

The complaint

Mrs C is unhappy with BUPA Insurance Limited has not covered a claim she made on her private medical insurance policy in full.

What happened

Mrs C claimed on a group private medical insurance policy for treatment. Mrs C had the treatment and was invoiced by the hospital for some of the costs. BUPA explained this was because Mrs C had exceeded the relevant policy limit and so she needed to pay the balance. They said they've made her aware of this before the treatment took place. Mrs C complained to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. He thought BUPA had drawn the relevant information to Mrs C's attention before the treatment took place and he was satisfied they'd fairly applied the policy terms.

Mrs C didn't agree and asked an ombudsman to review the complaint. In summary, she said the overall process wasn't fair to consumers and that BUPA ought to have known the treatment would have taken her over her policy limit. So, the complaint was referred to me to make a decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

The relevant rules and industry guidelines say that BUPA has a responsibility to handle claims promptly and fairly. And, they shouldn't reject a claim unreasonably.

The policy terms set out that there are financial limits for treatment covered under the policy. The terms also explain that the policyholder is responsible for paying any costs which are not covered by the policy benefits. There's no dispute that Mrs C exceeded the policy benefit limit.

I'm not upholding this complaint because:

- The policy terms say BUPA isn't responsible for costs incurred over and above the policy limits. So, I think it was reasonable for BUPA to apply the terms in the circumstances of Mrs C's complaint.
- I'm satisfied that BUPA highlighted the relevant policy terms to Mrs C before she accessed treatment, so she was aware that she was responsible for any shortfall in the cost of treatment.
- I appreciate that Mrs C says she has to pay more because she's paying as a private funding patient, as opposed to a BUPA patient. But, I don't think that's something I can fairly hold BUPA responsible for. It's for the treating hospital to determine what

they charge. And, I don't think it's reasonable to expect BUPA to intervene in this as it's a commercial decision for the treating hospital.

- Mrs C argues, in summary, that BUPA must have known that the cost of treatment would exceed her limit and they ought to be able to work with hospitals to prevent this. She's mentioned her experience of this being how private medical insurance works in other countries. The Financial Ombudsman Service considers individual complaints and it's not our role to direct a business to make changes to their processes. And, in any event, BUPA has acted in line with standard industry practice. The cost of treatment varies significantly between providers and it's not common, in my experience, for insurance providers to intervene in the way Mrs C expected.
- I understand that Mrs C feels BUPA could, as a gesture of goodwill, consider the claim under the new policy year allowance. However, I don't think there are any grounds to direct BUPA to do this. They've acted fairly and in line with the policy terms. So, I don't think it would be reasonable to direct them to move the claim into a new policy year when they've not done anything wrong.
- I appreciate that Mrs C feels BUPA may not have provided all the information about this complaint. However, I'm satisfied that BUPA have made reasonable enquiries to identify other phone calls in relation to the claim. And, in the absence of any other information from Mrs C which suggests there is evidence missing, I've made my decision based on the available evidence. In any event, I'm satisfied there is enough information for me to reach a decision that's fair and reasonable.
- In the circumstances of this complaint, I'm not persuaded that it would be fair and reasonable to direct BUPA to step outside the policy terms.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs C to accept or reject my decision before 2 January 2025.

Anna Wilshaw
Ombudsman