

The complaint

Mrs M has complained about the poor service provided by BUPA Insurance Limited in relation to a private medical insurance policy.

What happened

The policy began on 20 September 2024 with a monthly premium of £185.60. However, from 25 September 2024 Mrs M was unable to access the app or online services. This went on for a further four or five weeks until Mrs M cancelled the policy.

In response to the complaint, Bupa agreed that its service had been poor. However, it declined Mrs M's request for a refund of the first month's premium as the policy had been active and she'd have been able to use it if necessary.

I wrote a provisional decision earlier this month in which I explained why I was thinking of upholding the complaint and awarding £50 compensation. Both Mrs M and Bupa have responded to say that they accept the outcome I'd reached.

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.

As I explained in my provisional decision, although Mrs M had problems accessing the policy, she understood that it was still active. So, she'd still have been able to make a claim for medical treatment if she'd needed to, albeit she'd would have needed to contact Bupa by phone. In the event, she didn't need to arrange any treatment during that period anyway, so there wasn't any detriment in that respect.

As the principal benefit of the policy was still available to use, I don't consider that a refund of premiums would be appropriate.

However, as I also set out in my provisional decision, it was clear from Mrs M's interactions with Bupa that the lack of access was causing her some stress and inconvenience. She had to spend time trying to sort it out and she was told on more than one occasion that the problem had been fixed, only to find that it wasn't. And she was unable to use other services, such as the fitness/wellness part of the app. So, I considered that compensation for distress and inconvenience would be appropriate.

As both Mrs M and Bupa agreed, I see no reason to depart from the conclusions I reached in my provisional decision.

My final decision

For the reasons set out above, my final decision is that I uphold the complaint and require BUPA Insurance Limited to pay £50 compensation for distress and inconvenience.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs M to accept or reject my decision before 20 June 2025.

Carole Clark
Ombudsman