

Policy Terms
and Conditions
and Key Features



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CHOICE'*

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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 Great Lakes Reinsurance (UK) PLC 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 EXCLUSIONS section lists groups of procedures and situations that are not covered under this *Policy*.

What this Policy covers

The PatientChoice Premier Hospital Treatment Plan is an insurance *Policy* that provides benefits for *You* to spend should *You* need *Specialist Consultations*, *Scans*, *Diagnostic Tests* and/or medical *Treatment* that requires a *Medical Procedure* in *Hospital*.

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

Out Patient Benefits provide cover for usual and customary charges for *Specialist Consultations*, *CT, MRI & PET Scans* and *Diagnostic Tests* (known as *Out Patient Events*). The *Policy* will pay for the costs of these *Out Patient Events* up to the amount as shown in the POLICY BENEFITS section under the TABLE OF BENEFITS Section I Out Patient Benefits (PRIVATE BENEFITS).

Claims are paid when *You* have an *Out Patient Event*. *You* can choose where *You* wish to have these activities 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* for *Out Patient Events*, 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 Section I Out Patient Benefits under the TABLE OF BENEFITS (*NHS BENEFITS*).

What Your responsibilities are

In order to make a claim for a *Specialist Consultation* under the Out Patient section of this *Policy*, it is *Your* responsibility to obtain confirmation from *Your General Practitioner* that a *Specialist Consultation* is required. In order to make a claim for a *CT, MRI, PET Scan* or *Diagnostic Test* under the Out Patient section of this *Policy*, it is *Your* responsibility to obtain confirmation from the *Medical Specialist* that a *CT, MRI, PET Scan* or a *Diagnostic Test* is required.

Should *You* choose to undertake *Specialist Consultations, CT, MRI, PET Scans* or *Diagnostic Tests* 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.

Medical Procedures (In-Patient Benefits)

In Patient 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 section under the TABLE OF BENEFITS Section 2 In Patient Benefits (PRIVATE HOSPITAL BENEFITS).

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 Section 2 In Patient Benefits under the TABLE OF BENEFITS (*NHS* BENEFITS).

What *Your* responsibilities are

In order to make a claim under the In Patient section of 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 Renewal 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 / 2 relate to claim benefits payable in accordance with the <i>PatientChoice 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.
Chronic Condition	A disease, illness, or injury that has one or more of the following characteristics: <ul style="list-style-type: none"> • it needs ongoing or long term monitoring through consultations, examinations check ups, and / or tests • it needs ongoing or long term control or relief of symptoms • it requires your rehabilitation or for you to be specially trained to cope with it • it continues indefinitely • it has no known cure • it comes back or is likely to come back
Classification of Medical Procedure	Means either <i>Band 1,2,3, 4, 5, 6, 7,8,9,10,11 or 12</i> as listed in the <i>Table Of Benefits and 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> .
CT Scan(s)	Computed tomography (also known as CT, CT scan, CAT, or computerized axial tomography) scan using X rays to produce precise cross sectional images of anatomical structures, including the interpretation of that scan by a <i>Medical Specialist</i> .

Dependant(s)	<p>Any of the following:</p> <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 Renewal 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 Renewal 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> .
Diagnostic Test (s)	Blood Tests, Electocardiograms, Ultrasound Scans, X Rays, Biopsies, Cryotherapy, Pathology, Dressings and Wound Care, when referred 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 18).
Fee per Service (Treatment)	<i>Medical 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> .
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)	You 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</i> and <i>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 <ul style="list-style-type: none"> • who is otherwise approved by <i>Us</i> prior to any <i>Treatment</i> being administered.
MRI Scan(s)	Magnetic resonance imaging scan producing images of anatomical structures, including the interpretation of that scan by a <i>Medical Specialist</i> .
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.
Out Patient Event(s)	1. A visit to a Consultant who is a <i>Medical Specialist</i> or; 2. A <i>MRI Scan</i> or; 3. A <i>CT Scan</i> or; 4. A <i>PET Scan</i> or; 5. A <i>Diagnostic Test</i>
PatientChoice	PatientChoice Ltd 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> .
PET Scan(s)	Positron emission tomography producing images of anatomical structures, including the interpretation of that scan by a <i>Medical Specialist</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 Year	12 Calendar months from the <i>Commencement Date</i> or <i>Annual Renewal Date</i> of this <i>Policy</i> .
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"> • <i>You</i> have received medication, <i>Advice</i> or treatment or • <i>You</i> 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> .
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 Limited.
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	Great Lakes Reinsurance (UK) PLC
We, Us , Our	Great Lakes Reinsurance (UK) PLC or the scheme <i>Administrator</i> who is acting on behalf of them.
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 any *Specialist Consultations, CT, MRI, PET Scans, Diagnostic Tests* or *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 Premier 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 some *Specialist Consultations, CT, MRI, PET Scans, Diagnostic Tests* and certain kinds of *Treatment* are not covered and failure to contact the PatientChoice Customer Helpline may result in *You* incurring personal costs. In particular *You* should note that *CT, MRI, PET Scans, Diagnostic Tests* and *Treatment* must be requested by a *Medical Specialist* and *You* must have been referred to this *Medical Specialist* by *Your General Practitioner*. 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 for Private Specialist Consultations, CT, MRI PET Scans and Diagnostic Tests with this Policy

If *You* believe that *You* have a claim under this *Policy* for a *Specialist Consultation* in a *Private Hospital*;

1. *You* must contact *Us* as soon as reasonably possible by telephone on 0800 012 2008 and before any *Specialist Consultation* takes place.

2. We will then send *You* a claim form. The claim form has 3 sections. *You* must complete Section 1 and the *Medical Specialist* must complete Section 2. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. Section 3 does not need to be completed unless *You* are having a *Medical Procedure*. Section 1 and 2 of the claim form need to be returned to *Us*.
3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your Specialist Consultation* is covered.
4. If *Your* claim is approved *We* will pay for the cost of the *Specialist Consultation* after the deduction of any excess up to the applicable limit to the *Medical Specialist*. On some occasions, if *We* do not have enough information or time to process *Your* claim prior to *Your Specialist Consultation* taking place, it may be necessary for *You* to pay for the *Specialist Consultation Yourself* and claim back the cost after the deduction of any excess up to the applicable limit. In such cases *We* will pay for the cost of the *Specialist Consultation* up to the applicable limit after the deduction of any excess to *You* by cheque within 10 days of *Our* receiving the fully completed claim form.

If *You* believe that *You* have a claim under this *Policy* for a *CT, MRI, PET Scan* or *Diagnostic Test* in a *Private Hospital*;

1. *You* must contact *Us* as soon as reasonably possible by telephone on 0800 012 2008 and before any *CT, MRI, PET Scans* or *Diagnostic Tests* take place.
2. If *You* have already been sent a claim form and returned Section 1 and Section 2 as part of a claim under this *Policy* for a *Specialist Consultation* then *We* may be able to assess *Your* claim without requesting any further information. Otherwise *We* will send *You* a claim form. The claim form has 3 sections. *You* must complete the Section 1 and the *Medical Specialist* must complete Section 2. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. Section 3 does not need to be completed unless *You* are having a *Medical Procedure*. Section 1 and 2 of the claim form need to be returned to *Us*.
3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your CT, MRI, PET Scan* or *Diagnostic Test* is covered.
4. If *Your* claim is approved *We* will pay for the cost of the *CT, MRI, PET Scan* or *Diagnostic Test* after the deduction of any excess up to the applicable limit to the *Private Hospital*. On some occasions if *We* do not have enough information or time to process *Your* claim prior to *Your CT, MRI, PET Scan* or *Diagnostic Test* taking place, it may be necessary for *You* to pay for the *CT, MRI* or *PET Scan Yourself* and claim back the cost after the deduction of any excess up to the applicable limit. In such cases *We* will pay for the cost of the *CT, MRI, PET Scan* or *Diagnostic Test* up to the applicable limit after the deduction of any excess to *You* by cheque within 10 days of *Our* receiving the fully completed claim form.

How to make a claim for *Specialist Consultations, CT, MRI, PET Scans* and *Diagnostic Tests* in the *NHS* with this *Policy*

1. *You* must contact *Us* as soon as reasonably possible by telephone on 0800 012 2008 and before any *Specialist Consultations, CT, MRI, PET Scans* and *Diagnostic Tests* take place.

2. We will then send *You* a claim form. The claim form has 3 sections. *You* must complete Section 1 and the *Medical Specialist* must complete Section 2. Both Section 1 and Section 2 need to be returned to *Us*. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. Section 3 does not need to be completed unless *You* are having a *Medical Procedure*.
3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your Specialist Consultation, CT, MRI, PET Scan or Diagnostic Test* is covered.
4. If *Your* claim is approved payment will be made by cheque directly to *You* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf), within 10 working days of *Our* receiving the fully completed claim form.

How to make a claim for a *Medical Procedure* with this *Policy*

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. If *You* have already been sent a claim form and returned Section 1 and Section 2 as part of a claim under this *Policy* for a *Specialist Consultation, CT, MRI, PET Scan or Diagnostic Test* then *We* only require the *Medical Specialist* to complete Section 3 of the claim form. Otherwise *We* will send *You* a claim form. The claim form has 3 sections. *You* must complete the first section and the *Medical Specialist* must complete Section 2 and Section 3. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. All sections of the claim form need to be returned to *Us*.
3. 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 *Our 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* or *Your* employer (if *Your* Employer has purchased this cover on *Your* behalf) within 10 working days.

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 Renewal 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 Renewal Date* of this *Policy*. (See GENERAL POLICY CONDITIONS PARAGRAPH 9). At each *Annual Renewal 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 Renewal Date*.

Occasionally We may vary the *Table of Benefits* to reflect any changes in medical technology and inflation of medical costs.

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*. 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 14 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 14 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 full annual premium.

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

Section I – Out Patient Benefits

What this *Policy* covers

This section covers *You* for certain defined *Out Patient Events* which are not specifically excluded by this *Policy*.

This section is subject to an excess as defined below.

Excess

Unless otherwise stated in *Your Policy Certificate*, Out Patient PRIVATE BENEFITS are subject to an excess of £100 for each *Insured Person* per *Policy Year*. This excess is the amount of money that *You* have to pay towards the cost of private *Out Patient Events* that are covered under this *Policy* and will be deducted from the benefit that *We* will pay *You* for the first private *Out Patient Event* in each *Policy Year*.

Out-Patient Table of Benefits

PRIVATE BENEFITS

If *You* choose to have an *Out Patient Event* privately, once *We* have received all the necessary paperwork, *We* will pay *Your* costs up to the amount specified in the table below.

Band	Description	Private Benefit
Band A	<i>Specialist Consultations and Diagnostic Tests</i>	Up to £1,000 per <i>Policy Year</i>
Band B	<i>CT and MRI Scans</i>	Up to £1,500 per <i>Policy Year</i>
Band C	<i>PET Scans</i>	Up to £1,500 per <i>Policy Year</i>

Please note that:

- *You* must be referred by *Your General Practitioner* for a *Specialist Consultation*.
- *You* must be referred by *Your Medical Specialist* for a *CT, MRI or PET Scan*.
- *You* must be referred by *Your Medical Specialist* for a *Diagnostic Test*
- there is an annual excess applicable to the Out Patient section (see above).

NHS BENEFITS

If You choose to have an *Out Patient Event* within the *NHS*, once We have received all the necessary paperwork, We will send You or Your employer (if Your employer has purchased this cover on Your behalf) a cheque for the amount stated in the NHS benefit section.

Band	Description	NHS Benefit
Band A	<i>Specialist Consultations and Diagnostic Tests</i>	£50 per Policy Year
Band B	<i>CT and MRI Scans</i>	£75 per Policy Year
Band C	<i>PET Scans</i>	£100 per Policy Year

Please note that You or Your employer:

- can only claim once per *Band* per *Policy Year* for NHS Benefits.

Section 2 – In-Patient Benefits

What this *Policy* covers

This section 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 Ltd.

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.

In-Patient 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*.

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 or Your employer (if Your Employer has purchased this cover on Your behalf) a cheque according to the *Classification of Medical Procedure* as stated in the following table:

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 or *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 Any out patient investigations that are not *CT, MRI, PET Scans* or *Diagnostic Tests* as defined by this *Policy*.
- 3 Physiotherapy, psychiatry and specialist consultations relating to mental health.
- 4 *Emergency Procedures*.
- 5 *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.

- 6 Consultations, Scans and *Treatments* relating to *Chronic Conditions*.
- 7 Procedures which solely involve needle injections, needle biopsies or needle procedures for *Diagnostic* or therapeutic reasons, unless occurring as part of a *CT or MRI Scan* as an out patient benefit.
- 8 Insertion of hormonal or therapeutic implants.
- 9 Correction of Congenital Abnormalities.
- 10 Procedures carried out on a person less than 12 months old.
- 11 Cosmetic Treatment whether or not it is for psychological or religious purposes including following an accident, injury or illness.
- 12 Dental Conditions any dental condition or dentistry, including gum conditions and wisdom tooth extraction.
- 13 Fertility or Infertility Treatment or any treatment relating exclusively thereto.
- 14 Gender Reassignment or any treatment whether or not it is for psychological purposes.
- 15 Organ Transplants & Donations.
- 16 Pregnancy and/or Childbirth or any treatment or investigations relating to pregnancy or childbirth including foetal operations.
- 17 Procedures relating to colposcopy other than knife cone biopsies.
- 18 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
- 19 Renal Failure supportive treatment including dialysis.
- 20 Vasectomy.
- 21 Services or treatment at any long term care facility, nursing home, spa hydro clinic or sanatorium that is not a *Hospital*.
- 22 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:

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

- 24 Your failure to seek and follow the medical advice of a *Medical Specialist* relating to the treatment of a specific condition.
- 25 Self inflicted injuries, illness, disease or any condition intentionally self inflicted or self inflicted or arising from suicide attempts, including treatment required as a result of attempted suicide.
- 26 Psychiatric treatment Treatment associated with psychiatric conditions and any *Related Medical Condition*.
- 27 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.
- 28 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 parascending; potholing or caving; power boat racing; white water rafting; competitive yachting or sailing; bobsleighing; 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 Ltd in advance of the required *Commencement 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 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 Ltd.
- 4 *You* can claim for up to 3 separate *Out Patient Events* in any *Policy Year* per *Insured Person* under the *In Patient Section* of 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 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.
- 7 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.
- 8 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 and *Advice* for 2 continuous years from the start of this cover. Eligible new conditions will be covered immediately.

- 9 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 may vary the premiums from time to time to reflect the actual and expected claims experience of all PatientChoice products. Group or affinity business and individual business will be considered separately. At each *Annual Renewal 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.
- 10 We reserve the right to amend the *Administrator* to this scheme and any change will be notified in advance in writing.
- 11 *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.
- 12 *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*.
- 13 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.

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
Unit 1 Mulgrave Chambers
26 28 Mulgrave Road
Sutton
Surrey
SM2 6LE
Tel: 0800 012 2008

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

Compliance Officer,
Great Lakes Reinsurance (UK) PLC
Plantation Place
30 Fenchurch Street
London
EC3M 3AJ
Tel: 020 3003 7000

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

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, 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.

1. 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.

2. 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.
- 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.
- You can make up to three claims per year in this section.

1. 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.

2. 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. 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, 5th floor, Lloyd's Chambers, Portsocken Street, London, E1 8BN, and on their website at www.fscs.org.uk.

The PatientChoice Premier Hospital Treatment Plan is 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 or by telephoning them on 0845 606 1234.

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

The PatientChoice Premier Hospital Treatment Plan was developed and is administered for 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 or by telephoning them on 0845 606 1234.

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26-28 Mulgrave Road
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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.