

# Carte Blanche Policy Summary

This policy summary has been designed to provide you with an outline of the benefits available from Carte Blanche and to help you evaluate the most appropriate type of private medical insurance cover for you. It is however only a summary of the terms of cover and does not contain full details of the insurance policy terms, conditions and exclusions which are contained in the insurance policy itself.

Full details of Carte Blanche are provided in your Policy Guide, a copy which is available on request.

This insurance is underwritten by Groupama Insurance Company Limited.

## What is Carte Blanche?

Carte Blanche is a medical insurance plan that offers a full refund within our schedule of surgical procedures for all eligible inpatient and outpatient treatment, as well as a range of benefits not normally found within a medical insurance plan; including private GP consultations, optical, routine dental treatments and private maternity and delivery care. In addition there are a variety of services you can include on your policy, including international travel insurance (TravelONE included for retail customers) and advice & counselling services (base level included on all policies).

## Additional features

- Orosurgical treatment
- Abnormalities of pregnancy (Note - we will only cover the following complications of pregnancy and childbirth: ectopic pregnancy, hydatidiform mole, miscarriage, stillbirth, post partum haemorrhage or retained placental membranes)

- Up to £4,000 towards private maternity and delivery care
- Up to £1,000 towards routine dental treatment\*
- Up to £600 towards GP consultations and complementary therapists\*
- Up to £300 towards outpatient prescriptions\*
- Up to £200 towards the cost of routine eye tests, contact lenses and spectacles\*
- £1,450 cash benefit following compulsory redundancy or death of a member
- NHS Maternity/Paternity cash grant of £700 per child
- Cover for GP minor procedures up to £100 per procedure
- £25 GP payment for completing claim forms or provision of medical reports
- £250 for post-care check-ups for chronic conditions
- £5 per night towards personal expenses up to £50
- Up to £50 towards outpatient surgical appliances

\*These benefits have a 90% Co-insurance for retail customers.

## Amount payable within Hospital Band

	Benefit payable	Limits
<b>INPATIENT AND DAYPATIENT TREATMENT</b>		
Hospital charges	✓	FULL REFUND
Consultant/specialist fees	✓	FULL REFUND
Diagnostic tests	✓	FULL REFUND
Radiotherapy, chemotherapy, oncology, CAT and MRI scans	✓	FULL REFUND
Psychiatric treatment	Up to 35 days per year	FULL REFUND
<b>OUTPATIENT TREATMENT</b>		
Consultation with consultant/specialist	✓	FULL REFUND – no referral by GP required
Diagnostic tests	✓	FULL REFUND
Radiotherapy, chemotherapy, oncology, CAT and MRI scans	✓	FULL REFUND
Acupuncture, chiropractic, homeopathy, osteopathy, physiotherapy and podiatry treatment	✓	Collectively subject to a maximum of 12 sessions – no referral by GP required
Psychiatric treatment	Up to £1,500	
<b>ADDITIONAL BENEFITS</b>		
Nursing at home	✓	Maximum 13 weeks per year being prescribed, supervised and monitored by a Specialist for medical (as opposed to domestic) reasons
Private ambulance	✓	FULL REFUND
Hospital accommodation for one parent to stay with an insured child under the age of 16 at the time of treatment	Up to £80 per night	Maximum 13 weeks per year
NHS cash benefit (but not for maternity admissions)	Up to £200 per night	Maximum 28 days per year

## What is excluded under Carte Blanche?

The following are the key exclusions under all Groupama Healthcare plans. For a full list see Section 10 in Your Policy Guide.

- Chronic Conditions (see Section 6 in the Policy Guide);
- Pre-existing medical conditions;
- Treatment for AIDS and related conditions;
- Treatment for renal (kidney) failure including dialysis;
- Transplant surgery;
- Treatment that is not established clinical practice;
- Convalescence and rehabilitation;
- Conditions associated with ageing, puberty or menopause;
- Treatment for alcoholism and drug dependence;
- Injuries self-inflicted or from suicide attempts;
- Cosmetic treatment;
- Participation in professional sports;
- Dangerous activities;
- Injuries sustained in an accident for which you are, or may be, subject to criminal proceedings or where you were not wearing a seat belt;
- Outpatient drugs, appliances, sight and hearing aids and mobility aids unless specifically covered in the Benefits Table;
- Dental conditions not involving orosurgical procedures included in our Schedule of Procedures;
- Routine or elective medical examinations;
- Sleep disorders;
- Hormone Replacement Therapy (HRT);
- Bone densitometry screenings;
- Learning and behavioural difficulties;
- Contraception, including sterilisation and vasectomy;
- Treatment arising from infertility;
- Pregnancy and childbirth other than the specific complications listed;
- Termination of pregnancy;
- Treatment or care for children born through assisted reproduction (for the first 91 days following birth);
- Treatment of children born prematurely is limited to a period of 28 days from the date of birth.

Any additional special terms that are specific to your cover will be shown on your Membership Certificate.

## Excesses

A range of different excesses are available, providing a discount on the premiums charged to recognise the sharing of claims costs. To find out more about the excess options available, please speak to your Insurance Advisor.

## Making a claim

If you need to make a claim, you must call our Claims Helpline before arranging treatment on 0870 444 8291. The team is available Monday to Friday from 8am to 6pm.

## Your right to cancel

If you choose to cancel your policy, you can do so up to 14 days after your cover starts. If you do cancel we will refund any premiums you have paid. You would then become liable for any claims we have paid in the meantime.

## Complaints procedure

If your complaint relates to how your Policy was sold to you, you should contact the individual who sold you the policy. If it relates to the way we administered your policy or handled your claims, you should contact the Team Leader of the relevant Groupama Healthcare department. They will do all they can to resolve your complaint. If the Team Leader does not resolve the matter to your satisfaction, please contact the Manager of the relevant department who will investigate your complaint independently. If there is a dispute or difference that cannot be resolved, you can use the services of the Financial Ombudsman.

## Compensation

Groupama Healthcare is a contributor towards the Financial Services Compensation Scheme. Under the scheme you may be entitled to compensation in the event that we become unable to meet our financial obligations. Further details are available from the Financial Services Compensation Scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or telephone 020 7892 7300.

## Contact details

For further information or to discuss any aspect of Carte Blanche in more detail, please contact your Insurance Advisor.