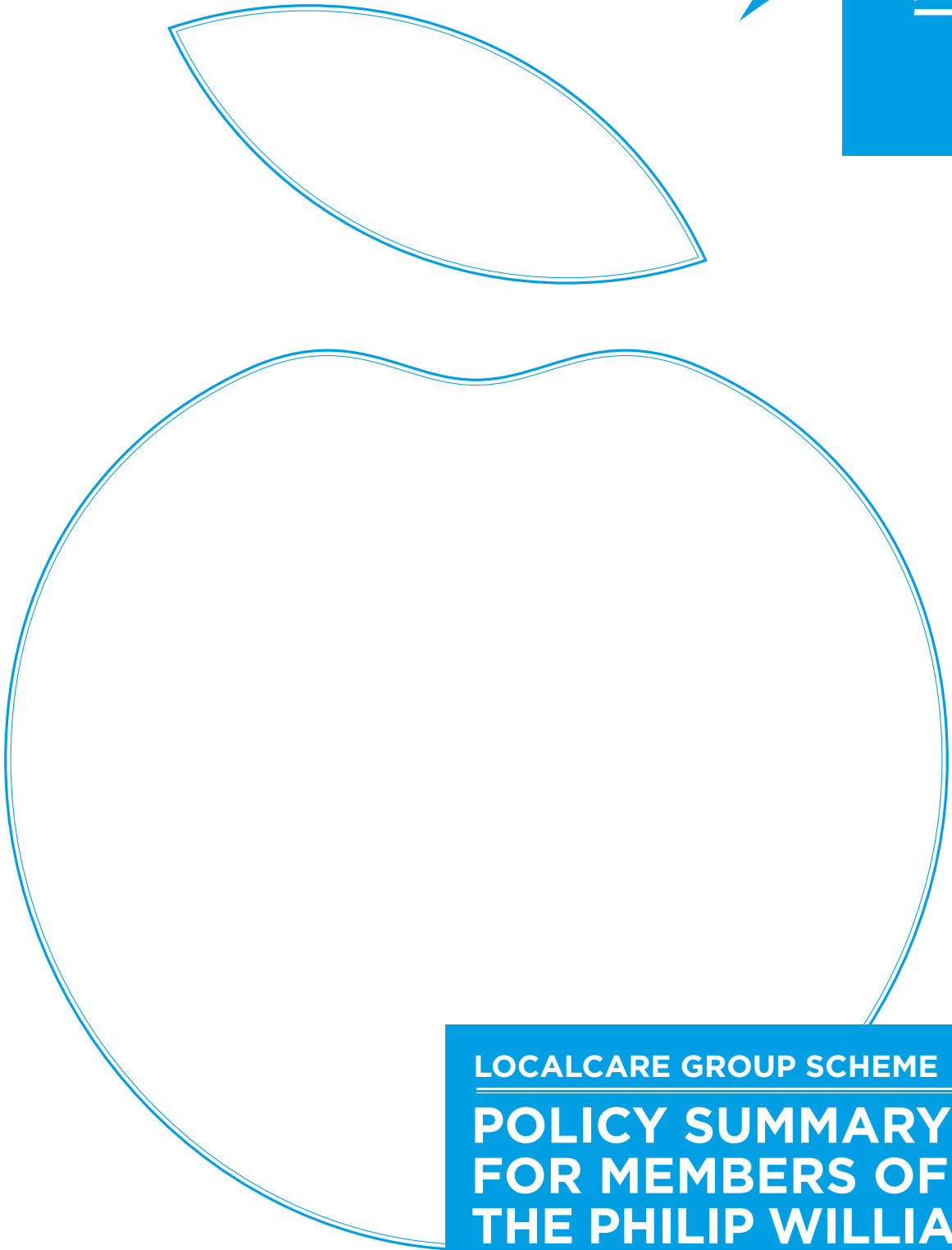


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LOCALCARE GROUP SCHEME

**POLICY SUMMARY
FOR MEMBERS OF
THE PHILIP WILLIAMS
BUPA HEALTHCARE
SCHEME**

Effective from 1 December 2014

bupa.co.uk

This policy summary contains key information about Bupa LocalCare group scheme provided to members of the Philip Williams Bupa Healthcare Scheme. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover, which you will find in the membership guide.

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. There is no overall maximum amount paid out in any year, although there are set limits for certain particular benefits.

Bupa LocalCare provides cover for eligible hospital treatment at Bupa partnership facilities. Bupa partnership facilities may change from time to time.

Summary of cover

The summary of cover overleaf sets out the eligible:

- out-patient consultations, diagnostic tests and hospital in-patient and day-patient treatment and
- therapies

which are covered.

SUMMARY OF COVER

| Type of treatment cost | Maximum benefit available depending on your cover under the agreement | Notes as applicable depending on your cover under the agreement |
|---|---|---|
| In-patient and day-patient treatment | | |
| Hospital charges | ✓ | In a Bupa partnership facility |
| Consultants'/specialists' fees | ✓ | In a Bupa partnership facility - Bupa benefit limits apply if the consultant is not a Bupa partnership consultant |
| Diagnostic tests | ✓ | In a Bupa partnership facility |
| Radiotherapy/chemotherapy | ✓ | In a Bupa partnership facility. Benefit limits apply if the consultant is not a Bupa partnership consultant |
| Mental health treatment | Up to a maximum of 28 days each year | In a Bupa partnership facility. Benefit limits apply if the consultant is not a Bupa partnership consultant |

SUMMARY OF COVER

| Type of treatment cost | Maximum benefit available depending on your cover under the agreement | Notes as applicable depending on your cover under the agreement |
|---|---|--|
| Out-patient treatment | | |
| Consultation with a consultant/specialist | Up to £1,000 a year [▲] | With a Bupa recognised consultant <ul style="list-style-type: none"> consultants who are partnership consultants – paid in full up to and from within your available out-patient benefit limits consultants who are not partnership consultants – up to the limits of the consultant fees schedule and up to and from within your available out-patient benefit limits |
| Diagnostic tests | ✓ | MRI, CT and PET scans in a Bupa recognised facility |
| Radiotherapy/chemotherapy | ✓ | In a Bupa partnership facility. Benefit limits apply if the consultant is not a Bupa partnership consultant |
| Physiotherapy (and other therapies) | Up to £1,000 a year [▲] | With a Bupa recognised therapist. This is a combined overall benefit limit for all therapies |
| Mental health treatment | Up to £1,000 a year [▲] | By a Bupa recognised consultant. Benefit limits apply if the consultant is not a Bupa partnership consultant |
| Complementary medicine | Up to £250 of available cover [▲] | With a Bupa recognised complementary medicine practitioner |

[▲]Please note that this is the total amount we will pay for both consultations and physiotherapy (and other therapies) combined. This also includes the £250 complementary medicine benefit. Please note the out-patient benefit limit restriction does not apply when the out-patient treatments are for eligible treatment of cancer.

| Type of treatment cost | Maximum benefit available depending on your cover under the agreement | Notes as applicable depending on your cover under the agreement |
|---|--|--|
| Additional benefits | | |
| Nursing at home | Up to £600 a year | Following eligible private in-patient treatment covered by your scheme |
| Private ambulance | Up to £120 a year | £60 maximum for any one trip |
| Parent accommodation | ✓ | When staying with a child under 16 receiving eligible private in-patient treatment, one parent only |
| NHS cash benefit | £100 a night | Up to a maximum of 35 nights a membership year for eligible in-patient treatment |
| NHS cash benefit for NHS in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation that is for cancer treatment | £100 each night | NHS in-patient treatment that would otherwise be covered for private in-patient treatment under your scheme |
| NHS cash benefit for NHS out-patient or day-patient treatment or NHS home treatment for cancer | <p>£100 for each day you receive radiotherapy in a hospital setting</p> <p>£100 for each day you receive IV-chemotherapy and for each three-weekly interval of oral chemotherapy or part thereof</p> <p>£100 on the day of your surgical operation</p> | NHS out-patient, day-patient and home treatment for cancer that would otherwise be covered under your scheme |

Wide range of cover

Please note Bupa LocalCare covers eligible treatment of acute medical conditions including:

- o surgery
- o hospital accommodation and nursing
- o diagnostics
- o out-patient consultations and therapies
- o treatment for cancer
- o private hospital treatment following an accident or emergency admission
- o injuries arising from dangerous hobbies and
- o self-inflicted injuries

What your policy does not cover

Exclusions

(See 'What is not covered' section of the membership guide for full details.)

There are a number of conditions and treatments which Bupa LocalCare does not cover. Amongst these are:

- o conditions you had before your policy started (commonly known as 'pre-existing conditions')
- o services you receive from your GP
- o long-term illnesses which cannot be cured (usually referred to as 'chronic conditions')
- o accident and emergency admission
- o treatment for conditions or symptoms arising from physiological or natural causes (such as ageing, menopause or puberty) or desensitisation of allergies
- o convalescence
- o routine health checks or dental/oral treatment (such as fillings and treatment for gum disease)
- o treatment relating to learning, behavioural and developmental problems
- o sleep-related breathing disorders
- o overseas treatment or repatriation
- o intensive care, except when routinely needed after private treatment
- o chronic mental health conditions
- o pandemic or epidemic disease

Policy excesses

(See *Claiming* section of the membership guide for full details.)

A policy excess of £100 is payable per person per year.

How long your cover will last

The cover provided to members of the Philip Williams Bupa Healthcare Scheme is an annual contract that is automatically renewed each year and will continue until:

- o you stop paying subscriptions to it
- o you cease to live in the UK
- o you leave the group
- o you die, or
- o the agreement between Bupa and Philip Williams ends

Bupa has the right to make changes to the terms and conditions of your cover on any annual anniversary date after your policy has started or to end the scheme.

Where cover extends to dependants' cover it may end at a different date to the main member's. Cover for dependants will always end when the main member's cover ends. (See 'How your membership works' section of the membership guide for full details.)

Changing your mind

(See 'How your membership' works section of the membership guide for full details.)

You can change your mind within 21 days:

- of the day when your policy starts or, if later
- the day when you receive your membership guide and your membership certificate

As long as you have not made any claims, we will refund all your subscriptions.

After this time, if you decide for any reason, that you do not want your Philip Williams Bupa Healthcare Scheme policy after all, we will refund any subscriptions you have paid which relates to a period after your cover ends. (See *How your membership works section of the 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 **0845 600 3453****, alternatively you can write to us at: Bupa, Salford Quays, Manchester M50 3XL.

For members with special needs

For hearing and speech impaired members who have a textphone, please call on: **0845 606 6863**.

We can also offer a choice of braille, large print or audio for correspondence.

How to make a claim

We always recommend that you should call Bupa on **0845 600 3453**** 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 the membership guide for full details.)

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 dissatisfied in any other way, then this is the procedure that you should follow.

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.

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:

0845 600 3453**

In writing:

Customer Relations, Bupa, Salford Quays, Manchester, M50 3XL

By email:

customerrelations@bupa.com

Or 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 cannot resolve your complaint immediately we will write to you, within five working days, to acknowledge receipt of your complaint. We will then continue to investigate your complaint and aim to send you our full written final decision within 15 working days. If we are unable to resolve your complaint within 15 working days we will write to you to confirm that we are still investigating your complaint.

Within eight weeks of receiving your complaint we will either send you a full written final decision detailing the results of our investigation or send you a letter advising that we have been unable to complete the review of your complaint.

If you remain dissatisfied after receiving our final decision, 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 call them on **0800 023 4567** (free for fixed line users) 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 Financial Services Compensation Scheme (FSCS)

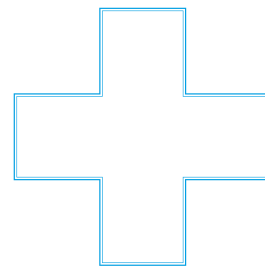
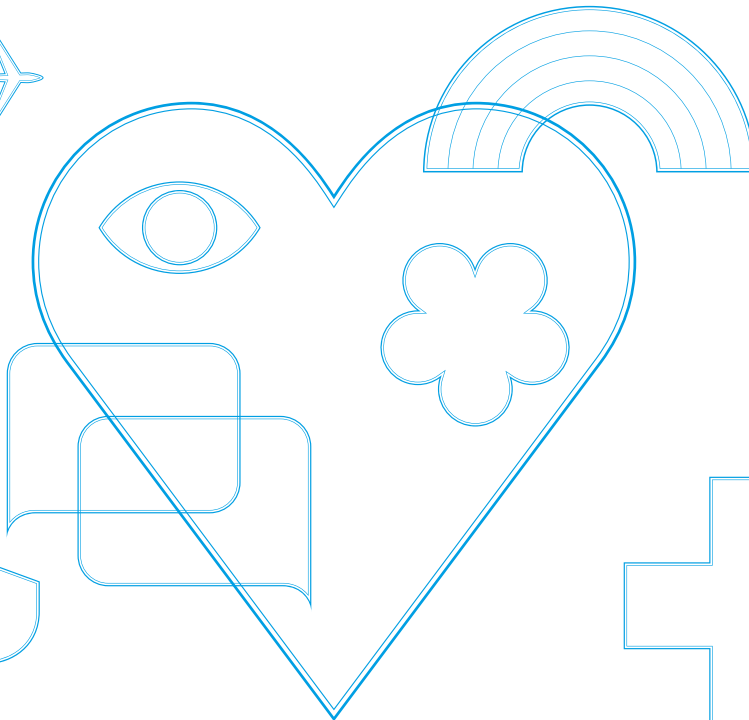
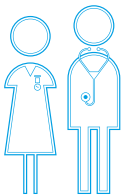
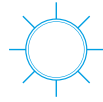
In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation.

Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **0207 741 4100** or on its website **www.fscs.org.uk**

Bupa Health Insurance is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433‡. Bupa Insurance Services Limited. Registered in England and Wales No. 3829851‡. ‡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.

Registered Office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

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The world of Bupa

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Health insurance
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