

Policy Terms
and Conditions
and Key Features



Tomorrow's healthcare today



'IT'S OUR,
CHOICE'
—

Section A : Policy Terms and Conditions

- 1 About This Policy
- 2 General Policy Definitions
- 3 Making a Claim Under This Policy
- 4 Premiums
- 5 Reviews and Changes to This Policy
- 6 Cooling Off Period and Cancellations
- 7 Policy Benefits
- 8 Policy Exclusions
- 9 Adding and Deleting Company Employees and Dependants to The Policy
- 10 General Policy Conditions
- 11 Data Protection
- 12 Complaints Procedure

Section B : Key Features

Name of the Insurer

Its Aims

Making a claim

Your Commitment

Risks

What does the PatientChoice Essential Hospital Treatment Plan Cover?

How do the Benefits work?

How do the Private Hospital Benefits work?

How do the NHS Hospital Benefits work?

What is not covered?

How are the Benefits reviewed?

How do the Premium Rates work?

What is the Annual Review of Premiums?

What happens if I or my Employer stop(s) paying Premiums?

What if I change my mind?

Who can be covered by PatientChoice?

When does this Insurance end?

Who are the Ancient Order of Foresters Friendly Society Limited (Foresters Friendly Society Limited)?

Surrender Values

Death Benefits

Taxation

Applicable Law

Compensation

Complaints

Cancellation

Duty of Disclosure

1. About this Policy

What You need to know

Various provisions in this *Policy* restrict coverage. Please read the entire *Policy* carefully to determine *Your* rights, duties and what is and what is not covered.

Throughout this *Policy* the words '*You*' and '*Your*' refer to the *Insured Person(s)* named on the *Policy Certificate*. The words '*We*', '*Us*' and '*Our*' refer to the *Foresters Friendly Society Limited* who are the *Underwriters* providing this insurance or the scheme *Administrator* acting on behalf of the *Underwriters*.

Other words and phrases that appear in italics have special meaning. Please refer to GENERAL POLICY DEFINITIONS for their meaning.

The POLICY EXCLUSIONS section lists groups of procedures and situations that are not covered under this *Policy*.

What this Policy covers

The Essential Hospital Treatment Plan is an insurance *Policy* that provides fixed monetary benefits for *You* to spend should *You* need medical *Treatment* that requires a *Medical Procedure* in *Hospital*.

Benefits are designed to enable *You* to purchase *Treatment* at most *Private Hospitals* for conditions that are short term and curable. The *Policy* will pay for the costs of the *Treatment* up to the amount as shown in the POLICY BENEFITS under the PRIVATE HOSPITAL BENEFITS and any money that is left over between the benefit amount and the cost of the *Treatment* will be paid to *You* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf) as a cash benefit. Claims are paid when *You* receive *Treatment* in a *Hospital*. *You* can choose where *You* wish to have *Treatment* and the PatientChoice Customer Helpline (0800 012 2008) will assist *You* with *Your* claim depending on *Your* circumstances.

Should *You* choose to use the *NHS* rather than a *Private Hospital*; the *Policy* will pay *You* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf), the applicable *NHS* cash benefit as shown in the POLICY BENEFITS under the *NHS* BENEFITS.

What Your responsibilities are

If *You* are required to complete an *Application Form*, it is *Your* responsibility to ensure that the *Application Form* is completed accurately and to the best of *Your* knowledge. Any failure to complete the *Application Form* accurately may lead to the *Policy* being cancelled or claims not being paid.

In order to make a claim under this *Policy*, it is *Your* responsibility to obtain confirmation from a *Medical Specialist* that *Treatment* is required.

Should *You* choose to obtain *Treatment* at a *Hospital* which costs more than the amount payable as specified in the *Table of Benefits*, it is *Your* responsibility to pay for any difference (See MAKING A CLAIM UNDER THIS POLICY).

If *You* or *Your* employer stops paying premiums for this insurance, the *Policy* will be cancelled 30 days from the date on which the last premium was due and *Your* entitlement to benefits will cease.

2 General Policy Definitions

Definition	Meaning
Administrator	PatientChoice Limited or any other such firm We notify to <i>You</i> in writing.
Advice	Any consultation regarding a <i>Pre Existing Condition</i> or <i>Related Medical Condition</i> from a <i>General Practitioner</i> , <i>Medical Specialist</i> or therapist including the issue of any prescription or repeat prescription.
Angiography	A method of assessing the patency and characteristics of selected blood vessels by the injection of contrast medium.
Angioplasty	A method of attempting to alter the blood flow through a blood vessel by using either; or a combination of, a balloon, stent or laser.
Annual Review Date	The anniversary of the <i>Policyholder's Commencement Date</i> .
Application Form	The <i>Application Form</i> for this <i>Policy</i> .
Bands (1,2,3,4,5,6,7,8,9,10,11,12)	The <i>Bands</i> numbered 1 12 relate to claim benefits payable in accordance with the PatientChoice <i>Schedule of Procedures</i> .
Bilateral Procedures	The identical <i>Medical Procedure</i> occurring on different sides of the body.
Chemotherapy	A <i>Course</i> of intra venous, intra thecal, intravesical or intra peritoneal cytotoxic agents for the treatment of cancer; used as an adjuvant therapy not more than 180 days after cancer related surgery. Oral medication is excluded.
Classification of Medical Procedure	Means either <i>Band 1,2,3, 4, 5, 6, 7,8, 9 ,10,11</i> or 12 as listed in the <i>Table Of Benefits</i> and <i>Schedule of Procedures</i> .
Commencement Date	The date that <i>You</i> first become insured under this <i>Policy</i> or the date that <i>You</i> rejoin in the event that <i>Your Policy</i> is cancelled or not renewed.
Company	An organisation that has contracted with <i>Us</i> to provide cover under this <i>Policy</i> to all or a selected group of its <i>Employees</i> .

Course (of Chemotherapy or Radiotherapy)	A sequence of medical treatment sessions prescribed for a defined period of time following a <i>Diagnosis</i> of cancer. Any treatment session occurring within 90 days of another session is deemed to be part of the same <i>Course</i> .
Dependant(s)	Any of the following: <ul style="list-style-type: none"> • The Spouse or partner residing with the <i>Policyholder</i>. • The <i>Policyholder's</i> children who are older than 1 year of age until the <i>Annual Review Date</i> following their 21st Birthday. • Dependant children undergoing full time education may continue on the <i>Policy</i> until either such time that their education is complete; the <i>Annual Review Date</i> following their 25th Birthday; marriage or they cease to be financially dependant on the <i>Policyholder</i>, whichever is earlier.
Diagnosed/Diagnoses/Diagnosis	The unequivocal discovery and identification of a medical condition from the examination of symptoms using investigations such as X rays or blood tests, by a <i>Medical Specialist</i> .
Emergency Procedures	Procedures usually carried out in an Accident and Emergency Department or procedures carried out following admission into a <i>Hospital</i> via an Accident and Emergency Department or procedures carried out following same day referral to the <i>Hospital</i> by a <i>General Practitioner</i> or <i>Medical Specialist</i> or any other person.
Employee(s)	An <i>Employee</i> (or an ex <i>Employee</i>) of the <i>Company</i> who is considered by the <i>Company</i> to be eligible for inclusion.
Endoscopic Procedures	Procedures using an illuminated optical instrument used for internal investigations or for assistance with procedures associated with body cavities or organs. Some <i>Endoscopic Procedures</i> not carried out under General Anaesthetic are not covered (see exclusion 17).
Fee per Service (Treatment)	Medical <i>Treatment</i> which is charged as incurred, with the cost of care not fixed in advance.
Fixed Price (Package)	<i>Treatment</i> in a <i>Private Hospital</i> and for which the costs have been negotiated by <i>Yourself</i> or a third party nominated by <i>Us</i> .
Foresters Friendly Society	The Ancient Order of Foresters Friendly Society Ltd.
General Practitioner	A medical doctor in general practice who is registered with the General Medical Council and who is not a <i>Medical Specialist</i> .

Hospital(s)	An independent <i>Hospital</i> or nursing home registered in accordance with the Registered Homes Act 1984 or a <i>NHS Hospital</i> in the United Kingdom with specialist facilities for medical and surgical procedures. <i>Hospitals</i> in other countries may be included in this definition at <i>Our</i> discretion.
Insured Person(s)	<i>You</i> and the persons covered under this <i>Policy</i> as listed in the <i>Policy Certificate</i> .
Medical Condition(s)	Any disease, illness or injury.
Medical Procedure	An intervention carried out by a <i>Medical Specialist</i> in a <i>Hospital</i> involving one of the following: <ul style="list-style-type: none"> • A general anaesthetic. • A regional or local anaesthetic in conjunction with an incision involving a surgical knife. • <i>Endoscopic procedures</i>. • <i>Angiography and Angioplasty</i> (treatment of blood vessels). • <i>Chemotherapy and Radiotherapy</i> used as an adjuvant therapy not more than 180 days after (the same) cancer related surgery.
Medical Specialist	A Doctor who: <ul style="list-style-type: none"> • Holds an <i>NHS</i> Consultant post and; • is on the Specialist Register held by the General Medical Council and; • is under the age of 70 when <i>Treatment</i> is provided or; • who is otherwise approved by <i>Us</i> prior to any <i>Treatment</i> being administered.
NHS	Means the free to use public health service. For the purposes of this <i>Policy</i> , patients who undergo <i>NHS</i> subsidised procedures at either independent <i>Hospitals</i> or Independent Sector Treatment Centres (ISTCs) will be deemed to have received <i>NHS</i> treatment.
PatientChoice	PatientChoice who are the <i>Administrator</i> for this <i>Policy</i> .
Period of Cover	The duration of this <i>Policy</i> as detailed in the <i>Policy Certificate</i> .
Policy	The contract between the <i>Company</i> or <i>Yourself</i> and <i>Us</i> and which comprises the <i>Policy Certificate</i> and the <i>Policy Terms and Conditions</i> referred to therein.
Policy Certificate	The document accompanying this <i>Policy</i> which lists the persons covered, the <i>Commencement Date</i> and any special provisions relating to <i>Your</i> insurance.

Policyholder	A person who is insured under this <i>Policy</i> as listed in the <i>Policy Certificate</i> .
Pre Existing Condition(s)	Any disease, illness or injury for which: <ul style="list-style-type: none"> • You have received medication, <i>Advice</i> or treatment or <ul style="list-style-type: none"> • You have experienced symptoms, or were aware of, in the 3 years before the <i>Commencement Date</i> of <i>Your Policy</i>, whether the condition has been <i>Diagnosed</i> or not.
Private Hospital(s)	An independent <i>Hospital</i> or <i>NHS</i> pay bed, or any other establishment which <i>We</i> may decide to treat as a <i>Private Hospital</i> for the purpose of this <i>Policy</i> .
Private Treatment	Treatment not funded by the <i>NHS</i> , whether in a <i>NHS Hospital</i> or a <i>Private Hospital</i> .
Radiotherapy	A <i>Course</i> of high energy radiation from X rays, gamma rays, neutrons and other radioactive sources for the treatment of cancer; used as adjuvant therapy not more than 180 days after cancer related surgery.
Related Medical Condition	Any symptom, disease, illness or injury, which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.
Schedule of Procedures	The PatientChoice <i>Schedule of Procedures</i> classifying <i>Medical Procedures</i> according to their complexity. <i>Band 1</i> is the least complicated procedure and <i>Band 12</i> the most. The PatientChoice <i>Schedule of Procedures</i> can be found on <i>Our</i> website at www.patientchoice.org or on request from PatientChoice.
Self Pay (Treatment)	Medical treatment that is entirely paid for by <i>You</i> with a view to <i>You</i> claiming <i>Your</i> benefit entitlement after the event.
Specialist Consultation	An assessment of <i>Your</i> health by a <i>Medical Specialist</i> in the form of a medical history and, if required, manual examination.
Surgical Complication	An unexpected and unforeseen event that is the result of the original <i>Medical Procedure</i> or complaint or which arises after admission to <i>Hospital</i> .
Table Of Benefits	The benefits which are payable by <i>Us</i> under this <i>Policy</i> .
Treatment	The provision of a <i>Medical Procedure</i> as defined in the <i>Policy</i> .
Underwriters	<i>The Foresters Friendly Society Limited</i> providing this insurance.
We, Us , Our	<i>The Foresters Friendly Society Limited</i> or the scheme <i>Administrator</i> acting on behalf of the <i>Society</i> .
You/Your/Yourself	Persons covered (<i>Insured Persons</i>) under this <i>Policy</i> as listed in the <i>Policy Certificate</i> .

3. Making a Claim Under This Policy

Should *You* wish to make a claim on *Your Policy* or have any queries whether a condition is covered by this *Policy*, please call the PatientChoice Helpline on 0800 012 2008 between 9am to 6pm Monday to Friday.

When calling the Helpline please be aware *We* will need to ask certain questions so that *We* can confirm cover. It will help *Us* if *You* have the following information ready:

- *Your Policy* Number.
- The *Policyholder's* name and details of the person making the claim.
- What *Medical Condition* the person claiming is suffering from and when symptoms began.

Note: To avoid disappointment at the time of a claim, it is vital *You* telephone the PatientChoice Helpline (0800 012 2008) prior to *Treatment* to ensure that *You* have a valid claim and can be made aware of what level of assistance *You* will be entitled to.

In some cases, it may be necessary to obtain additional medical information to enable *Us* to confirm the benefit available to *You*. *You* will be asked to give *Your* permission on the claim form in accordance with the Access to Medical Records Act (1988). Any costs associated with obtaining this information will be paid by *Us*. No benefit will be payable until such additional information has been obtained.

Please remember that certain kinds of *Treatment* are not covered and failure to contact the PatientChoice Customer Helpline may result in *You* incurring personal costs. Please refer to section 8 POLICY EXCLUSIONS for full details of exclusions.

Please note that calls to *Our* Helpline may be monitored or recorded as part of *Our* training and quality assurance programs.

How to make a claim

If *You* believe that *You* have a claim under this *Policy*;

1. *You* must contact *Us* as soon as reasonably possible by telephone on 0800 012 2008 and before any *Medical Procedure* takes place.
2. *We* will then send *You* a claim form, which must be signed and dated by the *Medical Specialist* who considers the procedure necessary and returned to *Us* with any costs met by *Yourself*.
3. *You* will need to tell *Us* whether *You* wish to seek *Treatment* privately or under the NHS.
4. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your* condition is covered and should *You* wish, help *You* locate a suitable *Hospital* for *Your Treatment*.

What if I choose to be treated in a *Private Hospital*?

As soon as *Your* claim has been approved, *You* will be notified what level of benefit *You* are entitled to. If *You* decide to be treated in a *Private Hospital*, then *You* have several choices about how to use the benefit level to which *you* are entitled.

- *Fixed Price Package* many *Hospitals* are now offering *Fixed Price Packages* whereby the cost of the *Medical Procedure* and all associated costs are fixed. The cost of *Treatment* may vary depending on *Your* individual circumstances but *You* will know how much it will cost before *You* go into *Hospital*. Should *You* wish to take advantage of a *Fixed Price Package* then *You* can either use the third party *Treatment* sourcing service nominated by *Us* to arrange a *Fixed Price Package* on *Your* behalf or *You* can negotiate one directly with a *Hospital*. If *You* negotiate directly then *You* must tell *Us* as well so that *We* can arrange to make payment to the *Hospital* on *Your* behalf before *You* have the *Medical Procedure*. If the cost of *Treatment* is lower than the benefit level to which *You* are entitled, then *You* will be able to keep the surplus, which *We* will pay to *You* by cheque after *You* have received the *Treatment*. Once *You* have received any surplus *You* will be responsible for paying any further invoices that *You* receive.
- *Fee per service* some *Hospitals* may decline to offer a *Fixed Price Package* if either *You* are having an unusual procedure or if *Your* medical circumstances make it difficult to know how much the medical care will cost. In these cases *We* will be able to settle bills sent to *You* after *Your Treatment* providing *You* send *Us* the invoices and providing *Your* total benefit entitlement is not exceeded. If the total cost of *Treatment* is lower than the benefit level to which *You* are entitled, then *You* will be able to keep the surplus, which *We* will pay to *You* by cheque when *Your Treatment* is complete. Once *You* have received any surplus *You* will be responsible for paying any further invoices that *You* receive.
- *Self pay* *You* may wish to pay for all *Treatment Yourself* before claiming the benefit entitlement after the event. In this case *We* would simply provide the benefit entitlement to *You* directly on presentation of relevant invoices. Please be sure to always contact the PatientChoice helpline (0800 012 2008) before *You* have *Your Medical Procedure*, even if *You* intend to claim *Your* entitlement afterwards.

What happens if I choose to be treated in the NHS?

Once the claim has been approved by *Us* and *We* have been presented with evidence of *You* having undergone the *Medical Procedure* within the *NHS*, *We* will pay the appropriate benefit applicable to the *Classification of Medical Procedure* as shown in the *Table of Benefits*. Payment will be made by cheque directly to *You* within 10 working days.

Cash payments for Company Employees

If you are a member of a company that is purchasing this insurance on *Your* behalf the terms of any surplus or cash payments may differ from the above and these will be stated on *Your Policy Certificate*.

4. Premiums

The first premium is payable at the *Commencement Date* of this *Policy* and thereafter as specified in the *Policy Certificate*. The amount of the premium is reviewable at the *Annual Review Date*.

For *Company* paid groups the *Company* is responsible for paying the premium for its *Employee(s)* and their *Dependants* (if eligible).

If *You* or *Your* employer stops paying premiums for this insurance, benefits will end when the period covered by the premium payment has expired or when any premium has not been paid by or within 30 days of the normal due date.

There will be no premium refund in the event of the death of any *Policyholder* and/or *Dependant(s)* covered under this *Policy*, although valid claims will still be paid in accordance with the *Policy* terms & conditions.

All premiums must be made payable to PatientChoice and are processed by the *Administrator* acting as *Our* agent, or otherwise to *Us* as *We* may direct in writing.

5. Reviews and Changes to This Policy

We may review the premiums at each *Annual Review Date* of this *Policy* (see GENERAL POLICY CONDITIONS No. 10). At each *Annual Review Date* of this *Policy* *We* will notify *You* of any changes to the premiums payable for continuance of this *Policy*. Any such notification will be made in writing before each *Annual Review Date*.

Occasionally *We* may vary the *Table of Benefits* to reflect any changes in medical technology and inflation of medical costs. *We* will notify *You* in advance of any such changes which shall become effective during this *Policy*.

We reserve the right from time to time, to review and adjust the allocated banding of individual procedures under the *Schedule of Procedures* either up or down to reflect changes in technology or the cost of *Treatment*. *We* will notify *You* in advance of any such changes which shall become effective during this *Policy* and any such review will pay due regard to the original aims and intentions of this *Policy* and to the interests of all PatientChoice policyholders. The *Schedule of Procedures* can be found on *Our* website at www.patientchoice.org or on request from PatientChoice.

You may add a *Dependant* to this *Policy* providing *You* inform *Us* in advance of the date that *You* wish them to become covered under this *Policy*. Upon acceptance *We* will advise *You* of any changes to *Your* premium which shall be applicable from the date that they join the scheme.

6. Cooling Off Period and Cancellations

Cooling off Period

A statutory cancellation notice will be sent with *Your* documents and *You* will then have 30 days from the receipt of the notice within which to cancel the contract if *You* do not wish to go ahead with it. If *You* or *Your Company* wish to cancel *Your Policy*, *You* must return the documents within 30 days to *Us* at PatientChoice Limited, Unit 1 Mulgrave Chambers, 26 28 Mulgrave Road, Sutton, Surrey SM2 6LE and providing *You* and/or *Your Dependants* (if applicable) have not made a claim, *We* will make a refund in full.

Cancellations

At any other time, and provided *We* have been notified in writing at least 10 working days in advance of the required cancellation date, *You*, or *Your Company*, may cancel this *Policy*. In the event of cancellation, if premiums are paid annually, premiums will be refunded on a pro rata basis (if applicable).

If premiums are paid on a monthly basis by Direct Debit, premium payments will cease from the next instalment date providing that 10 working days notice has been given.

If a claim has been made during the current *Period of Cover*, *We* will not return any premium to *You*. If *You* are paying by instalments, *You* must pay *Us* the balance of the premium due until the date of cancellation.

We reserve the right to refuse to renew or to cancel this *Policy* at any time despite any other terms of this contract if *You* or *Your Company*:

1. Have/has not acted in good faith and have/has misled *Us* by withholding material facts or by mis statement.
2. Have/has not paid the premium within 30 days of the normal due date.
3. Cease to be resident in the United Kingdom for more than 180 days per year.
4. Have/has breached the terms of this *Policy*.

7. Policy Benefits

This Policy covers You for Medical Procedures which are not specifically excluded by this Policy:

Medical Procedures are defined as an intervention carried out by a Medical Specialist in a Hospital involving one of the following:

1. A general anaesthetic.
2. A regional or local anaesthetic in conjunction with an incision involving a surgical knife.
3. Endoscopic (fibre optic) procedures.
4. Angiography and Angioplasty.
5. Chemotherapy and Radiotherapy when used as adjuvant therapy not more than 180 days after cancer related surgery.

Medical Procedures are allocated a Classification of Medical Procedure according to their complexity. Band 1 is the least complicated procedure and Band 12 the most. The Schedule of Procedures contains a full listing of the category allocations and is available at www.patientchoice.org or upon request from PatientChoice.

You may claim for up to 3 Medical Procedures in any Policy Year for each person insured under this Policy.

You may submit a claim after Treatment has been received providing that a claim form is received by Us within 6 months of the Treatment date and provided that You have had prior approval from Us.

If You undergo more than one planned Medical Procedure at the same time, We will pay for the procedure in the highest Band only. Exceptions to this are Bilateral Procedures where We will pay one Band higher than the cost of the procedure performed on a single side unless otherwise indicated.

If, at the time of Your initial Medical Procedure, You suffer a Surgical Complication and require a more serious procedure, We will pay the cost of the higher banded procedure in accordance with the Schedule of Procedures, unless Your Treatment is part of a Fixed Price package.

The Policy does not cover You for complications which exceed the applicable benefit limit unless the complications are a separate Medical Procedure as determined by the Schedule of Procedures.

Any further Medical Procedures after the initial Treatment will be treated as a separate claim.

Table of Benefits

PRIVATE HOSPITAL BENEFITS

If You choose to receive *Treatment* in a *Private Hospital*, once We have received all the necessary paperwork, We will pay Your *Hospital* costs as well as any related costs up to the amount specified in the table below and in accordance with the *Classification of Medical Procedure*. Once all bills for Your *Treatment* have been settled, We will return any surplus benefit to You by cheque (except if otherwise agreed with Your employer if You are a member of a company that is purchasing this insurance on Your behalf).

Classification of Medical Procedure	Private Hospital Benefits
Band 1	£850
Band 2	£1,500
Band 3	£2,500
Band 4	£3,500
Band 5	£4,500
Band 6	£6,000
Band 7	£7,500
Band 8	£10,000
Band 9	£12,500
Band 10	£15,000
Band 11	£20,000
Band 12	£25,000

NHS BENEFITS

If You choose to receive *Treatment* within the *NHS*, once We have received all the necessary paperwork, We will send You a cheque according to the *Classification of Medical Procedure* as stated in the following table (except if otherwise agreed with Your employer if You are a member of a company that is purchasing this insurance on Your behalf):

Classification of Medical Procedure	NHS Benefits
Band 1	£200
Band 2	£350
Band 3	£650
Band 4	£850
Band 5	£1,200
Band 6	£1,500
Band 7	£2,000
Band 8	£2,500
Band 9	£3,000
Band 10	£3,500
Band 11	£4,000
Band 12	£5,000

8. Policy Exclusions

Specific Exclusions

The *Policy* will not pay claims which are, or arise from any of the following:

- 1 *Pre Existing Conditions* Unless otherwise specified, conditions and related conditions that *You* have suffered from in the 3 year period prior to becoming insured under this *Policy* will not be covered. These may become covered once *You* have been free of symptoms, treatment and *Advice* for 2 years from the *Commencement Date* of the *Policy*. Eligible new conditions will be covered under this *Policy* if first *Diagnosed* after the *Commencement Date*.
- 2 *Emergency Procedures*.
- 3 Procedures which are not 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 Procedures*.
 - *Angiography* and *Angioplasty*.
 - *Chemotherapy* and *Radiotherapy* when used as adjuvant therapy not more than 180 days after cancer related surgery.
- 4 Procedures which solely involve needle injections, needle biopsies or needle procedures for *Diagnostic* or therapeutic reasons with or without radiographic guidance.
- 5 CT, MRI or Ultrasound scans or procedures requiring CT, MRI or Ultrasound scans for guidance, such as CT guided needle biopsies.
- 6 Insertion of hormonal or therapeutic implants.
- 7 Correction of Congenital Abnormalities.
- 8 Procedures carried out on a person less than 12 months old.
- 9 *Cosmetic Treatment* whether or not it is for psychological or religious purposes including following an accident, injury or illness.
- 10 *Dental Conditions* any dental condition or dentistry, including gum conditions and wisdom tooth extraction.
- 11 *Fertility or Infertility Treatment* or any treatment relating exclusively thereto.
- 12 *Gender Reassignment* or any treatment whether or not it is for psychological purposes.
- 13 *Organ Transplants & Donations*.
- 14 *Pregnancy and/or Childbirth* or any treatment or investigations relating to pregnancy or childbirth including foetal operations.
- 15 Procedures relating to colposcopy other than knife cone biopsies.

16 Endoscopies the following endoscopies are excluded unless they are carried out as part of an examination under general anaesthetic (GA):

- I. nasal sinus endoscopy
- II. pharyngoscopy
- III. laryngoscopy
- IV. flexible and rigid sigmoidoscopy
- V. hysteroscopy

17 Renal Failure supportive treatment including dialysis.

18 Vasectomy.

19 Services or treatment at any long term care facility, nursing home, spa hydro clinic or sanatorium that is not a *Hospital*.

20 Any other exclusion as listed in *Your Policy Certificate*.

General Exclusions

The *Policy* will not pay claims which are, or arise from, any of the following:

21 *Medical Conditions* either directly or indirectly arising from or associated with alcohol, solvent abuse, and/or drug dependency.

22 *Your* failure to seek and follow the medical advice of a *Medical Specialist* relating to the treatment of a specific condition.

23 Self inflicted injuries, illness, disease or any condition intentionally self inflicted or self infected or arising from suicide attempts, including treatment required as a result of attempted suicide.

24 *Psychiatric Treatment* *Treatment* associated with psychiatric conditions and any *Related Medical Condition*.

25 *Treatment*, directly or indirectly arising from, or as a consequence of:

- I. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, terrorism, military or usurped power.
- II. Any criminal action, including provoked assault, fighting (except in bona fide self defence).
- III. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

26 *Treatment* directly or indirectly arising from or as a consequence of:

- I. Work that involves handling explosives, toxic chemicals, deep sea diving or outdoor activity at heights above 50 feet.
- II. Professional Sports where a fee is received for training or playing.
- III. Injury sustained whilst participating in dangerous or hazardous sporting activity including, but not limited to: mountaineering; rock climbing; motor sports including motor cycle sport; aviation other than as a fare paying passenger; ballooning; bungee

jumping; hang gliding; micro lighting; parachuting; paragliding or parasailing; potholing or caving; power boat racing; white water rafting; competitive yachting or sailing; bobsledding; competitive canoeing or kayaking; judo or martial arts; scuba diving or extreme sports such as free diving; base jumping, ski racing and ice climbing.

- IV. Development delay learning and/or language disabilities.
- V. Any sexually transmitted disease.

9. Adding and Deleting Company Employees and Dependants to the Policy (Group Schemes)

Adding company employees and dependants

Cover for new eligible *Employees* and their *Dependant(s)* can be obtained by either writing to *Us* or if required by submitting a *Group Membership Application Form* to *PatientChoice* in advance of the required start date.

If premiums are paid annually, the premium for new *Employees* and their *Dependant(s)* that join mid term will be calculated on a pro rata basis.

If premiums are paid on a monthly basis by Direct Debit, the premium for new *Employee(s)* and their *Dependant(s)* that join mid term will be one monthly premium for each month and part month that they are covered under this *Policy*.

Deleting Company employees and dependants

Employee(s) and their *Dependant(s)* may be deleted from the *Policy* providing that 10 working days notice is received in advance of the required cancellation date.

If premiums are paid annually, *Employee(s)* and their *Dependant(s)* may be deleted mid term with the premium refunded on a pro rata basis.

If premiums are paid on a monthly basis by Direct Debit, *Employee(s)* and their *Dependants(s)* may be deleted mid term and the premium will be recalculated as one monthly premium for each month and part month that they are covered under this *Policy*.

10. General Policy Conditions

1 Who is Covered?

- Any individual named as an *Insured Person* on the *Policy Certificate*, but only if they reside in the United Kingdom of Great Britain and Northern Ireland for 180 days or more per year;
- *Dependants* who are detailed in the *Policy Certificate*;
- Newborn children may only be covered under this *Policy* from the date that they become one year old and providing a written application is made to and accepted by *Us*.

2 Claims This *Policy* provides cover for *Treatment* received while *You* are covered under this *Policy*.

- 3 All operations and covered *Medical Conditions* under this *Policy* are graded into 12 *Bands* in accordance with the *Schedule of Procedures*, which is available at www.patientchoice.org or upon request from PatientChoice.
- 4 You can claim for up to 3 separate *Medical Procedures* in any consecutive 12 month period per *Insured Person* under this *Policy*.
- 5 The maximum amount that You may claim under this *Policy*, over all *Policy Years*, is limited to £250,000 per *Insured Person*.
- 6 In the event of Your death whilst you are covered under this *Policy*, We will pay a lump sum of £1,500 to assist with funeral costs.
- 7 Payment of cash sums will be made to either Yourself, a legally appointed nominee or in the event of the death of the *Policyholder*, legal representatives of the deceased, estate by cheque.
- 8 Premiums Your premium together with the Insurance Premium Tax (IPT) is payable by You or Your employer at the *Commencement Date* of this *Policy* and in monthly or annual instalments thereafter. We reserve the right to cancel this *Policy* should the premium not be paid within 30 days of the normal due date.
- 9 Moratorium Unless otherwise specified, conditions and related conditions that You have suffered from in the 3 year period prior to becoming insured under this *Policy* will not be covered but may become covered once You have been free of symptoms, treatment or Advice for 2 continuous years from the start of this cover. Eligible new conditions will be covered immediately.
- 10 Revision of terms We may vary the *Table of Benefits* and *Schedule of Procedures* to reflect any changes in technology and the cost of treatment. Any such review will pay due regard to the original aims and intentions of this *Policy* and to the interests of all PatientChoice policyholders. We will notify You in advance of any such changes which shall become effective during this *Policy*. Any such notifications will be made in writing. We may vary the premiums from time to time to reflect the actual and expected claims experience of our policies. Group or affinity business and individual business will be considered separately. At each *Annual Review Date* of this *Policy*, We will notify You of any changes to the premiums payable under this *Policy*. Any such notification will be made in writing.
- 11 We reserve the right to amend the *Administrator* to this scheme and any change will be notified in advance in writing.
- 12 You must inform Us at the time of making a claim whether the cost of *Treatment* is covered under another contract of insurance. We reserve the right to reduce benefits if payment has been made by another insurer.
- 13 You must inform Us whether the cost of *Treatment* could be recovered from a Third Party. We may commence proceedings in Your name against a Third Party to recover benefits that have been paid under this *Policy* by Us.
- 14 This *Policy*, along with the *Policy Certificate*, *Application Form*, *Table of Benefits* and the *Schedule of Procedures* are evidence of the insurance contract and are governed by and subject to the Laws of England.
- 15 Patient Choice Essential Policies are part of the taxable life and endowment business of Foresters Friendly Society.

11. Data Protection



We are registered under the Data Protection Act 1998. In addition to the information gathered from *You* in relationship to any applications for products from *Us*, We will also need to maintain other records for general insurance administrative purposes, for offering renewal, for research and statistical purposes and for crime prevention.

We maintain all the information on computer and/or paper files. Information will only be disclosed to third parties where it is necessary to do so, in whatever format is considered appropriate by *Us*, limited to:

- 1 Outside consultants and agents as appointed by *Us*, only as may prove necessary in performing *Our* obligations to *You*.
- 2 Product providers, in relation to products that may be offered by *Us* operating as an intermediary for specific products.
- 3 The Regulators (mainly the Financial Services Authority who have legal authority to check all of *Our* records), or governmental agencies with the legal rights to demand disclosure.
- 4 We do not disclose information to Third Parties other than those stated, not lending, selling, or in any other way sharing *Our* membership lists or information.

CCTV recording may take place in *Our* premises for security purposes.

Telephone calls may be recorded for monitoring and/or training purposes.

12. Complaints Procedure

Making a Complaint if at any time *You* are unhappy with the service that *You* have received from *Us* or *Our* representatives, *You* can contact *Our Administrators* at the following address at any time:

The Customer Service Manager;
PatientChoice Ltd
Unit 1 Mulgrave Chambers
26 28 Mulgrave Road
Sutton
Surrey SM2 6LE

Alternatively *You* can contact *Our Underwriters* at the following address:

The Compliance Officer
The Ancient Order of Foresters Friendly Society Limited
29 33 Shirley Road,
Southampton SO15 3EW
Tel: 023 8022 9655
Fax: 023 8022 9657

If *You* feel that *Your* complaint has not been brought to a satisfactory conclusion, *You* can direct *Your* complaint to the Financial Ombudsman Service, Customer Contact Division at

South Quay Plaza,
183 Marsh Wall,
London E14 9SR

Tel: 0845 080 1800
Email: complaint.info@financialombudsman.org.uk

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 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.
- 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.

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, Portoken Street, London, E1 8BN, and on their website at 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.

The PatientChoice Essential Hospital Treatment Plan is administered for The Foresters Friendly Society Limited 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 or by telephoning them on 0845 606 1234.

PatientChoice Limited
Unit 1 Mulgrave Chambers
26-28 Mulgrave Road
Sutton
Surrey SM2 6LE Tel: 0800 012 2008
Fax: 0800 012 2009
Email: info@patientchoice.org
www.patientchoice.org

Telephone calls may be recorded as part of Our quality control process. Lines are open between 9am and 6pm Monday to Friday. Calls are free of charge when dialled from a UK landline.

The PatientChoice Essential Hospital Treatment Plan is underwritten by The Ancient Order of Foresters Friendly Society Limited.

The Ancient Order of Foresters Friendly Society Limited
29-33 Shirley Road,
Southampton SO15 3EW
Tel: 023 8022 9655
Fax: 023 8022 9657
Email: mail@forestersfriendlysociety.co.uk

The Society is authorised and regulated by the Financial Services Authority. FSA Registration Number 110029. You can check this at www.fsa.gov.uk/register or by telephoning them on 0845 606 1234. Incorporated Friendly Society No. 511F.

