa partnership facilities. Bupa partnership facilities may change from time to time.

For details visit our consultants and facilities website at **[finder.bupa.co.uk](https://finder.bupa.co.uk)**

A recognised facility is a hospital or a treatment facility, centre or unit in accordance with the facility access that applies to your benefits.

Facility access is the network of recognised facilities for which you are covered under your benefits which will be shown on your membership certificate.

### Eligibility

To be eligible for this cover the main member and dependant must:

- be resident in the UK
- at the start date have been registered continuously with a GP for a period of at least six months, or have access to and be able to provide your full medical records in English and;
- not receive payment for taking part in sports.

Your start date is the date you started your current continuous period of cover under the scheme as shown as '*effective underwriting date*' on your membership certificate.

### Summary of cover

The summary of cover overleaf contains key information about Bupa LocalCare. The full list of benefits, conditions, exclusions, limitations and definitions which apply to Bupa LocalCare can be found in your membership guide. The specific terms of cover that apply to you will be shown on your membership certificate.

## Summary of cover

Type of cover	Membership guide section	Available benefit
<b>Being treated as an out-patient</b>		
Out-patient consultations, therapies, related charges, complementary medicine treatment, mental health treatment	1.1 and 1.2, and 1.3	Up to £1,000 combined limit each year* *Up to £250 from your out-patient therapies benefit limit can be used towards complementary medicine When referred by GP or consultant unless we confirm GP referral not required There are additional requirements where the proposed therapist does not meet our definition of therapist
Diagnostic tests and out-patient MRI, CT and PET scans	1.4 and 1.5	Paid in full in a Bupa recognised facility Facility that is not a recognised facility: up to £100 towards the total facility charges and not each service or charge individually
Recognised facility charges: ■ out-patient for eligible surgical operations	3.1	Paid in full in a recognised facility For out-patient non recognised facilities we pay up to £100 towards the total facility charges and not for each service or charge individually

Type of cover	Membership guide section	Available benefit
<b>Being treated in hospital</b>		
Consultants' fees for surgical and medical hospital treatment	2	<p>Paid in full only for partnership consultants. Paid to benefit limits for non partnership consultants</p> <p>For details visit our consultants and facilities website at <b>finder.bupa.co.uk</b></p> <p>Please note Fee Assured consultants on <b>finder.bupa.co.uk</b> are Bupa Partnership Consultants who charge only up to benefit limits</p> <p>A Bupa Partnership Consultant is a consultant who, at the time you receive treatment, is recognised by us as a partnership consultant</p> <p>A Recognised Practitioner is a healthcare practitioner who at the time of your treatment:</p> <ul style="list-style-type: none"> <li>■ is recognised by us for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and</li> <li>■ is in our list of recognised practitioners that applies to your benefits</li> </ul>
Diagnostic tests and MRI, CT and PET scans	3.2.5	Paid in full in a Bupa recognised facility
<p>Recognised facility charges:</p> <ul style="list-style-type: none"> <li>■ day-patient and in-patient treatment including eligible surgical operations</li> </ul>	3.2	Paid in full in a recognised facility

Type of cover	Membership guide section	Available benefit
<b>Cancer treatment</b>		
Cancer cover	4.1	<p>Paid in full</p> <p>Except for:</p> <ul style="list-style-type: none"> <li>■ MRI, CT and PET scans are not paid under this benefit – see benefit 1.5.</li> </ul> <p>We do not pay for any complementary, homeopathic or alternative products, preparations or remedies for treatment of cancer</p>
<b>Mental health treatment</b>		
Day-patient and in-patient mental health treatment	5.2	<ul style="list-style-type: none"> <li>■ Up to a maximum of 28 days each year for mental health day-patient treatment and mental health in-patient treatment combined and not individually</li> <li>■ Recognised facility: <ul style="list-style-type: none"> <li>– paid in full</li> </ul> </li> </ul>

Type of cover	Membership guide section	Available benefit
<b>Cash benefits</b>		
NHS cash benefit for NHS in-patient treatment	CB1	<p>We pay an NHS cash benefit for each night you receive in-patient treatment provided to you free under the NHS. We only pay an NHS cash benefit if your treatment would otherwise have been covered for private in-patient treatment under your benefits</p> <p>£100 per night</p> <p>(up to a maximum of 35 nights a year for eligible in-patient treatment)</p> <ul style="list-style-type: none"> <li>■ Any costs you incur for choosing to occupy an amenity bed while receiving; your in-patient treatment are not covered under your benefits. By an amenity bed we mean a bed for which the hospital makes a charge but where your treatment is still provided free under the NHS</li> </ul>
NHS cash benefit for NHS in-patient stays that you receive radiotherapy, chemotherapy or a surgical operation that is for cancer treatment	CB6.1	<p>We pay NHS cash benefit for each night of in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation that is for cancer treatment including in-patient treatment related to blood and marrow transplants when those are carried out in the NHS. The in-patient treatment must be provided to you free under the NHS and we only pay if your treatment would otherwise have been covered for private in-patient treatment under your benefits</p> <ul style="list-style-type: none"> <li>■ £100 each night for NHS in-patient treatment that would otherwise have been covered for private in-patient treatment under your scheme</li> <li>■ Any costs you incur for choosing to occupy an amenity bed while receiving your in-patient treatment are not covered under your benefits. By an amenity bed we mean a bed which the hospital makes a charge for but where your treatment is still provided free under the NHS</li> </ul>

Type of cover	Membership guide section	Available benefit
<b>Cash benefits</b>		
NHS cash benefit for NHS out-patient or day-patient treatment or NHS home treatment for cancer	CB6.2	<p>This benefit is not payable at the same time as any other NHS cash benefit</p> <p>We pay NHS cash benefit as follows:</p> <ul style="list-style-type: none"> <li>■ radiotherapy – for each day radiotherapy is received in a hospital setting</li> <li>■ chemotherapy – for each day you receive treatment for IV-chemotherapy and for each three-weekly interval of oral chemotherapy, or part thereof</li> <li>■ a surgical operation – on the day of your operation which is treatment for cancer carried out as: <ul style="list-style-type: none"> <li>– out-patient treatment, day-patient treatment or in your home, when it is provided to you free under the NHS</li> </ul> </li> </ul> <p>£100 per day</p> <p>We only pay NHS cash benefit if your treatment would otherwise have been covered for private out-patient or day-patient treatment under your benefits</p> <p>We only pay this benefit once even if you have more than one eligible treatment on the same day</p>



## What your policy does not cover

### Exclusions

The following are significant general exclusions for certain conditions, treatments and services on this policy, full details of which can be found by referring to the relevant exclusion number in the section '*What is not covered*' of your membership guide. The section '*What is not covered*' also details the other general exclusions on the policy.

#### Exclusion 1

Ageing, menopause and puberty.

#### Exclusion 3

Allergies or allergic disorders and conditions.

#### Exclusion 5

Birth control, conception, sexual problems and sex changes.

#### Exclusion 6

Chronic conditions (except for acute symptoms of a chronic condition that flares up).

**Note** – we do not consider cancer as a chronic condition.

#### Exclusion 8

Contamination, wars, riots and terrorist acts.

#### Exclusion 9

Convalescence, rehabilitation and general nursing home care (exceptions apply for rehabilitation).

#### Exclusion 10

Cosmetic, reconstructive or weight loss treatment (except for an accident or cancer cover).

#### Exclusion 12

Dental/oral treatment (exceptions apply for accidents, jaw bone cysts and impacted teeth).

#### Exclusion 14

Drugs and dressings for out-patient or take-home use and complementary and alternative products (except for cancer treatment).

#### Exclusion 16

Experimental drugs and treatment.

#### Exclusion 18

Pandemics.

#### Exclusion 19

Intensive care (except following an eligible procedure in a recognised facility, as defined in benefit 3 of your membership guide).

#### Exclusion 20

Learning difficulties, behavioural and developmental problems.

#### Exclusion 21

Overseas treatment or repatriation.

#### Exclusion 23

Pre-existing conditions (except for a condition that neither you nor the person with the pre-existing condition knew about).

#### Exclusion 24

Pregnancy and childbirth (various exceptions apply).

#### Exclusion 25

Screening, monitoring and preventive treatment (except for specific circumstances where you are being treated for cancer).

### **Exclusion 29**

Remote consultations – by telephone or via any other remote medium.

### **Exclusion 33**

Moratorium conditions.

### **Exclusion 34**

Chronic mental health conditions.

In certain circumstances other exclusions may apply, these will be detailed in the section '*Further details*' on your membership certificate.

In addition, based upon your medical history, we may add exclusions and conditions specific to you and your dependants; these will be in the section '*Special conditions*' on your membership certificate.

### **Policy excess**

(See '*Claiming*' section of your membership guide for further details.) Your policy will have a policy excess, where you pay up to the first £250 of your eligible treatment costs in any policy year and your Bupa LocalCare policy will then pay the rest. The excess is payable per person on the cover. Details of the excess under your policy will be shown on your membership certificate.

### **How long your cover will last**

Cover under your policy will last for an initial period of 12 months from your start date, unless your policy is subject to a common renewal date.

To identify which applies to you please see your membership certificate or eligibility information leaflet. If you are subject to a common renewal, depending on the month in which you join the scheme, your initial period of cover may not be a full year and your subscription and benefits and those of your dependants may change at the common renewal date. This date may be different from the start date, which your membership certificate will show as the '*effective underwriting date*'.

Cover is automatically renewed each year and will continue until:

- you stop paying subscriptions
- you stop being resident in the UK
- you die
- your policy is cancelled.

Where cover extends to dependants' cover, it may end at an earlier date to the main member's. Cover for dependants will always end when the main member's cover ends.

You should review and update your cover periodically to ensure it remains adequate for you and your dependants' needs.

## Changing your mind

### Your right to cancel

You may cancel your membership for any reason by calling us on **0800 010 383\*** or writing to us within the later of 21 days of receipt of your policy documents (including your membership certificate) we send you each year confirming your cover, or the start date of your policy. If you have not made any claims we will refund all of your subscriptions. After this period of time you can cancel your cover at anytime, we will refund any subscriptions you have paid relating to the period after your cover ends.

You may cancel any of your dependants' membership for any reason by calling us on **0800 010 383\*** or writing to us within the later of 21 days of receipt of your policy documents (including your membership certificate) we send you each year confirming cover, or the start date of your policy. As long as no claims have been made in respect of their cover we will refund all of your subscriptions paid in respect of that dependant's cover for that year and any sums paid in respect of that dependant for future years (if any). After this period of time you can cancel their cover at anytime, we will refund any subscriptions you have paid relating to the period after their cover ends. (See *'How your membership works'* section of your membership guide for full details.)

## Getting in touch

The Bupa helpline is always the first number to call if you need help or support. Please call us on **0345 609 0111\***, alternatively you can write to us at:

**Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

For hearing and speech impaired members who have a textphone, please call 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.

## How to make a claim

You should always call Bupa on **0345 609 0111\*** before you see a consultant or therapist and before your treatment begins. You will also need to have your Bupa membership number handy when you call. (See *'Claiming'* section of your membership guide for full details.)

If your membership lapses for any reason before the completion of your eligible treatment, your claim will not be paid by Bupa.

\*We may record or monitor our calls.

## 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: **0345 609 0111\***

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

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**

\*We may record or monitor our calls.

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 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/>

### [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](http://www.fscs.org.uk)





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