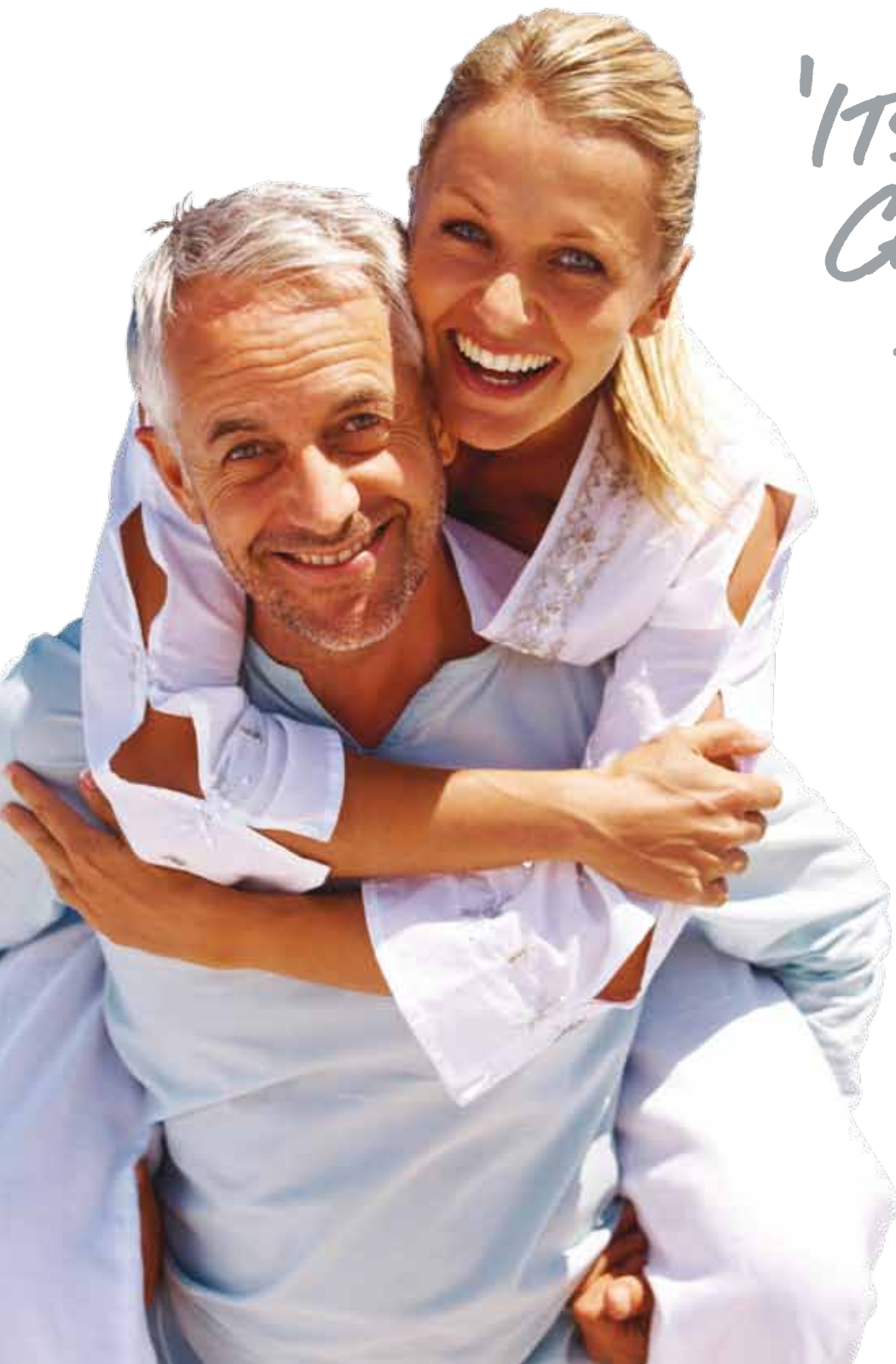




**Tomorrow's healthcare today**

*'IT'S OUR,  
CHOICE'*



# A message from our Chief Executive



Several years ago I received my private medical insurance renewal premiums and my heart sank: I was going to have to pay thousands of pounds for something I hoped to never use! It made me pause and take a closer look at what I needed versus what I was paying for.

At a time when we are all paying more for the NHS through taxation I decided that I didn't really want to pay more for comprehensive private cover that basically replaced the NHS, when for some things the NHS did a pretty good job. In reality what I wanted was something that would get me back to work when I needed it, without breaking the bank.

In addition, I hated the bewildering set of choices I had to make when buying private medical insurance cover. And then, when I did need to make a claim, my choices were suddenly reduced with this hospital or that specialist not being covered. On top of that, if I claimed I faced losing my no claims bonus, as well as higher premiums, which could really be painful!

I thought there must be something better that would appeal to more people.

As it turned out there was: Designed by doctors, PatientChoice Hospital Treatment Plans offer a different approach to private medical insurance, one that is more relevant for today. Our policies are easy to understand and put you, the policyholder, in charge when you need to make a claim.

The concept is simple. Our policies work by giving you a budget of money, designed to be sufficient to pay for your private treatment costs at the majority of UK hospitals, to spend on your care. It is your budget to use to suit your needs.

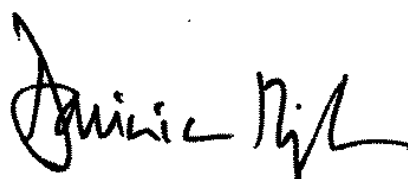
What's more, if you do not need all of the budget for the procedure you are having then the surplus will be sent to you to keep. You can use our treatment sourcing service to find a hospital but if you decide to shop around for your treatment or even to go abroad you might be able to afford a holiday to help you recover!

All PatientChoice plans aim to cover the big-ticket items, such as operations and medical procedures and our Access and Premier plans also provide cover for the smaller cost items, such as private consultations, MRI scans and tests. If you get treated in the NHS our policies give you cash to keep so you won't lose out from having bought our cover!

This new approach is as simple as it sounds. So simple in fact that it has won industry awards and won many customers over from traditional schemes.

Thank you for taking the time to look at what we have to offer. PatientChoice's plans are designed to provide the sort of health insurance that I want, need and can afford.

Why not find out if they are right for you too?

A handwritten signature in black ink, appearing to read 'Dominic Higham'. The signature is fluid and cursive.

Dominic Higham  
Founder and Chief Executive

# What is PatientChoice?

PatientChoice is an innovative private company founded in 2002 with the objective of offering up-to-date healthcare solutions that provide affordable cover and real choice for policyholders as to when, where and by whom they are treated.

PatientChoice, which is fully regulated by the Financial Services Authority (FSA), has established a successful track record and its up-to-date approach to health insurance has been highly acclaimed by specialist intermediaries, journalists and industry awards.

PatientChoice believes that traditional PMI insurance that duplicates the NHS in most areas other than emergencies and chronic conditions is unnecessary and becoming unaffordable for many existing and potential retail customers.

Our award-winning Hospital Treatment Plans take advantage of the 'fixed-price packages' of care now available at private

hospitals in the UK and also provide generous cash benefits if treatment is sought within the NHS whilst also providing access to out-patient treatments with our higher levels of cover.

PatientChoice also offers considerable choice of private treatment options. You can use our Treatment Sourcing Service provided by Medical Care Direct to arrange your own treatment package and hospital or you can arrange your own treatment and still enjoy access to most hospitals in the UK or overseas. Those who shop around to obtain competitive deals by either means can receive significant cash reimbursements.

## What the industry says

"Thumbs-up for a cost-effective alternative to traditional private medical cover"  
**FT Financial Advisor**

"Stands out as something different, patients know exactly what they are getting and can pocket the difference"  
**Healthcare Matters**

"Lets you find cheaper healthcare and pocket the difference"  
**Daily Telegraph**

## Contents

### Page

A message from our Chief Executive	2
What is PatientChoice?	2
A changing healthcare arena	4
Getting up to date	5
How does PatientChoice work?	5
The Authorisation Certificate	6
Our three levels of cover	7
The PatientChoice benefits schedule	8
What's covered and when	
Easy to join	9
Easy to claim	9
Operations and medical procedures	10
Operation benefits	
Cover for operations and medical procedures	11
Cover for private consultations and scans	12
Specialist Consultations	
MRI, CT and PET Scans	
Additional cover for diagnostic tests	13
What is not covered?	14
Cancer treatments	15
How PatientChoice differs from traditional PMI	15
The advantages of PatientChoice	15
Frequently Asked Questions	16
How to apply	17
Key Features	18

## **A changing healthcare arena**

Many people currently find themselves in something of a dilemma when considering their healthcare needs. They don't believe they can always rely on the NHS, and nor do they feel able to afford the increasingly steep costs of private medical insurance (PMI). But they don't want to lose the benefits of PMI, which enables you to jump the NHS queue, enjoy less time constraints with a private consultant and to enjoy the comfort of a private room.

The NHS has benefited from substantially increased government funding during recent years but it still provides a much better service for some types of treatment than others, and remains subject to a significant 'postcode' lottery.

Premiums for traditional PMI have meanwhile continued to increase by far more than the general inflation rate. This can make the cover increasingly hard to justify for those who realise there is a serious possibility of receiving adequate NHS treatment.



## Getting up-to-date

The traditional PMI model effectively started to become outmoded in 1997 when the government committed to a decade of massive NHS funding increases. But the innovative format produced by PatientChoice reflects that times have changed. Designed by medical professionals, it covers most of the more necessary private treatments for much less than the cost of traditional comprehensive PMI and provides cash payments if you decide to opt for NHS treatment instead at the point of claim.

## How does PatientChoice work?

All PatientChoice policies aim to cover operations and medical procedures where surgery is required together with more costly treatments which may not require surgery, such as the treatment of blood vessels, endoscopic investigations and – following an operation – chemotherapy and radiotherapy. The higher levels of cover also insure other outpatient procedures such as private consultations, scans and diagnostic tests.

We cover over 1,500 operations and medical procedures and these are divided into twelve bands (please see Table on Page 10), each with its own budget. A full list can be viewed on [www.patientchoice.org](http://www.patientchoice.org) under the Schedule of Surgical Procedures.

If you wish to upgrade to our Access and Premier Plans then cover is provided for private consultations, scans and diagnostic tests (please see table What's covered and When? on Page 8)

# The Authorisation Certificate

The simple approach that gives you choice when you need an operation and money back if you shop around.



*'IT'S OUR,  
CHOICE'*

1

Choose your own  
Private Hospital

2

Find a Private Hospital  
with Medical Care Direct

3

Use the NHS  
and get cash

When you contact us with a claim for a medical procedure, you will receive an Authorisation Certificate once your claim has been approved. This will detail a budget of money that has been allocated. You will then be free to secure your own treatment package using our Treatment Sourcing Service provided by Medical Care Direct and, if you obtain one for less than the allocated value, we will refund the difference after the operation.

'All in' fixed-price packages, which include the costs of any complications that may arise, are now widely available at private hospitals, and prices are open to such frequent fluctuations that those who shop around, either themselves or via our Treatment Sourcing Service, have every chance of obtaining a rebate.

Furthermore, if the treatment you are seeking is readily available on the NHS, and you therefore don't need to use a private consultant or hospital, you could secure a cash pay-out from us of up to £5,000.

Under government initiatives, it is actually possible to receive immediate treatment at a private hospital via the NHS, but much will depend on the area you live in and the condition you are suffering from. So it is worth discussing the available State-funded options with your GP before reaching any decisions. A key attraction of the PatientChoice approach is that you don't have to decide between the private and NHS route until you need to make a claim, and if you choose the NHS route then you will still receive cash.

There can be no absolute guarantee that the benefits offered will cover the cost of every insured medical procedure, although the benefits have been designed to do so.

*"I have been particularly impressed with the service and courtesy of PatientChoice staff."*

- Mr M.J Yorkshire

## Our three levels of cover

Our policies are available to those aged between 18 and 80 – and to their children aged 1 to 21 (or to 25 if in full-time education). They offer three different levels of cover.

### The Essential Hospital Treatment Plan

The Essential Hospital Treatment Plan aims to cover operations and medical procedures that require a local, regional or general anaesthetic. It also covers endoscopic procedures such as colonoscopies and gastroscopies as well as invasive procedures such as coronary angiograms, chemotherapy and radiotherapy.

### The Access Hospital Treatment Plan

The Access Hospital Treatment Plan includes everything covered by the Essential Hospital Treatment Plan together with additional outpatient cover for consultations and scans. After the deduction of a £100 annual excess, policyholders can claim up to £300 a year for specialist consultations, £750 a year for CT and MRI scans and £1,500 a year for PET scans.

### The Premier Hospital Treatment Plan

The Premier Hospital Treatment Plan includes even broader cover than that offered by the Access Hospital Treatment Plan. Specialist consultations and Diagnostic tests such as blood tests, ECGs, ultrasound scans and X-rays are covered for up to £1,000 a year. CT and MRI scans are covered up to £1,500 a year with an additional £1,500 for PET Scans.

### Maximum limits

With all levels of cover, the maximum value of a single procedure that can be claimed for is £25,000, and a maximum of three procedures can be claimed for in each 12-month period – subject to a maximum lifetime benefit limit of £250,000.

The benefits for Consultations, Diagnostic Tests and Scans can be found on the PatientChoice Benefits Schedule on Page 8.

### Our Premiums

Premiums, which are age-related but which don't go up as a result of a claim, are paid annually or – with no premium loadings – monthly by direct debit.

“My sincere thanks to PatientChoice for an excellent service, very helpful and personal”

- Mrs J.G Essex

# The PatientChoice benefits schedule. What's covered and when...

	Procedures	NHS Patient	Essential	Access	Premier
<b>Feeling Unwell</b>	GP Appointment	GP Appointment	GP Appointment	GP Appointment	GP Appointment
<b>Diagnostic Testing</b>	Diagnostic Tests	NHS	NHS	NHS	Up to £1,000 pa
<b>Specialist Consultant</b>	Specialist Consultants	NHS	NHS	Up to £300 pa	
<b>Specialist Appointments</b>	MRI and CT Scans	NHS	NHS	Up to £750 pa	Up to £1,500 pa
<b>Specialist Appointments</b>	PET Scans	NHS	NHS	Up to £1,500 pa	Up to £1,500 pa
<b>Medical Treatments</b>	Operations and Medical Procedures	NHS	Up to £25,000*	Up to £25,000*	Up to £25,000*
<b>Medical Treatments</b>	Chemotherapy and Radiotherapy	NHS	£15,000*	£15,000*	£15,000*
<b>Private Hospital</b>	Using our Treatment Sourcing Service	None	Residual amount paid as cash	Residual amount paid as cash	Residual amount paid as cash
<b>Use of NHS Hospital</b>	Operations and Medical Procedures	NHS	Up to £5,000 paid in cash	Up to £5,000 paid in cash	Up to £5,000 paid in cash

\*Per Operation, treatment or procedure

## Easy to join

The policy is straightforward to join and to understand. There is no complicated underwriting process at outset. Our approach is to cover you for the unexpected, and joining PatientChoice is done on a 'moratorium' basis – meaning that any medical condition you have had during the three years prior to the commencement of cover will be excluded until you have not experienced any symptoms or received any medical advice, treatment or medication for it for a period of two consecutive years after the date of joining.

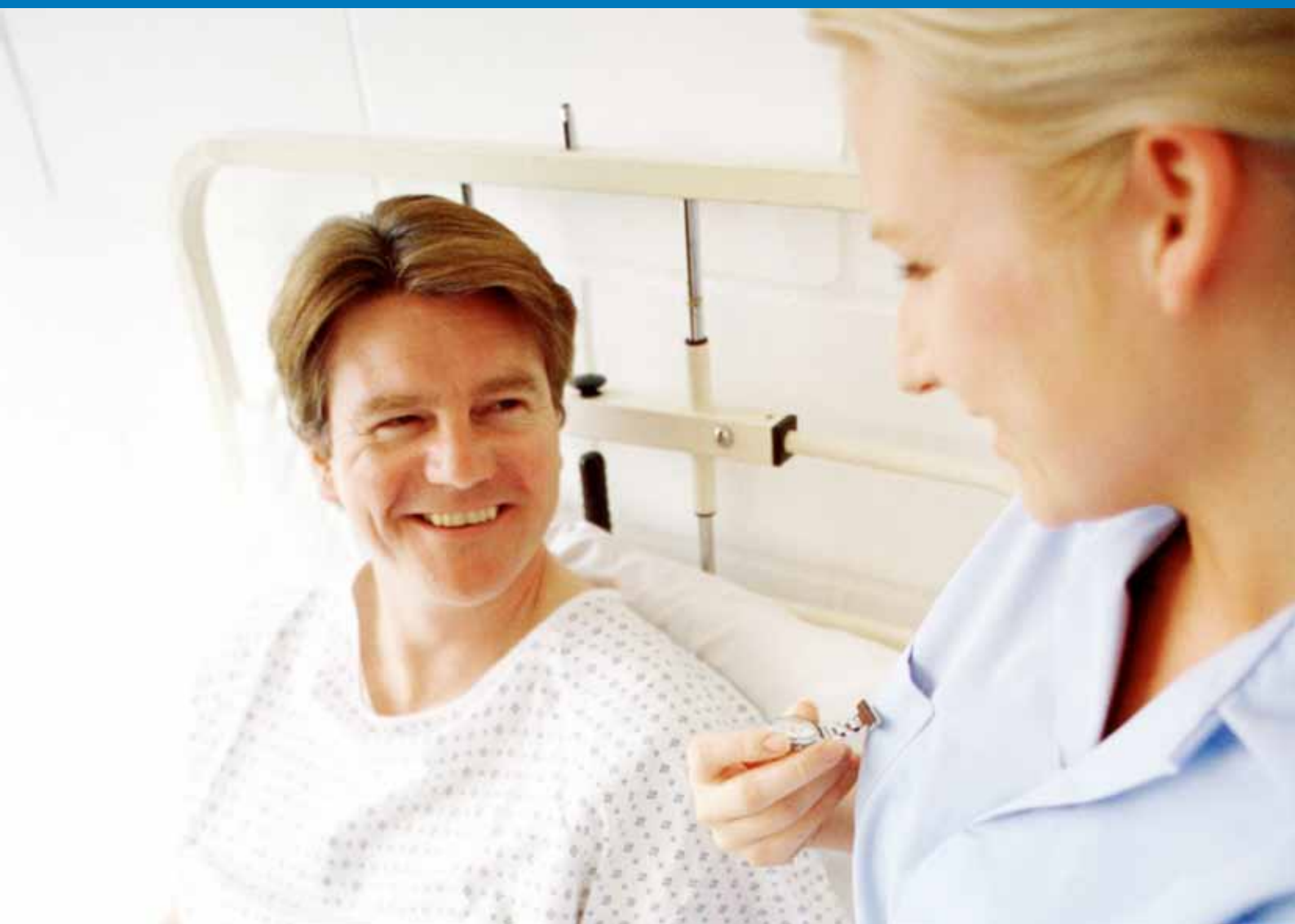
If you are switching from another medical insurer we may agree to waive the moratorium and, depending on your answers to four straightforward medical questions, may offer Continued Personal Medical Exclusions (CPME). In these cases the moratorium is waived and any exclusions on your current plan are simply carried forward. We may exclude certain conditions if they are likely to require treatment but you can still use the NHS for these treatments and benefit from our low premiums.

## Easy to claim

If you have our Access or Premier levels of cover, our service begins once a GP has said you need to see a private consultant. The first step is to phone us on 0800 012 2008 during working hours to request a claim form which will be sent to you within 24 hours.

If you have our Essential level of cover our service begins once a consultant has said you need a procedure covered by the plan. Again, the first step is to phone us on 0800 012 2008 during working hours to obtain a claim form

Once your claim form has been approved, we will issue you with an Authorisation Certificate, which will include details of the budget of money available for your claim, details of how to use our Treatment Sourcing Service and the amount of benefit you will receive if you opt for treatment on the NHS. In practice this will place few restrictions on where you can receive treatment, as it will permit access to most hospitals except the top London ones.



# Operations and medical procedures

All PatientChoice policies aim to cover you for medical procedures, which are defined as one of the following:

## Operations and medical procedures that require a general anaesthetic

These are major operations which can include procedures such as hip and knee-replacements, hernias and cardiovascular surgery. Surgery will normally take place in a sterile operating room where precise procedures are observed to reduce any risk of contamination.

## Operations and medical procedures that require a regional or local anaesthetic in conjunction with an incision involving a surgical knife.

Not all operations require a general anaesthetic; smaller operations often require a shorter stay and can be treated by local anaesthetic as a day patient.

## Fibre-optic procedures that require a general anaesthetic.

Known as endoscopies, these are minimally invasive procedures used for diagnosis that are used to assess the interior surfaces of an organ by inserting a rigid or flexible tube into the body. This not only provides an image for inspection but also enables the taking of biopsies and retrieval of foreign objects.

## Angiography and angioplasty.

These procedures are used to assess and treat blood vessels. Angioplasty is now as common as heart bypass surgery and is used to reopen narrowed or blocked arteries in the heart (coronary arteries) without major surgery.

## Chemotherapy and Radiotherapy (following an operation)

PatientChoice provides contributions towards chemotherapy and radiotherapy following an operation. Please see our Cancer Treatment section on Page 14.

# Operation benefits

	Classification and Description of Medical Procedures	Example	Private Hospital Benefit	NHS Benefit
1	These are the most straightforward procedures, generally undertaken as a day case.	Removal of a skin lesion	£850.00	£200.00
2	Again, these are day cases and are commonly endoscopic procedures.	Fibre-optic examinations of the digestive system	£1,500.00	£350.00
3	These procedures are mainly day cases but have a higher degree of invasiveness.	Examination of the knee using key hole surgery	£2,500.00	£650.00
4	These procedures may also be day cases but they generally have an additional feature that can mean patients spend one night in hospital.	Removal of a cataract in the eye	£3,500.00	£850.00
5	These procedures are reasonably complicated and require a short stay in hospital.	Removal of varicose veins in both legs	£4,500.00	£1,200.00
6	These procedures are often technically complicated, and require a short stay in hospital.	Key hole surgery removal of the gall-bladder	£6,000.00	£1,500.00
7	Included in this category are in-patient procedures for which you would expect to stay several nights in hospital.	Various treatments of the intestine	£7,500.00	£2,000.00
8	These are significant procedures requiring an extended recovery.	Removal of the stomach or large intestine	£10,000.00	£2,500.00
9	These are significant and complex procedures requiring intense post-operative recovery.	Major blood vessel operations	£12,500.00	£3,000.00
10	These procedures are significant and require expensive technology.	Angioplasty operations to improve blood supply to the heart	£15,000.00	£3,500.00
11	Any procedure in this category requires very high levels of care.	Most heart valve replacements	£20,000.00	£4,000.00
12	These procedures are the most complex.	Quadruple heart bypass operation	£25,000.00	£5,000.00

A full list of the operations and medical procedures can be found at [www.patientchoice.org](http://www.patientchoice.org) under Schedule of Procedures.

# Cover for operations and medical procedures

## How to use your Private Hospital benefit

Once your claim has been approved you will have the option of using our independent treatment sourcing service to negotiate a price for your care with a hospital on your behalf or alternatively you will be able to negotiate directly with a hospital.

The benefit entitlement (budget of money) for each eligible procedure has been designed to cover the likely costs of private treatment.

Policyholders wishing to have private treatment can take advantage of the availability of fixed-price packages in the private healthcare market. Fixed-price packages are offered by private hospitals to individuals buying treatment with their own money or, in this case, using the budget provided by the policy.

## How do fixed-price packages work?

Fixed-price packages are available throughout private hospitals in the UK and are generally designed for individuals who are buying treatment with their own money.

## The packages normally include:

- the consultant surgeon/physician and anaesthetist fees
- hospital charges relating to the use of the operating theatre
- hospital accommodation, personal meals, drugs and dressings
- in-patient investigations such as x-rays
- in-patient physiotherapy
- the cost of any complications occurring within 30 days of your procedure where these relate to the original condition

## Reviewing our benefits

The private hospital benefits shown on page 10 are reviewed on an ongoing basis with the aim of ensuring that they are sufficient to meet the cost of an all-in package of private treatment at most UK private hospitals other than the more expensive central London ones.

Please note that if you are suffering from cancer, diabetes or have a poor medical history, which could complicate your procedure, then some hospitals may decline to offer a fixed-price package. In these more complex cases you will more likely wish to be treated in the NHS and still receive a cash benefit.

Please see our Terms and Conditions for specific exclusions that apply to our plans.



“Straightforward and  
easy to use”

- Mr J.D Hampshire

## Cover for private consultations and scans

Both of our Access and Premier Plans provide you with money to spend on specialist consultations and scans but, if you choose to receive your medical care from the NHS, we will pay you the cash benefit appropriate for that procedure according to the NHS Cash Benefits we provide.

### Specialist Consultations

Your GP should be your first point of contact for most medical problems but occasionally you will need to be referred to a specialist. With our Access and Premier policies you can be fast-tracked to the appropriate person.

### Scans covered by the policy

Scans play an increasing role in the diagnosis and management of medical conditions. Using various techniques, scans make it possible to study various anatomical parts of the body without having to operate or perform intrusive investigations. Details of the three types of scans covered by this policy are given below.

#### 1. CT Scans

CT stands for computerised tomography. A CT scan takes pictures of the body and uses a computer to put them together. A CT scanner uses X-rays and is a painless

procedure. Unlike other imaging methods, CT scanning offers detailed views of different tissue types including lungs, bones, soft tissues and blood vessels.

#### 2. MRI Scans

Magnetic resonance imaging (MRI) uses a strong magnetic field and radio waves to produce detailed pictures of the inside of your body. MRI scans can show muscles, joints, bone marrow, blood vessels, nerves and other structures within the body. They are commonly used to examine the brain, spine, abdomen and pelvis.

#### 3. PET Scans

PET stands for positron emission tomography. A PET scan can be used to diagnose a condition or to see how a condition is developing. It can also measure how well a treatment is working. The main advantage of a PET scan over other scans, such as an X-ray or MRI scan, is that it can show how a part of your body is working, rather than simply what it looks like. Currently, only a few hospitals have the facilities to carry out PET scanning.

#### Is there an excess?

Please note that there is an annual excess payable for consultations and scans of £100 per policy year. This applies only once and is not per claim.

“Many thanks for all your help throughout a tramatic time”

- Mr C.V Hampshire

## Additional cover for diagnostic tests

If you are buying our Premier Plan then you are also covered for the smaller items that can get you diagnosed quickly to help determine what treatment you need.

### 1. Blood Tests

This is where blood samples are taken from a vein or from an artery and then tested by doctors to diagnose an illness. These samples can also be used to see if infectious organisms are present within the blood. The type of organism can be determined by examining the sample through a microscope.

### 2. ECG's (Electrocardiograms)

ECG's are tests that measure the electrical activity of the heart. The information obtained from an electrocardiogram can be used to discover different types of heart disease and to assess whether blood tests may be required.

### 3. Ultrasound Scans

A type of imaging technique which uses painless high frequency sound waves to create images of organs and structures within the body

### 4. X-Rays

X-rays are an imaging technique widely used in medicine to show up abnormalities in bones and soft body tissues

### 5. Biopsies

A biopsy is a medical procedure that involves taking a small sample of tissue so that it can be examined under a microscope. Biopsies are used to identify abnormal cells.

### 6. Cryotherapy

Cryotherapy is a technique that uses an extremely cold liquid or instrument to freeze and destroy abnormal cells that require removal. Cryotherapy can be used to destroy a variety of benign skin growths, such as warts, pre-cancerous lesions, and malignant lesions, such as skin cancers. The goal of cryotherapy is to freeze and destroy targeted growths while preserving the surrounding tissue from injury.

### 7. Pathology

Pathology is used to detect disease through the examination of tissues, organs and bodily fluids.

### 8. Dressings and care of wounds

This is covered as part of your Consultant supervised treatment.

Please note that you must be referred by Your Medical Specialist for a Diagnostic Test.

### Is there an excess?

There is an annual excess payable for consultations, scans and diagnostic tests of £100 per policy year. This applies only once and is not per claim.

“This proved to be a simple process with everything happening when it should and when it was promised.”

- Mr A.H Lincolnshire

## What is not covered?

### Accident and Emergency, Organ Transplants and Pregnancy

Accident and emergency treatment, organ transplants and pregnancy are areas in which the NHS excels, so the fact that we do not cover these should not place policyholders at a significant disadvantage. Cutting out duplication in areas of notable NHS strength is a key factor in enabling us to offer such affordable cover.

### Other Main Exclusions

The policy also excludes altogether:

- “Pre-existing conditions” – conditions which you had prior to the start of cover – unless they satisfy the terms of our moratorium clause or we have agreed to cover them. This is a similar approach to that adopted by most private medical insurers unless you wish to pay a higher premium.
- Costs over and above our stated maximum limits for individual procedures, our overall £250,000 lifetime claims limit and our limit of three separate claims in any 12-month period.
- Children under the age of 1
- Cosmetic surgery.
- Operations which do not require surgery unless they are endoscopic (fibre-optic), angiograms and chemotherapy or radiotherapy.

A full list of exclusions can be found in the Policy Terms and Conditions

## Cancer treatments

Cancer treatment is one area in which the NHS is commendably strong and most people suffering from this condition will prefer NHS treatment unless the operation is straightforward. Often cancer operations can lead to complications and for this reason operations to treat cancer do not normally lend themselves to fixed-price packages. This can lead to the patient facing increased costs. With PatientChoice you will know how much our policies provide before you have an operation so you can choose what's best for you.

Our plans make a contribution to the financial cost of private cancer care following a medical procedure. In many cases the benefit provided will be sufficient to cover the cost of a course of private chemotherapy or radiotherapy. Nevertheless the benefit provided is unlikely to cover the cost of the more expensive, and often latest, cancer therapies.

In recognition of this potential shortfall PatientChoice provides a generous NHS benefit for those patients who prefer to seek care within the public sector. This lump sum benefit can be used by the policyholder in any way that the policyholder wishes.



## How PatientChoice differs from conventional Private Medical Insurance

Some of the areas we exclude, like accident and emergency cover, pre-existing conditions and cosmetic surgery are also standard exclusions on traditional PMI. Nevertheless, we don't seek to offer cover that is comparable to traditional PMI and we differ from it in a number of ways.

The main differences are as follows:

- PatientChoice policies offer fixed benefits with maximum upper limits designed to fully cover the cost of most procedures. Traditional PMI has no upper limit for treatment costs but by accessing fixed-price packages of care our policyholders reduce costs and premiums.
- We cover operations and medical procedures. Traditional PMI will normally cover you for conditions which don't require an operation but these would not normally require a long waiting period for the NHS.
- Our cancer cover is more limited than some PMI covers but, again, the NHS is well-equipped to deal with these cases (see page 14 for further details).
- Because we give you an Authorisation Certificate when you make a claim, we don't tell you which hospitals or consultants you can or cannot use.
- To join PatientChoice we don't require your medical history except to ask you a few questions if you are switching cover from another insurer.
- There are no increased premiums for smokers or where you live.

## The advantages of PatientChoice

- PatientChoice offers cover that is much more affordable, with premiums costing much less than those of standard comprehensive PMI.
- Our approach empowers you with far more choice. You can choose from any consultant and from most private UK or overseas hospitals, whereas traditional PMI restricts you to specified specialists and UK hospitals.
- Traditional PMI simply covers the cost of treatment but our approach also enables you to receive significant cash rebates and to be in control of the treatment process. You can negotiate fixed-price treatment packages with private hospital groups – either directly yourself or via our Treatment Sourcing Service.
- If you opt for treatment on the NHS at the point of claim you can receive cash sums of up to £5,000.
- Cash rebates, whether as a result of private or NHS treatment, can be spent on whatever you choose.

“Wonderful service in a time of crisis”

- Dr D.H. Mc.C Worcestershire

# Frequently asked questions

## How is PatientChoice Access different from other health insurance plans?

PatientChoice puts you in charge of your healthcare by giving you monetary benefits to spend on your care.

## Do you take into account my medical history?

PatientChoice policies are normally offered on a moratorium basis. This approach means that we will only consider your medical history when you need to make a claim, saving time and effort when you apply and allowing you to become a PatientChoice policyholder with the minimum of fuss.

If you wish to switch to PatientChoice from another policy we will need to assess your suitability by asking some simple questions on the application form.

## Is there a maximum age limit above which cover ceases?

You can join PatientChoice before your 80th birthday. Once you become a policyholder you can remain covered for the rest of your life.

## How many operations and medical procedures can I claim for in each year?

You can claim for up to three operations and medical procedures in any policy year

## Is there an excess?

Yes, there is an excess of £100 per annum which is only applicable to the Specialist Consultation, Scan and Diagnostic benefits provided by our Access and Premier plans. However, should you choose to receive these benefits through the NHS, you will receive the NHS benefit and not have to pay an excess.

## Do I have to use a specific network of hospitals?

As a PatientChoice policyholder you have complete choice on which hospital to use, including going abroad for treatment.

## Will the benefits be sufficient to cover the cost of my care?

While there can be no guarantee that the benefits offered by PatientChoice will cover the cost of treatment, the benefits have been designed to do so and are reviewed on an ongoing basis.

## What happens if I have complications during an operation?

As policyholders will, in general, be having private treatment under a 'fixed-price package', any complications occurring within 30 days will normally be covered within the fixed-price quote.

# How to apply

## What you should do next?

If you wish to become a PatientChoice policyholder you need to do the following:

- Read the Key Features document associated with the policy you wish to buy at the back of this document which can be found on page 18-22.
- Complete the application form
- Decide if you wish to pay by monthly direct debit or annually by cheque
- Send off your application form with either your completed direct debit form or cheque

Hopefully, you will be fully satisfied with the service we provide but if you are unhappy with any aspect of our operation of the contract, complaints can be made by writing to The Customer Services Department at the contact address below.

The Customer Services Department  
PatientChoice  
Unit 1 - Mulgrave Chambers  
26-28 Mulgrave Road  
Sutton  
Surrey SM2 6LE

# Essential Hospital Treatment Plan

## Key Features

The information provided in this summary is key information you should read. This summary does NOT contain the full terms, conditions and exclusions. These are detailed in the attached Policy Terms and Conditions and on your certificate.

### NAME OF THE INSURER

- The Insurer is The Ancient Order of Foresters Friendly Society Limited, 29-33 Shirley Road, Southampton, SO15 3EW.
- The Essential Hospital Treatment Plan is administered for The Ancient Order of Foresters Friendly Society Limited by PatientChoice Ltd.

### ITS AIMS

- To provide you with monetary benefits to purchase private treatment for defined medical procedures.
- To provide you with cash benefits if you have treatment in the NHS for defined medical procedures.

### MAKING A CLAIM

- Should you need to make a claim under this policy you can do so by calling us on 0800 012 2008 between the hours of 9am and 6pm Monday to Friday.

### YOUR COMMITMENT

- You or your employer must pay regular monthly or annual premiums for the duration of the insurance.
- If premiums are not paid then this insurance cover will cease.

### RISKS

- There can be no absolute guarantee that the benefits offered by PatientChoice will cover the cost of every insured medical procedure, although the benefits have been designed to do so.
- Extended medical treatment due to unforeseen complications which are not covered by a fixed price package may result in the total bill exceeding the amount of cover
- If the cost of the procedure is more than the benefit entitlement then you will be responsible for paying any top-up required yourself.
- If you stop paying premiums then this insurance will end and you will no longer be covered.
- Benefits may not be paid if information requested in the application is not disclosed.
- Unless otherwise specified in your policy certificate you will not be covered for procedures relating to pre-existing conditions that you have suffered from in the 3 year period prior to becoming insured with PatientChoice. You will be covered for procedures related to these conditions once you have been free of symptoms, treatment and advice for 2 continuous years from the commencement date of your policy.
- Premiums may increase at the annual review.

### WHAT DOES THE PATIENTCHOICE ESSENTIAL HOSPITAL TREATMENT PLAN COVER?

The policy covers you for medical procedures which are generally defined as one of the following:

- Medical procedures requiring a general anaesthetic.
- Medical procedures requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife.
- Endoscopic (fibre-optic) procedures.
- Angiography and angioplasty (treatment of blood vessels).
- Chemotherapy and radiotherapy (following an operation).

The policy provides you with funds to spend on your medical care if you need a procedure and all covered procedures are graded into 1 of 12 Bands of Benefit in accordance with the PatientChoice Schedule of Procedures which can be found on our website at [www.patientchoice.org](http://www.patientchoice.org) or on request from PatientChoice Limited.

### HOW DO THE BENEFITS WORK?

- Each surgical or medical procedure is categorised into one of twelve bands, each with a different benefit level depending on the complexity of the procedure and whether treatment is undertaken privately or within the NHS.
- A full list of benefits is available on our website at [www.patientchoice.org](http://www.patientchoice.org).
- Benefits are payable only whilst cover remains in force.
- Examples of how the benefits work in practice are given on our website at [www.patientchoice.org](http://www.patientchoice.org).

### HOW DO THE PRIVATE HOSPITAL BENEFITS WORK?

- If you choose to receive treatment in a private hospital, PatientChoice will pay your hospital costs as well as any related costs up to the amount specified in the PatientChoice Schedule of Procedures.
- As soon as all bills for your treatment have been settled, any unused surplus benefit amount will be paid to you by cheque.
- Any bills not covered by the amount payable specified in the PatientChoice Schedule of Procedures will need to be paid out of your own funds.
- You will have the choice of using our independent treatment sourcing service to negotiate a price for your care with a hospital on your behalf or you will be able to negotiate directly with a hospital.
- In either case you can keep any benefit that is not spent.

### HOW DO THE NHS BENEFITS WORK?

- If you choose to receive your medical care from the NHS, we will pay you a cash benefit appropriate for that procedure according to the PatientChoice Schedule of Procedures.

### WHAT IS NOT COVERED?

- PatientChoice does not cover Accident and Emergency Care, pregnancy-related procedures, organ transplants or the cost of cosmetic surgery. Chemotherapy or radiotherapy are only covered if the treatment courses follow on from and are connected with cancer related surgery.
- The costs of consultations, CT or MRI scans are not covered.
- More than 3 separate claims in any consecutive 12-month period.
- More than £250,000 of claims per insured person over all policy years.
- The Policy document contains other standard exclusions which you should read.

## HOW ARE THE BENEFITS REVIEWED?

- From time to time it may be necessary to adjust the allocated banding of individual procedures either up or down to reflect changes in technology or the cost of treatment.

## HOW DO THE PREMIUM RATES WORK?

- Payment is due at the commencement date of the policy and monthly thereafter You pay by monthly direct debit (unless otherwise specified).
- For Company paid groups the Company is responsible for payment of premiums, unless otherwise stated in the agreement.
- Your premiums are guaranteed until the first anniversary of the commencement of your contract.

## WHAT IS THE ANNUAL REVIEW OF PREMIUMS?

- Premiums will be reviewed annually to reflect the actual and anticipated claims experience of all PatientChoice products.

## WHAT HAPPENS IF I OR MY EMPLOYERS STOP(S) PAYING PREMIUMS?

- If premiums are paid annually benefits will end when the period covered by the insurance expires.
- If premiums are paid monthly benefits will end when premiums have not been paid by or within 30 days of the normal due date.

## WHAT IF I CHANGE MY MIND?

- If you inform us within 30 days of receiving your policy documents that you do not wish to continue then we will make a refund in full.

## WHO CAN BE COVERED BY PATIENTCHOICE?

- PatientChoice is available to any individuals resident in the UK for a minimum of 180 days a year who are 18 and over and join before their 80th birthday.
- An applicant's children may be covered providing they are between the ages of 1 and 21 years (or 25 years if they are in full-time education).
- Newborn children can be added to the policy on their first birthday.

## WHEN DOES THIS INSURANCE END?

Your PatientChoice contract will terminate;

- if any premium remains unpaid for more than thirty days.
- at the end of the policy term as specified on your policy certificate.
- on ceasing employment with your employer, if your cover has been arranged by your employer
- on the death of the Policyholder
- if you cease to reside in the United Kingdom for more than 180 days per annum.

## WHO ARE THE ANCIENT ORDER OF FORESTERS FRIENDLY SOCIETY LIMITED (FORESTERS FRIENDLY SOCIETY LIMITED)?

- The policy is issued and underwritten by the Society.
- They are an incorporated mutual friendly society formed in 1834,
- They specialise in providing insurance policies such as PatientChoice.

## SURRENDER VALUES

- Your insurance at no time acquires a surrender value. However, a refund may be applicable where an employee leaves a Company paid policy before the end of the period of cover that has already been paid for

## DEATH BENEFITS

- In the event of your death whilst covered PatientChoice will pay a benefit of £ 1,500 to assist with funeral costs.

## TAXATION

- Benefits are free of personal taxation under current taxation law and Inland Revenue practice. The insurance fund is subject to tax paid by the Foresters Friendly Society.
- Premiums under Company paid schemes are a taxable benefit in kind for the employees.
- Tax rules are subject to change.

## APPLICABLE LAW

- The law applicable to the PatientChoice Essential Hospital Treatment Plan is English Law.

## COMPENSATION

- The Foresters Friendly Society is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if The Foresters Friendly Society is unable to meet its obligations to you under this contract. Further information about the scheme is available from us or the Financial Services Compensation Scheme, 5th floor, Lloyd's Chambers, Portsoken Street, London, E1 8BN, and on their website at [www.fscs.org.uk](http://www.fscs.org.uk).

## COMPLAINTS

- If you are unhappy with the service that you have received from us or our representatives, you can contact us at the address at the bottom of this page.
- If your complaint is not dealt with to your satisfaction, you should then contact our underwriters, the Foresters Friendly Society, at the address at the bottom of this page.
- If you feel that your complaint has still not been brought to a satisfactory conclusion you may direct your complaint to the Financial Ombudsman Service at South Quay Plaza, 183 Marsh Wall, London E14 9SR. Tel: 0845 080 1800. Complaining to the Ombudsman does not prejudice your rights to take legal action.

## CANCELLATION

- You will receive a Statutory Notice with your PatientChoice policy documents. You will then have 30 days from receipt of the notice within which to cancel the contract if you do not wish to go ahead with it. If you do cancel you will be entitled to a refund of any money paid.

## DUTY OF DISCLOSURE

- There is a duty to disclose to the Society any changes to the information in the application form before your PatientChoice contract commences.

Note: If the PatientChoice contract is to be taken out by a Company for the benefit of its employees, then the use of 'you' and 'your' refers to the Company or its employees as the context requires.

# Access Hospital Treatment Plan

## Key Features

The information provided in this summary is key information you should read. This summary does NOT contain the full terms, conditions, excesses and exclusions. These are detailed in the attached Policy Terms and Conditions and on your certificate.

### NAME OF THE INSURER

- The Insurer is Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.
- The Essential Hospital Treatment Plan is administered for Great Lakes Reinsurance (UK) PLC by PatientChoice Limited.

### THE AIMS OF THIS INSURANCE

- To provide you with monetary benefits to purchase medical consultations and scans.
- To provide you with cash benefits if you have medical consultations and scans in the NHS.
- To provide you with monetary benefits to purchase private treatment for defined operations and medical procedures.
- To provide you with cash benefits if you have treatment for defined operations and medical procedures in the NHS.

### SIGNIFICANT FEATURES AND BENEFITS

What the PatientChoice Access Hospital Treatment Plan covers you for:

The Access Hospital Treatment Plan is a medical insurance policy that covers you for various Out-Patient Benefits and In-Patient Benefits as follows:

#### 1. Specialist Consultations and Scans (Out-Patient Benefits)

These are defined as:

- Medical Consultations.
- CT, MRI and PET Scans.

#### 2. Operations and Medical Procedures (In-Patient Benefits)

These are generally defined as any of the following:

- Medical procedures requiring a general anaesthetic.
- Medical procedures requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife.
- Endoscopic (fibre-optic) procedures.
- Angiography and angioplasty (treatment of blood vessels).
- Chemotherapy and radiotherapy (following an operation).

The policy provides you with funds to spend on your medical care if you need a procedure and all covered procedures are graded into 1 of 12 Bands of Benefit in accordance with the PatientChoice Schedule of Procedures which can be found on our website at [www.patientchoice.org](http://www.patientchoice.org) or on request from PatientChoice Limited.

#### How the Specialist Consultation and Scan Benefits work.

- Each consultation or scan is categorised into one of three bands, each with a different benefit level depending whether treatment is undertaken privately or within the NHS.
- You can claim up to the amount stated in each band in each year.

- There is an annual excess applicable to this section.

#### How the Specialist Consultation and Scan Private Benefits work

- If you choose to receive treatment privately, PatientChoice will pay your costs up to the amount specified in the PatientChoice Access Out-Patient Table of Benefits.
- Any bills not covered by the amount payable specified in the Table of Benefits will need to be paid out of your own funds.

#### How the Specialist Consultation and Scan NHS Benefits work

- If you choose to receive your medical care from the NHS, we will pay you the cash benefit appropriate for that procedure according to the PatientChoice Out-Patient Table of Benefits.

#### How the Medical Procedure Benefits work.

- Each surgical or medical procedure is categorised into one of twelve bands, each with a different benefit level depending on the complexity of the procedure and whether treatment is undertaken privately or within the NHS.
- A full list of benefits is available on our website at [www.patientchoice.org](http://www.patientchoice.org).
- Benefits are payable only whilst cover remains in force.
- Examples of how the benefits work in practice are given in the Product Summary.
- You can make up to three claims per year in this section.

#### How the Medical Procedure Private Hospital Benefits work.

- If you choose to receive treatment in a private hospital, PatientChoice will pay your hospital costs as well as any related costs up to the amount specified in the PatientChoice Schedule of Procedures.
- As soon as all bills for your treatment have been settled, any unused surplus benefit amount will be paid to you by cheque.
- Any bills not covered by the amount payable specified in the PatientChoice Schedule of Procedures will need to be paid out of your own funds.
- You will have the choice of using our independent treatment sourcing service to negotiate a price for your care with a hospital on your behalf or you will be able to negotiate directly with a hospital. In either case you can keep any benefit that is not spent.

#### How the In-Patient NHS Benefits work.

- If you choose to receive your medical care from the NHS, we will pay you a cash benefit appropriate for that procedure according to the PatientChoice Schedule of Procedures.

### SIGNIFICANT EXCLUSIONS AND LIMITATIONS

- PatientChoice Hospital treatment Plans do not cover Accident and Emergency Care, pregnancy-related procedures, organ transplants or the cost of cosmetic surgery.
- Chemotherapy or radiotherapy are only covered if the treatment courses follow on from and are connected with cancer related surgery.

- There can be no absolute guarantee that the benefits offered by PatientChoice will cover the cost of every consultation, scan or insured medical procedure, although the benefits have been designed to do so.
- If the cost of a consultation, scan or medical procedure is more than the benefit entitlement then you will be responsible for paying any top-up required yourself.
- Extended medical treatment due to unforeseen complications, which are not covered by a fixed price package for a medical procedure, may result in the total bill exceeding the amount of cover.
- Consultations, Scans and Treatment relating to Chronic Conditions.
- The Policy document contains other standard exclusions, which you should read.
- An applicant's children may be covered providing they are between the ages of 1 and 21 years (or 25 years if they are in full-time education).
- Newborn children can be added to the policy on their first birthday.

### What Underwriting Options are available?

#### Moratorium

- Unless otherwise specified in your policy certificate, you will not be covered for procedures relating to pre-existing conditions that you have suffered from in the 3-year period prior to becoming insured with PatientChoice.
- You will be covered for procedures related to these conditions once you have been free of symptoms, treatment and advice for 2 continuous years from the commencement date of your policy

#### Continued Personal Medical Exclusions (CPME)

- If you are currently insured with another company and are seeking to transfer to PatientChoice then we may agree to waive the moratorium.
- You will need to complete our CPME application form, which will ask you some questions about your medical history.
- If we agree to accept you on a CPME transfer basis then any exclusions or moratorium provisions on your current policy will be transferred to your PatientChoice policy, along with any other exclusions that our underwriters require.

#### How are the Benefits reviewed?

- From time to time it may be necessary to adjust the allocated banding of individual procedures either, up or down to reflect changes in technology or the cost of treatment.

#### RENEWING YOUR POLICY

- At least 21 days before each policy renewal date, you will be advised of the premium and terms and conditions that will apply for the following year.
- Premiums may increase at the annual renewal.

#### DETAILS OF OUR REGULATOR

Both Great Lakes Reinsurance (UK) PLC and PatientChoice Ltd are authorised and regulated by the Financial Services Authority (FSA). The FSA website, which includes a register of all regulated firms can be visited at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register). The FSA telephone number is 0845 606 1234.

#### FINANCIAL SERVICES COMPENSATION SCHEME

Great Lakes Reinsurance (UK) PLC is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if Great Lakes Reinsurance (UK) PLC is unable to meet its obligations to you under this contract. General Insurance products are normally covered for 90% of the claim with no upper limit. Further information about the scheme is available from the Financial Services Compensation Scheme, 7th floor, Lloyd's Chambers, Portoken Street, London, E1 8BN, and on their website at [www.fscs.org.uk](http://www.fscs.org.uk).

### DURATION OF THIS INSURANCE

- The period of insurance will be for 12 months unless otherwise agreed by the Insurer.
- The period of insurance will be shown in the schedule of insurance.

### CANCELLATION RIGHTS

- You may cancel this insurance within 14 days of the later of the day you purchase this insurance or the day on which you receive the policy document and receive a full refund of the premium paid.
- The Insurer reserves its rights to refund any premium if you have made a claim on this policy.

### HOW TO MAKE A CLAIM

- Should you need to make a claim under this policy you can do so by calling us on 0800 012 2008 between the hours of 9am and 6pm Monday to Friday.

### HOW TO MAKE A COMPLAINT

- We are dedicated to providing you with a high standard of service and we want to ensure we maintain these standards at all times. If you feel that we have not offered you a first class service please write and tell us and we will do our best to resolve the problem. If you are unhappy with the service that you have received from us or our representatives, you can contact PatientChoice at the address shown on the last page of this document.
- If your complaint is not dealt with to your satisfaction, you should then contact our underwriters, Great Lakes Reinsurance (UK) PLC, at the address shown on the last page of this document.
- If you feel that your complaint has still not been brought to a satisfactory conclusion you may direct your complaint to the Financial Ombudsman Service at South Quay Plaza, 183 Marsh Wall, London E14 9SR, Tel; 0845 080 1800. Complaining to the Ombudsman does not prejudice your rights to take legal action.

### OTHER USEFUL INFORMATION

- Who can be covered by PatientChoice?
- PatientChoice is available to any individuals resident in the UK for a minimum of 180 days a year who are 18 and over and join before their 80th birthday.

# Premier Hospital Treatment Plan

## Key Features

The information provided in this summary is key information you should read. This summary does NOT contain the full terms, conditions, excesses and exclusions. These are detailed in the attached Policy Terms and Conditions and on your certificate.

### NAME OF THE INSURER

- The Insurer is Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.
- The Premier Hospital Treatment Plan is administered for Great Lakes Reinsurance (UK) PLC by PatientChoice Limited.

### THE AIMS OF THIS INSURANCE

- To provide you with monetary benefits to purchase medical consultations, scans and diagnostic tests.
- To provide you with cash benefits if you have medical consultations scans and diagnostic tests in the NHS.
- To provide you with monetary benefits to purchase private treatment for defined operations and medical procedures.
- To provide you with cash benefits if you have treatment for defined operations and medical procedures in the NHS.

### SIGNIFICANT FEATURES AND BENEFITS

What the PatientChoice Premier Hospital Treatment Plan covers you for:

- The Premier Hospital Treatment Plan is a medical insurance policy that covers you for various Out-Patient Benefits and In-Patient Benefits as follows:

#### 1. Specialist Consultations, Scans and Diagnostic Tests (Out-Patient Benefits)

These are defined as:

- Medical Consultations.
- CT, MRI and PET Scans.
- Diagnostic Tests

#### 2. Operations and Medical Procedures (In-Patient Benefits) These are generally defined as any of the following:

- Medical procedures requiring a general anaesthetic.
- Medical procedures requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife.
- Endoscopic (fibre-optic) procedures.
- Angiography and angioplasty (treatment of blood vessels).
- Chemotherapy and radiotherapy (following an operation).

The policy provides you with funds to spend on your medical care if you need a procedure and all covered procedures are graded into 1 of 12 Bands of Benefit in accordance with the PatientChoice Schedule of Procedures which can be found on our website at [www.patientchoice.org](http://www.patientchoice.org), or on request from PatientChoice Limited.

#### How the Specialist Consultation, Scan and Diagnostic Test Benefits work.

- Each consultation, scan or diagnostic test is categorised into one of three bands, each with a different benefit level depending whether treatment is undertaken privately or within the NHS.
- You can claim up to the amount stated in each band in each year.

- There is an annual excess applicable to this section.

#### How the Specialist Consultation, Scan and Diagnostic Test Private Benefits work

- If you choose to receive treatment privately, PatientChoice will pay your costs up to the amount specified in the PatientChoice Premier Out-Patient Table of Benefits.
- Any bills not covered by the amount payable specified in the Table of Benefits will need to be paid out of your own funds.

#### How the Specialist Consultation, Scan and Diagnostic Test NHS Benefits work

- If you choose to receive your medical care from the NHS, we will pay you the cash benefit appropriate for that procedure according to the PatientChoice Out-Patient Table of Benefits.

#### How the Medical Procedure Benefits work

- Each surgical or medical procedure is categorised into one of twelve bands, each with a different benefit level depending on the complexity of the procedure and whether treatment is undertaken privately or within the NHS.
- A full list of benefits is available on our website at [www.patientchoice.org](http://www.patientchoice.org).
- Benefits are payable only whilst cover remains in force.
- Examples of how the benefits work in practice are given in the Product Summary.
- You can make up to three claims per year in this section.

#### How the Medical Procedure Private Hospital Benefits work.

- If you choose to receive treatment in a private hospital, PatientChoice will pay your hospital costs as well as any related costs up to the amount specified in the PatientChoice Schedule of Procedures.
- As soon as all bills for your treatment have been settled, any unused surplus benefit amount will be paid to you by cheque.
- Any bills not covered by the amount payable specified in the PatientChoice Schedule of Procedures will need to be paid out of your own funds.
- You will have the choice of using our independent treatment sourcing service to negotiate a price for your care with a hospital on your behalf or you will be able to negotiate directly with a hospital. In either case you can keep any benefit that is not spent.

#### How the In-Patient NHS Benefits work.

- If you choose to receive your medical care from the NHS, we will pay you a cash benefit appropriate for that procedure according to the PatientChoice Schedule of Procedures.

### SIGNIFICANT EXCLUSIONS AND LIMITATIONS

- PatientChoice Hospital treatment Plans do not cover Accident and Emergency Care, pregnancy-related procedures, organ transplants or the cost of cosmetic surgery.
- Chemotherapy or radiotherapy are only covered if the treatment courses follow on from and are connected with cancer related surgery.

- There can be no absolute guarantee that the benefits offered by PatientChoice will cover the cost of every consultation, scan or insured medical procedure, although the benefits have been designed to do so.
- If the cost of a consultation, scan or medical procedure is more than the benefit entitlement then you will be responsible for paying any top-up required yourself.
- Extended medical treatment due to unforeseen complications, which are not covered by a fixed price package for a medical procedure, may result in the total bill exceeding the amount of cover.
- Consultations, Scans, Diagnostic Tests and Treatment relating to Chronic Conditions.
- The Policy document contains other standard exclusions, which you should read.

## DURATION OF THIS INSURANCE

- The period of insurance will be for 12 months unless otherwise agreed by the Insurer.
- The period of insurance will be shown in the schedule of insurance.

## CANCELLATION RIGHTS

- You may cancel this insurance within 14 days of the later of the day you purchase this insurance or the day on which you receive the policy document and receive a full refund of the premium paid.
- The Insurer reserves its rights to refund any premium if you have made a claim on this policy.

## HOW TO MAKE A CLAIM

- Should you need to make a claim under this policy you can do so by calling us on 0800 012 2008 between the hours of 9am and 6pm Monday to Friday.

## HOW TO MAKE A COMPLAINT

- We are dedicated to providing you with a high standard of service and we want to ensure we maintain these standards at all times. If you feel that we have not offered you a first class service please write and tell us and we will do our best to resolve the problem. If you are unhappy with the service that you have received from us or our representatives, you can contact PatientChoice at the address shown on the last page of this document.
- If your complaint is not dealt with to your satisfaction, you should then contact our underwriters, Great Lakes Reinsurance (UK) PLC, at the address shown on the last page of this document.
- If you feel that your complaint has still not been brought to a satisfactory conclusion you may direct your complaint to the Financial Ombudsman Service at South Quay Plaza, 183 Marsh Wall, London E14 9SR, Tel; 0845 080 1800. Complaining to the Ombudsman does not prejudice your rights to take legal action.

## OTHER USEFUL INFORMATION

- Who can be covered by PatientChoice?
- PatientChoice is available to any individuals resident in the UK for a minimum of 180 days a year who are 18 and over and join before their 80th birthday.

- An applicant's children may be covered providing they are between the ages of 1 and 21 years (or 25 years if they are in full-time education).
- Newborn children can be added to the policy on their first birthday.

## What Underwriting Options are available?

### Moratorium

- Unless otherwise specified in your policy certificate, you will not be covered for procedures relating to pre-existing conditions that you have suffered from in the 3-year period prior to becoming insured with PatientChoice.
- You will be covered for procedures related to these conditions once you have been free of symptoms, treatment and advice for 2 continuous years from the commencement date of your policy

### Continued Personal Medical Exclusions (CPME)

- If you are currently insured with another company and are seeking to transfer to PatientChoice then we may agree to waive the moratorium.
- You will need to complete our CPME application form, which will ask you some questions about your medical history.
- If we agree to accept you on a CPME transfer basis then any exclusions or moratorium provisions on your current policy will be transferred to your PatientChoice policy, along with any other exclusions that our underwriters require.

### How are the Benefits reviewed?

- From time to time it may be necessary to adjust the allocated banding of individual procedures either, up or down to reflect changes in technology or the cost of treatment.

### RENEWING YOUR POLICY

- At least 21 days before each policy renewal date, you will be advised of the premium and terms and conditions that will apply for the following year.
- Premiums may increase at the annual renewal.

### DETAILS OF OUR REGULATOR

Both Great Lakes Reinsurance (UK) PLC and PatientChoice Ltd are authorised and regulated by the Financial Services Authority (FSA). The FSA website, which includes a register of all regulated firms can be visited at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register). The FSA telephone number is 0845 606 1234.

### FINANCIAL SERVICES COMPENSATION SCHEME

Great Lakes Reinsurance (UK) PLC is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if Great Lakes Reinsurance (UK) PLC is unable to meet its obligations to you under this contract. General Insurance products are normally covered for 90% of the claim with no upper limit. Further information about the scheme is available from the Financial Services Compensation Scheme, 7th floor, Lloyd's Chambers, Portoken Street, London, E1 8BN, and on their website at [www.fscs.org.uk](http://www.fscs.org.uk).



The PatientChoice Essential Hospital Treatment Plan is insured and underwritten by The Foresters Friendly Society Limited who are authorised and regulated by the Financial Services Authority. FSA Registration Number 110029. You can check this at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by telephoning them on 0845 606 1234. Incorporated Friendly Society Number 110029.

The Ancient Order of Foresters Friendly Society Limited, 29 – 33 Shirley Road, Southampton SO15 3EW

The PatientChoice Access and Premier Hospital Treatment Plans are insured and underwritten by Great Lakes Reinsurance (UK) PLC who are authorised and regulated by the Financial Services Authority. FSA Registration Number 202715. You can check this at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by telephoning them on 0845 606 1234.

Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London EC3M 3AJ

PatientChoice Hospital Treatment Plans are administered for The Ancient Order of Foresters Friendly Society and Great Lakes Reinsurance (UK) PLC by PatientChoice Limited who are authorised and regulated by the Financial Services Authority. FSA Registration Number 309977. You can check this at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by telephoning them on 0845 606 1234.

PatientChoice Limited, Unit 1, Mulgrave Chambers, 26-28 Mulgrave Road, Sutton, Surrey SM2 6LE

Phone: 0800 012 2008, Fax: 020 7084 7459, Email: [sales@patientchoice.org](mailto:sales@patientchoice.org)

Further information on the classification and schedule of procedures may be found at [www.patientchoice.org](http://www.patientchoice.org)

Telephone calls may be recorded as part of our quality control process.

The PatientChoice Hospital Treatment Plans were developed by PatientChoice Limited.