

The complaint

Mr C complains that BUPA Insurance Limited ('Bupa') didn't renew his dental insurance policy and didn't tell him about this.

What happened

Mr C held dental insurance cover with Bupa, and this renewed each year. Bupa then decided to withdraw the policy from the market. It therefore didn't renew Mr C's policy in February 2025.

Mr C didn't receive notification from Bupa that it wasn't going to renew his policy. He learnt about this after his cover had ended and he submitted a dental claim to Bupa. He made a complaint about this.

Bupa issued its first final response on 24 April 2025. It accepted that the information about Mr C's policy ending hadn't reached him, and so it said it would pay for his treatment that had taken place after the policy had ended. It paid him £97.60 for this.

Mr C remained unhappy. He said if he'd known his cover was going to end, he would have had treatment he needed before the end date. So, he thought he was out of pocket because of what had happened. Mr C also said he'd told Bupa about his change of address after it had asked him to do so by text message.

Bupa issued a second final response to the complaint on 8 May 2025. It said emails and text messages were sent to Mr C asking him to confirm his change of address. It noted he had updated the address on his private medical cover but not on his dental policy. And that because of this, it hadn't been able to send him notice about his policy ending. To say sorry, it said it would send him £100 (in addition to the £97.60 it had paid towards his treatment). Mr C remained unhappy and brought a complaint to this service.

Our investigator didn't recommend the complaint be upheld. She noted Bupa had made a business decision to discontinue the policy. She thought the compensation paid by Bupa was reasonable for not updating Mr C's address, and she didn't think Mr C had shown he'd suffered a financial loss because of this.

Mr C didn't accept our investigator's findings and so the matter has been passed to me for 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.

In considering this complaint, I've taken into account relevant law, regulations, regulators' rules and guidance and standards, relevant codes of practice and what I consider to be good industry practice.

The policy says the following about cover starting and renewing:

'Your policy will renew automatically on the annual renewal date as long as you continue to pay your premiums and any other charges, unless we decide to end the policy. If this applies, we will write to tell you at least 28 days before your annual renewal date.'

I'm satisfied this makes it clear that Bupa can choose to end the policy at the date of the next renewal. Whilst I can appreciate Mr C's disappointment that Bupa decided to end the policy, this was a decision that Bupa was entitled to make. I won't usually interfere with a business' legitimate exercise of its commercial judgment, unless I think a consumer has been singled out and treated unfairly. Though as Bupa decided to end the policy for all its customers, I'm satisfied that Mr C wasn't treated unfairly by Bupa in making this decision.

The policy terms say that Bupa will give Mr C 28 days' notice before his renewal date if it decides to end the policy. However, Bupa says it couldn't send Mr C the relevant letter about this because it didn't hold his correct address. It was aware of this because it had previously had mail returned.

I see that Bupa contacted Mr C by both email and text message on several occasions between September 2024 and February 2025 to let him know it didn't have his correct address. Though it wasn't clear from the contents of the email or the text message that they related to his dental insurance policy.

Mr C says that he did contact Bupa to update his address, but we now know this was only done for his private medical cover. Mr C has understandably questioned why Bupa didn't also update his address for his dental insurance cover. Bupa has explained that the private medical cover was administered by Mr C's employer through a health trust, whereas his dental policy is a separate policy held directly with Bupa.

I don't know if Mr C updated his address for his private medical cover with his employer or with Bupa. Though in any event, I think Bupa ought to have done more here. As I've said, the email and text message correspondence weren't clear that they related to Mr C's dental insurance policy, and since he held private medical cover with Bupa too, I can see why this would have been confusing. Also, I appreciate Bupa was required to send notice about the policy ending to Mr C in writing, but my understanding is that it could have done this by email. It could have also called his mobile to ask for his new address.

I've therefore thought about how Mr C has been impacted by this.

Mr C says that because he wasn't told that his cover was ending, he didn't have the opportunity to schedule final treatments. However, I haven't seen any evidence of dental treatment that Mr C needed but had decided to put off until a later date. Though even if that were the case, I can't be sure that he would have been able to schedule this within the relevant 28 days' notice that Bupa ought to have given.

Having said that, I understand that Mr C did have dental treatment soon after his cover ended. Though Bupa has reimbursed him for this, which I consider to be fair in the circumstances.

Mr C also says that he hasn't been able to find equivalent cover elsewhere. He explains he's since obtained a dental insurance plan through his employer, but says this is far less comprehensive than the cover he held with Bupa, and it also costs more. And that because he's been unable to access a comparable standalone dental product, he thinks he's suffering a material and ongoing disadvantage.

Whilst I can appreciate Mr C's frustration that he hasn't been able to find a comparable product, I can't see that this would have been any different if Bupa had given him the 28 days' notice of his cover ending. So, I can't agree that he's suffered any financial loss in this respect.

Taking everything into account, I agree with our investigator that Mr C hasn't experienced a financial loss as a result of Bupa failing to give him advance notice that his cover was ending. Arguably he may have brought forward the treatment he had soon after the cover ended though, so I find it was fair for Bupa to reimburse him for this. I also think it's clear Mr C has been caused inconvenience by the matter, but I'm satisfied the £100 compensation Bupa has paid for this is reasonable in the circumstances and fairly reflects the impact on him.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 18 December 2025.

Chantelle Hurn-Ryan
Ombudsman