



Santé by Groupama Healthcare

Policy Booklet

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1. How to contact us

Your personal policy number can be found on your membership certificate. When you contact us, please quote your policy number as it helps us immediately validate your eligibility for cover.

The Groupama Healthcare Membership and Claims Helplines are open Monday to Friday from 8am to 6pm (excluding Bank Holidays) and can be contacted by:

Claims Helpline

Telephone: 0870 444 8291 *
Fax: 0870 444 8296
E-mail: healthclaims@groupama.co.uk

Membership Helpline

Telephone: 0870 444 8292 *
Fax: 0870 444 8297
E-mail: healthmembers@groupama.co.uk

Calls outside these times will be taken by our out-of-hours team. They will take your details and the appropriate department will call back on the next working day.

All written correspondence, including claims, should be addressed to:

Groupama Healthcare
The Nexus Building
Broadway
Letchworth Garden City
Hertfordshire
SG6 3TE

* Your calls may be recorded and may be monitored

2. Protecting your personal information

In accordance with the Data Protection Act 1998, we will ensure that any information we hold about you is held fairly and securely.

The information supplied to us in connection with your policy and claims will be held and processed by us, our agents, sub-contractors and reinsurers for the purposes of:

- providing and administering the insurance;
- processing claims, including liaising with your GP, specialist or any other medical practitioner involved in your treatment;
- processing claims that are also covered by another insurer (dual insurance), or subject to a claim against another person or organisation (third-party claim);
- processing claims under the International Business Travel cover for treatment and insured events overseas;
- providing advice and counselling services;
- detecting and preventing fraud or improper claims including exchanging information with other insurance companies, fraud-prevention agencies and the Police;
- statistical analysis to enable us to assess how the scheme is used.

In some circumstances, we may need to transfer your personal data outside the European Union. This will only be done where it is absolutely necessary such as to enable treatment to be arranged or a claim approved under the International Business Travel cover while you are overseas. In such cases, we will only transfer the minimum data necessary for the treatment or claim to proceed.

To enable your employer to review the use of the group scheme, details of claims paid under a group scheme, including the name of the claimant and the amount paid, will be included in statistical reports to the group secretary. However, we will not disclose any medical information to any third party except where your explicit consent has been received or where permitted by law.

Consent for this is included in the application form and claim form. Sometimes we may be able to process your claim or membership details without needing a signed form. If so, your consent will still apply.

You have a right to ask for a copy of the information we hold in our records (for which we make a small charge) and to require us to correct any errors in your information.

We may want to contact you from time to time with details of other products or services available from us. If you do not want to receive information of this nature, please let us know when you call or write to us.

3. Definitions

We know insurance policies can be complex, so **we** have tried to make everything as simple to understand as possible. Some words we use have very specific meanings and are listed in this section and shown in bold type wherever they appear in this **policy booklet** and the **benefits table**.

Accidental dental injury

- Extra-oral: A sudden, unforeseen, violent and direct oral impact resulting in dental injury (either from an external blow or internal trauma) which occurs at an identifiable place and time.
- Intra-oral: in addition to the above, an intra-oral **accidental dental injury** can only be caused by biting on an unexpected foreign body in food (e.g. stones in sandwiches or in fruit sold as pitted.)

Active cancer treatment

That which is intended to affect the growth of the cancer by shrinking it, stabilising it or slowing the spread of the disease and not given solely to relieve symptoms.

Acupuncture

Acupuncture treatment given by a practitioner included on the register maintained by the British Acupuncture Council and recognised by **us**.

Acute condition

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Amenity bed

A side room within an **NHS hospital** that is typically fitted more comfortably than the standard **NHS** facilities.

Aromatherapy

Aromatherapy treatment given by a practitioner trained at a college accredited by a professional association registered with the Aromatherapy Consortium and recognised by **us**.

Benefits table

A document which details the limitations that apply to each benefit.

Chiropractic

Chiropractic treatment given by a practitioner included on the Register of Chiropractors maintained by the British Chiropractic Association and recognised by **us**.

3. Definitions *continued*

Chronic Condition

A disease, illness or injury which has at least one of the following characteristics:

- it continues indefinitely and has no known cure;
- it comes back or is likely to come back;
- it is permanent;
- **you** need to be rehabilitated or specially trained to cope with it;
- it needs long-term monitoring, consultations, check-ups, examinations or tests.

Commencement date

The date from which an **insured person** was included under **your policy**.

Company application form

A document specifying the basis on which the **group scheme** should be set up, including the level of cover given to each **insured person** by the **group secretary**.

Daypatient treatment

Treatment which, for medical reasons, means that **you** have to go into a **hospital** or daypatient unit because **you** need a period of clinically supervised recovery but do not have to stay overnight.

Dentist

A fully qualified dental practitioner holding a current registration with the General Dental Council and who works in general dental practice and is recognised by **us**.

Diagnostic tests

Investigations, such as x-rays or blood tests, to find or to help find the cause of **your** symptoms.

Established clinical practice

Treatment that falls into all of the following categories:

- it has been approved by the International Procedures Committee of the National Institute of Clinical Excellence (NICE) for use within the **NHS**;
- it is **established clinical practice** in several centres in the **UK**;
- if it involves drugs, that these are recognised and licensed in the **UK** for use in **treatment** of the condition involved;
- **our** medical advisors have accepted it as required in the circumstances.

Excess

The amount selected by the **group secretary** which must be paid by an **insured person** before **we** make any payment under **your policy** for **treatment** covered by **your policy**. The **excess** will be applied on either a "per **period of insurance**" or a "per claim" basis.

For more information on how excesses are applied, please see section 10 of this **policy booklet**.

3. Definitions continued

General Practitioner (GP)

A physician registered in the **United Kingdom** who is currently in general practice and with whom the **insured person** has registered as a patient.

Group Scheme

An insurance contract between the **policyholder** and the **insurer**, created when the **group secretary** signs the **company application form** on behalf of the **policyholder**.

Group Secretary

A named contact nominated by the **policyholder** to administer the **group scheme** on its behalf. They are responsible for:

- telling **us** who should be added to the **group scheme**, what cover they should have and for sending **us** the completed application form(s);
- telling **us** who should be removed from the **group scheme**;
- informing **us** of any change to **your policy** or the overall membership of the **group scheme** that will affect the way **we** manage the **group scheme** (this includes the personal details of the **members**);
- giving **you your** new **membership certificate** at the start of each **period of insurance**.

Homeopathy

Homeopathic **treatment** given by a practitioner included on the register maintained by the Faculty of Homeopathy and recognised by **us**.

Hospital

An establishment, included on **our hospital list** applicable to the **group scheme** or for which **we** have given **our** approval in writing, and which is specifically registered or recognised under current and relevant **UK** legislation for carrying out surgical, major medical and **diagnostic tests** and/or providing **treatment** of a nature that only **Specialists** can provide.

Hospital list

A document that lists the **hospitals** accessible during a **period of insurance**.

Inpatient treatment

Treatment that, for medical reasons, means **you** have to stay in **hospital** overnight or for longer.

Insurer

Groupama Insurance Company Limited.

Insured person

Anybody shown on **your membership certificate** as insured on the **group scheme**.

Loss of sight in one or more eyes

Total and irrecoverable loss of sight.

3. Definitions *continued*

Loss of one or more limbs

Severance at or above the wrist or ankle or total permanent loss of use of an entire arm or leg.

Member

The first named **insured person** on **your membership certificate** and who is either:

- a director, partner, proprietor or employee of the **policyholder** who is working for the **policyholder** under a contract of employment;
- any other person for whom the **group secretary** has given their express permission to be included as a **member** and which **we** have accepted.

Membership certificate

A document that lists the personal details of each **insured person we** have agreed to cover, the benefits that are available as requested by the **group secretary**, the underwriting type and any **special terms** or other limitations that apply.

NHS

National Health Service.

Osteopathy

Osteopathic **treatment** given by a practitioner included on the Register of Osteopaths maintained by the General Council of Osteopaths and recognised by **us**.

Outpatient treatment

Treatment given at a **hospital**, consulting room or **outpatient** clinic where **you** do not go in for **daypatient** or **inpatient treatment**.

Ophthalmic practitioner

An ophthalmologist, a dispensing optician or an ophthalmic optician.

Palliative care

Care, such as that provided by a hospice or specialised palliative nurses, the purpose of which is to control physical symptoms such as pain. Such care aims to improve the overall quality of life and may address both the physical and spiritual needs of the patient and wider family.

Period of insurance

This is either:

- from the **commencement date** until the day before the renewal date, or;
- 12 months from the renewal date, or;
- any other period agreed between **us** and **your group secretary**.

3. Definitions continued

Permanent Total Disablement

Bodily injury other than loss of limb(s) or loss of eye(s) which totally incapacitates **you** from engaging in or attending to any occupation whatsoever for at least 12 calendar months from the date of **your** injury and at the end of that time leaves **you** beyond hope of improvement.

Physiotherapy

Physiotherapy treatment given by a State Registered Physiotherapist recognised by **us**.

Policy

Our record of a **member's** participation in a **group scheme** that has been authorised by the **group secretary**, the cover provided by which is described by **us** in the **member's policy documents**.

Policy booklet

This booklet, which details the terms and conditions of **your policy**.

Policy documents

Consisting of a **policy booklet**, **membership certificate**, **benefits table** and **hospital list**, they detail the specific cover given by the **group secretary** to each **insured person** under the **member's policy** and must be read as one combined document.

Policyholder

The company, unincorporated firm or partnership represented by the **group secretary**.

Pre-existing condition

Any disease, illness or injury for which:

- an **insured person** has received medication, advice or treatment; or
- has experienced symptoms

whether or not the condition has been diagnosed or not in the five years before the start of the **insured person's** cover.

Qualified nurse

A nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Reflexology

Reflexology treatment given by a practitioner registered with the Association of Reflexologists and is recognised by **us**.

Related illness or injury

A symptom, illness or injury which, by reasonable medical opinion, is considered to be linked to the illness or injury that needs **treatment**.

3. Definitions *continued*

Schedule of Procedures

The fees schedule published by **us** from time to time which details the basis of surgical procedures and anaesthetic charging recommended to the **Specialists**. The current schedule can be viewed on **our** website at www.groupamahealthcare.co.uk.

Specialist

A medical or dental practitioner recognised by **us**, in writing, as a specialist in a specific branch of medicine and who:

- holds a full current registration with the General Medical Council (GMC), and;
- is licensed to practice medicine by the GMC, and;
- is included in the Specialist Register kept by the GMC in respect of their relevant speciality, and;
- holds or has held and is not precluded from holding, a substantive consultant appointment in their relevant speciality in an **NHS Hospital**.

Special term

Any variation to the terms listed in the **policy booklet** or **benefits table** as shown on **your membership certificate**. This can take the form of:

- a specific exclusion from cover of a **pre-existing condition**;
- an extra premium to cover a **pre-existing condition** (this must be agreed by **your group secretary**);
- any other variation of **our** standard terms and conditions as required.

You can ask **us** to reconsider any **special term** applied to **your policy** within the first 30 days of each **period of insurance**.

Treatment

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose relieve or cure a disease, illness or injury.

United Kingdom (UK)

Great Britain and Northern Ireland including, for the purpose of **your policy**, the Channel Islands and Isle of Man.

Us/our/we

Groupama Healthcare who administer the insurance on behalf of the **insurer**.

You/your/yourself

The **member** and/or their dependants as shown on the **membership certificate**.

4. About your policy

4.1 The purpose of medical insurance

Medical insurance is designed to cover the costs of private medical **treatment** for what are commonly known as **acute conditions**. An **acute condition** is specifically defined in section 3 of this **policy booklet**, but it is essentially a disease, illness or injury that comes on quickly and unexpectedly but responds to **treatment** promptly, leading to a full recovery without the need for extended or prolonged **treatment**.

Your policy does not cover all the costs of private medical **treatment** and there are a number of **treatments** and conditions for which **we** do not pay. These are detailed on pages 30 to 35 of this **policy booklet**. In particular, **we** would like to highlight that **we** do not pay for the **treatment of chronic conditions**.

4.2 Chronic conditions

A **chronic condition** is specifically defined in section 3 of this **policy booklet**, but they are essentially long-term medical conditions, persistently recurring and which current medical science cannot cure. **Treatment** is usually of a preventative nature, designed to help control the condition rather than cure it. Such conditions require a long period, often many years, of regular visits to a **Specialist** for check-ups and monitoring.

Typical examples of **chronic conditions** include; asthma, eczema, diabetes, arthritis, multiple sclerosis, myalgic encephalitis (M.E.), Crohn's disease, irritable bowel syndrome, dementia and Parkinson's disease.

A leaflet called "Chronic Conditions Explained" is available giving further guidance on what **we** mean by **chronic conditions** with some typical case studies to help **you** understand how the exclusion for **chronic conditions** may affect **you**. If **you** would like a copy of this leaflet, please contact **our** Membership Helpline or alternatively **you** can get a copy of the leaflet from **our** website www.groupamahealthcare.co.uk.

4.3 About your cover

The cover provided by Santé is divided into three sections and, depending on the level of cover **you** have, **your membership certificate** will tell **you** which sections apply to **your policy**. The available sections are shown in the table opposite.

All Santé policies include the Section 1 benefits as standard along with access to **our** Advice and Counselling Helpline. **You** will only have cover for Section 2 or Section 3 benefits if **your group secretary** has told **us** to include them as part of **your policy** in which case they will be shown on **your membership certificate**.

4. About your policy *continued*

Section 1	Section 2	Section 3
Specialist fees	Psychiatric treatment	NHS cash benefit (extended)
Hospital charges	Maternity treatment	Maternity cash Benefit
Outpatient treatment on GP referral	Oral-surgical treatment	Follow-up consultations
Outpatient treatment on Specialist referral	Accidental dental injury	GP charges
Home nursing		
Private ambulance		
NHS cash benefit		

4.4 Add-ons

A number of medical and non-medical add-ons are also available:

Medical add-ons	Non-medical add-ons
Routine dental treatment	Advice and Counselling Helpline (Extended)
Optical charges	International Business Travel
	CityGP

Again, **you** will only have cover for any of these add-ons if **your group secretary** has told **us** to include them as part of **your policy** in which case they will be shown on **your membership certificate**.

4.5 Your policy documents

Your policy documents tell **you** everything **you** need to know about **your policy** with useful guidance on how to make the best use of **your** cover, how to make a claim and what to do if **you** are not happy with the service **you** receive from **us**.

You will receive a new **membership certificate** from **us** at the start of each **period of insurance** or whenever a change is made to **your policy**. Please check **your membership certificate** carefully to ensure it is accurate and let **your group secretary** know immediately of anything that needs correction.

Please take the time to familiarise **yourself** with **your policy documents** and **your** cover in general. If **you** have any questions, please feel free to contact **us**.

You can also visit **our** website at www.groupamahealthcare.co.uk where there is a PDF version of this **policy booklet** along with other information **you** may find useful.

5. How to make a claim

Our Claims Helpline is here to help **you** whenever **you** need to make a claim. **We** will always try to make the process as simple as possible and **our** team will guide **you** from start to finish, answering any questions or concerns **you** may have about **your** claim or **treatment** caringly, quickly and efficiently.

5.1 If **you** are feeling unwell or if **you** are suffering from any injury, **you** must first consult **your General Practitioner (GP)**.

5.2 If **your GP** suggests **you** need **treatment** from a **Specialist** or a practitioner, tell **your GP** that **you** have private medical insurance and that private **treatment** would be preferred.

5.3 **You** must then call **our** Claims Helpline for advice on whether **your** condition and **treatment** are covered, even if in the end the **treatment** is not needed.

5.4 **We** will check that **you** have enough cover, based on the information **you** give **us** when **you** call, and will issue a personalised claim form to **your** home address.

5.5 Issuing a claim form does not guarantee that **your** claim will be accepted. When **we** get the completed claim form, it may give **us** extra or different information to that previously given. If this happens, **we** will contact **you** straight away to let **you** know. Any claim must be eligible and in line with **our Schedule of Procedures** where it applies.

5.6 If **you** would like written assurance that **we** will cover a particular **treatment**, before **you** start paying for extra or expensive items, **we** will be happy to provide this once **we** have received **your** completed claim form.

5.7 When **you** receive **your** claim form, check it carefully to ensure that all the pre-completed details are correct and then ask **your GP** to complete their section of the claim form where indicated.

5.8 Claim forms in respect of **treatment** for an **accidental dental injury** will need to be completed by **your dentist** and be supported by all relevant dental x-rays.

5.9 When **you** attend **your** first appointment with the **Specialist** or practitioner, take the claim form with **you** and ask them to complete the appropriate section.

5. How to make a claim continued

- 5.10 Following **your** first appointment, send **us your** completed claim form together with the original invoice from the **Specialist** or practitioner. Often the **Specialist**, practitioner or **hospital** will do this for **you**.
- 5.11 **You** must send **us your** completed claim form and invoices as soon as **you** can, but no later than 6 months after the **treatment** date otherwise **we** may not pay **your** claim. If **you** are claiming either the **NHS** or the maternity cash benefit, **you** must send **us your** claim within 3 months of the event.
- 5.12 If **you** are visiting a **Specialist**, **we** suggest **you** also take **your policy documents** with **you** as these contain all the information that the **Specialist** will need to know about **your** cover.
- 5.13 The **Specialist** will discuss with **you** the best way of treating **your** condition - this may include the possibility of an operation in **hospital**. When **you** have more information about the **treatment** the **Specialist** is recommending, **you** must contact the Claims Helpline again so **we** can check that the **treatment** is covered by **your policy**. This is especially important if an operation is likely as the associated costs may be significant.
- 5.14 If **you** go to a **hospital** for **treatment**, they will ask **you** for **your** insurance details, including **your policy** number and the name and address of **your** insurance company. Please give these details to the **hospital** as they will use this information to send their invoices straight to **us** and **we** can then settle them directly with the **hospital**.
- 5.15 **We** prefer to settle all invoices directly with the providers, but if **you** pay any invoices **yourself**, **you** must send **us** the original invoices, clearly receipted, along with a written request for reimbursement which will always be in the form of a cheque payable to **you**.
- 5.16 **You** will be responsible for payment of any **excess** or co-insurance contribution directly to the **Specialist** or **hospital** as advised by **us**.

6. Membership

6.1 Who can be covered under the group scheme?

Whilst membership of a **group scheme** is always at the ultimate discretion of the **group secretary**, the following person(s) can be included:

- **you**, the **member**;
- **your** spouse or partner, including **your** civil partner. If **you** wish to include **your** partner to whom **you** are not married or in a relationship recognised at law, they must permanently reside at the same address as **you**;
- **your** or **your** partner's children (including adopted children). Children can be covered under **your policy** until the end of the **period of insurance** during which he or she reached the age of 25 provided they remain unmarried during that time.

Each **insured person** must be a permanent resident in the **United Kingdom**. If any **insured person** moves abroad, **you** must tell **us** immediately as **we** will need to end their cover.

6.2 Adding dependants to your policy

If **you** wish to add a dependant to **your policy**, **you** will need to complete an application form and send it to **your group secretary** to forward onto **us**. Cover for the new dependant will start from the 1st day of the month after **we** receive the application form and **we** will send **you** an updated **membership certificate** confirming any **special terms** that apply to the new dependant's cover. **We** may also charge an additional premium.

6.3 New-born babies

A new-born baby can be added to **your policy** without the need for any medical evidence provided **we** are notified within 3 months of the child's birth. If **we** are notified after 3 months, **you** will need to complete an application form and **special terms** may apply for **pre-existing conditions**.

6.4 When your child reaches 25 years of age

When **your** child reaches the age of 25, they will be removed from **your policy** at the end of the **period of insurance** during which they reached the age of 25.

6.5 When will your cover cease?

Your cover under the **group scheme** will end in any of the following circumstances:

- if **you** leave the employment of the **policyholder** (e.g. if **you** change jobs or retire);
- if **you** move abroad permanently;
- if **we** or the **group secretary** cancel **your policy** and/or the **group scheme**.

6. Membership continued

Once **your policy** has been cancelled, **we** will not pay the costs of any further **treatment** received after the cancellation date, even if:

- the claim had already started before **your policy** was cancelled, or;
- **you** are in the middle of a course of **treatment**, or;
- **you** have already contacted **our** Claims Helpline to notify **us** of further **treatment**

If **you** die, **we** will cancel **your** surviving family's cover on the first of the month after **your** death.

6.6 Transferring your cover with us to an individual policy

The opportunity to transfer to an individual policy will only be given to certain people and it will only be a one-off opportunity:

- **members** leaving or retiring from the **policyholder** must apply for a transfer to an individual policy at the time their employment with the **policyholder** ceases
- dependent children who have reached the age of 25 must apply for a transfer to an individual policy at the end of the **period of insurance** during which they reached the age of 25
- widows and widowers must apply for a transfer to an individual policy at the end of the month during which the **member** died

We will not offer the opportunity to transfer to an individual policy to:

- **members** of a **group scheme** who are not employees of the **policyholder** or who **we** have not previously agreed to accept as **members**;
- **members** of a **group scheme** who have not left the employment of the **policyholder** if the **group scheme** transfers to another insurer from **us**

Where partners and dependent children are currently insured on the **member's policy**, their cover can also be transferred to the individual policy provided there is no break in cover and the individual policy is in the name of the **member**. In addition, a transfer is only available if:

- the applicant applies within 21 days of their cover under the **group scheme** ceasing
- the individual policy starts immediately their **group scheme** cover ends with no break
- the individual policy is arranged through an intermediary who is authorised and regulated by the Financial Services Authority

Other conditions may apply, so please contact **us** for more details or for assistance in locating an appropriate intermediary.

7. Your Benefits

This section of the **policy booklet** tells **you** the rules of each benefit and must be read in conjunction with **your membership certificate** and the **benefits table** as these documents will tell **you** the specific benefits **you** have and any limits that apply.

7.1 The operative clause

We will pay the reasonable cost of medically necessary **inpatient, daypatient** or **outpatient treatment**, when given in keeping with **established clinical practice**, that an **insured person** receives during the **period of insurance** for an **acute condition**:

- in accordance with the cover detailed in **your policy documents**;
- provided all premiums have been received by **us** from the **policyholder**;
- provided **your policy** is in force at the time of **treatment**;
- provided no exclusion listed on pages 30 to 35 applies.

7.2 Section 1

Benefit A - Specialist fees

We will pay the fees charged by **Specialists** in respect of **inpatient** and **daypatient treatment**, including consultations, **diagnostic tests**, surgical and anaesthetic fees and pre- and post-operative care when they are in line with **our Schedule of Procedures**.

Benefit B - Hospital charges

We will pay the fees charged by a **hospital** in respect of:

- **inpatient** and **daypatient treatment** that is received in a **hospital** shown on **our hospital list** when **you** occupy a bed within **your** level of cover as shown on **your membership certificate**;
- accommodation charges for a parent accompanying an insured child who is 16 years old or under, provided it is medically necessary for the parent to accompany the child;
- personal expenses such as newspapers, telephone calls and visitors meals.

If **you** use a **hospital** not shown on the list or if **you** occupy a bed with a higher level of cover than that shown on **your membership certificate**, costs will not be met in full.

7. Your Benefits *continued*

Benefit C - Outpatient treatment on GP referral

We will pay the fees charged in respect of **diagnostic tests** and the specific **treatments** shown on the **benefits table** when they have been arranged by **your GP** without a referral to a **Specialist**.

Benefit D - Outpatient treatment on Specialist referral

We will pay the fees charged for **outpatient treatment** carried out by, or under the control and ongoing supervision of, a **Specialist**, following referral by **your GP**.

Treatment must be received in either a **hospital** included on **our hospital list** and within **your** level of cover, the **Specialist's** own consulting rooms or another facility approved by **us** in advance of **treatment** otherwise costs will not be met in full.

Benefit E - Home nursing

We will pay the fees charged by a **qualified nurse** for the provision of **treatment** which must be on the direct referral of, and remain under the overall control and supervision of, a **Specialist**.

Such **treatment** must be for medical purposes and immediately follow a period of **inpatient treatment** or be in respect of **treatment** which in normal circumstances would be given in a **hospital**.

We will not pay for services provided for domestic reasons.

Benefit F - Private ambulance

We will pay the fees charged for the use of a private road ambulance during a course of **treatment** when the **Specialist** has confirmed that this was medically necessary.

Benefit G - NHS cash benefit

We will pay **you** a cash benefit for each night an **insured person** spends in an **NHS hospital** as an **NHS** patient for the purpose of receiving **treatment** for an **acute condition** where a claim for private costs would be eligible.

All **treatment** costs must be paid for by the **NHS** in their entirety.

If **you** occupy an **amenity bed**, **you** will be charged by the **hospital** for this. **You** will need to settle the charge directly with the **hospital** from the cash benefit payment and this cannot be recovered from **us**.

7. Your Benefits *continued*

7.3 Section 2

You must check **your membership certificate** to see whether these benefits are available under **your policy** and for any limits that apply.

Benefit H - Psychiatric treatment

On referral by **your GP** to a psychiatric **Specialist**, **we** will pay the fees charged for **inpatient**, **daypatient** and **outpatient treatment** in respect of psychiatric illness.

Benefit I - Maternity treatment

Provided the **insured person** has been covered under **your policy** for maternity **treatment** for at least 10 months, **we** will pay the fees charged, as detailed under Benefits A to F, for **treatment** of the obstetric conditions listed on the **benefits table**.

Benefit J - Oral-surgical treatment

We will pay the fees charged, as detailed under Benefits A to F, for the oral-surgical procedures listed on the **benefits table** when they are performed by an oral-surgical **Specialist**.

Benefit K - Accidental dental injury

We will pay the fees charged by a **dentist** or an oral-surgical **Specialist** for **treatment** of an **accidental dental injury**, in accordance with the limits in the **benefits table**, provided that:

- the tooth was previously sound and natural with any previous existing restoration (e.g. fillings) sound and adequately restored;
- the damage is apparent within 10 days of the accident and notified to **us** within 10 days of the accident;
- **treatment** is completed in 45 days unless otherwise agreed by **us**.

We will not pay for:

- implants, removable dentures, sports mouthguards, appliances or orthodontic braces (whether fixed or removable);
- damage caused by eating foods which normally contain nuts or bones or by eating other hard foodstuffs;
- damage to teeth that are in a poor state and liable to break or fall out;
- **treatment** required directly or indirectly as a result of:
 - normal wear and tear;
 - any use of the dentition other than normal use;
 - boxing and rugby unless the **insured person** was wearing a mouthguard;
 - sporting activities that failed to meet the prevailing safety standards as recommended by the relevant sports federation;
 - a breach of civil order or peace when the **insured person** actively takes part in a public disturbance.

7. Your Benefits *continued*

7.4 Section 3

You must check **your membership certificate** to see whether these benefits are available under **your policy** and for any limits that apply.

Benefit L - NHS cash benefit (extended)

We will pay **you** a cash benefit for each night an **insured person** spends in an **NHS hospital** as an **NHS** patient for the purpose of receiving **treatment** for an **acute condition** where a claim for private costs would be eligible.

All **treatment** costs must be paid for by the **NHS** in their entirety.

If **you** occupy an **amenity bed**, **you** will be charged by the **hospital** for this. **You** will need to settle the charge directly with the **hospital** from the cash benefit payment and this cannot be recovered from **us**.

If **you** claim **NHS** cash benefit under Benefit L, **you** cannot also claim it under Benefit G.

Benefit M - Maternity cash benefit

Provided the **insured person** has been covered under **your policy** for maternity **treatment** for at least 10 months, **we** will pay **you** a cash benefit for each child that is born after the **commencement date** of **your policy**.

The cash benefit will only be paid once in respect of each child, even if the parents have separate policies.

Benefit N - Follow-up consultations

We will pay the fees charged by a **Specialist** for the monitoring of a **chronic condition** following **treatment** of an **acute condition** that would otherwise be covered by **your policy**.

Benefit O - GP charges

We will pay the fees charged by a **GP** in respect of:

- consultations;
- minor surgery carried out under local anaesthetic in the **GP's** own surgery;
- completion of claim forms and medical reports.

7. Your Benefits *continued*

7.5 **Medical add-ons**

You must check **your membership certificate** to see whether these benefits are available under **your policy** and for any limits that apply.

Benefit P - Routine dental charges

We will pay the fees charged by **your dentist** in respect of:

- routine dental consultations and **treatment**
- dental prosthesis, orthodontic and periodontic **treatment**

Claims for routine dental charges do not have to be pre-notified to **us**, but all claims should be supported by a fully completed claim form, signed by **your dentist**, along with an itemised invoice clearly showing all dental **treatment** that has been received.

Claims will always be reimbursed back to the **member** - **we** will not settle such claims directly with the **dentist**.

Benefit Q - Optical charges

We will pay the fees charged by an **ophthalmic practitioner** in respect of:

- routine optical consultations and eye-tests
- prescription spectacles and contact lenses

We will only provide benefit towards spectacles and contact lenses if, following an eye test, the **ophthalmic practitioner** has diagnosed a deterioration in **your** eyesight to the extent that a new prescription is required in order to adequately correct **your** eyesight.

Claims for optical charges do not have to be pre-notified to **us**, but all claims should be supported by a fully completed claim form, signed by **your ophthalmic practitioner**, along with an itemised invoice clearly showing all **treatment** that has been received and a copy of the relevant prescription.

Claims will always be reimbursed back to the **member** - **we** will not settle such claims directly with the **ophthalmic practitioner**.

7. Your Benefits *continued*

7.6 Non medical add-ons

You must check **your membership certificate** to see whether these benefits are available under **your policy** and for any limits that apply.

Benefit R - Advice and Counselling Helpline (extended)

The service provided by the Advice and Counselling Helpline is extended to include:

- 24-hour access, and;
- Face-to-face counselling

24-hour access

Members and their insured dependants with Confidante or Confidante Plus can contact the Advice and Counselling Helpline 24 hours a day, 7 days a week, 365 days a year.

Face to face counselling

On occasions, **you** and the telephone counsellor may decide that more personal counselling may help at which point **you** will be referred to a fully qualified counsellor for personal counselling.

Counselling sessions last 50 minutes and **you** will be matched with a counsellor most suited to **your** needs. Wherever possible, preferences with regard to gender, language, religion, etc. will be met. Counselling usually takes place at the counsellor's premises, close to **your** work or home, whichever is more convenient for **you**. In addition, appointments can be offered outside normal working hours to allow **you** to preserve confidentiality.

The number of counselling sessions available to **you** depends on whether **you** have the Confidante or Confidante Plus service. This will be shown on **your membership certificate** along with the reference number **you** need to quote to access the extended service. The number of sessions **we** will cover is shown on **your benefits table**.

If **your policy** is cancelled or is not renewed at the end of the current **period of insurance** whilst **you** are part way through a series of counselling sessions, **you** will become liable for the costs of any counselling sessions that take place after **your policy** ends.

Other services - Confidante Plus only

Members who have Confidante Plus also have access to a variety of useful other services such as:

- Information and guidance on general financial and legal issues;
- Support, information and guidance on childcare and eldercare (9am to 5pm only);
- Support and guidance for managers and supervisors on staff-related issues affecting performance at work.

7. Your Benefits *continued*

Benefit S - International Business Travel

We will pay the reasonable expenses incurred, subject to the limits shown in the **benefits table**, when the **member** travels outside the **UK** for business purposes when required to do so by the **policyholder**.

There is no cover for partners or children travelling with the **member** and there is no cover for any activity undertaken for any other reason than business purposes (e.g. sports and other similar activities).

There is a list of useful websites that may help **you** with **your** travel preparation available on www.groupamahealthcare.co.uk.

Medical expenses and repatriation

We will pay for:

- the **treatment** of an **acute condition** including emergency dental **treatment** for immediate pain relief;
- **your** repatriation if **you** have to return home early on medical grounds;
- room only accommodation if a doctor advises **you** to stay longer than **you** intended;
- extra travel and room only accommodation if a doctor has advised it is necessary for one person to stay with **you** or to travel from the **UK** to escort **you** home if **you** are seriously ill or injured;
- overseas funeral expenses and bringing **your** body or ashes home.

We will not pay for:

- **treatment** which **our** medical advisers reasonably believe is not essential or could wait until **you** return home;
- **treatment** which is not directly related to the **acute condition** for which **you** originally went into hospital (unless agreed by International Medical Rescue);
- cosmetic or elective surgery;
- medication or **treatment** which **you** knew **you** would need while **you** were away;
- extra costs of a single or private room unless medically necessary;
- services of a health spa, convalescent or nursing home or rehabilitation centre;
- repairs to or the provision of dentures or artificial teeth or any dental work involving precious metals;
- any claim arising from motorcycling where **you** are the driver or passenger if **you** or the driver do not hold a current and valid licence allowing **you** or them to ride a motorcycle or **you** are not wearing a helmet;
- costs associated with pregnancy or childbirth where the due date is less than 8 weeks after the intended date of returning home.

7. Your Benefits *continued*

Conditions:

- **You** must call International Medical Rescue immediately, or as soon as possible, to pre-authorise any claim for medical **treatment** abroad or if **you** have to return home early. If **you** do not do this, **we** may not pay **your** claim;
- **You** must not arrange in-flight medical care for **your** return journey without the approval of International Medical Rescue. **Our** medical advisers will consult the doctor(s) treating **you** to decide if this is necessary and they will make the most appropriate arrangements for **you**;
- **We** may ask **you** to return home if **our** medical advisers and the doctors treating **you** decide that **you** are fit to travel. If **you** refuse to return home, **we** will stop all cover under **your policy**.

Personal accident

We will pay **you**, or in the event of **your** death **your** properly appointed legal representative, a cash benefit if, during a **period of insurance**, **you** suffer an accidental bodily injury and the resulting injuries lead to **your** death or disability within 12 months of the date of the accident.

Personal liability

We will pay the legal expenses and costs for which **you** are legally liable in a personal capacity if **you** are involved in an incident resulting in accidental bodily injury to, or damage to property of, another person when such costs and expenses have been agreed by **us** in writing.

We will not pay for:

- liability arising directly or indirectly from **your** owning or the use of: animals (except domestic animals), firearms (except licensed sporting guns used for recreational purposes only), any aircraft, motorised vehicle, boat or any other form of motorised leisure equipment (unless it is a boat designed for and being used as accommodation and is permanently moored);
- employer's liability or liability caused by carrying out contracts, supplying goods and services or **you** doing **your** job;
- accidental bodily injury or damage to property of **your** employees, close relative(s) or travelling companion(s);
- damage to property that is owned by **you** or being looked after by **you** or **your** close relative(s) or travelling companion(s);
- any costs or expenses that have not been agreed by **us** in writing.

Conditions:

You must send **us** any writ, summons or other legal documents as soon as **you** receive them and give **us** any information and help **we** need to deal with **your** claim. **You** must not negotiate, pay, settle, admit or deny any claim unless **we** agree in writing.

7. Your Benefits *continued*

Hospital cash benefit

We will pay **you** a cash benefit of £100 for each 24-hour period **you** are kept in hospital during the **period of insurance** for **inpatient treatment** on receipt of a medical certificate from the treating doctor showing the period **you** were in hospital.

Missed departure

We will pay the cost of extra accommodation and travel to allow **you** to carry on with **your** trip when:

- a labour dispute, civil disturbance, mechanical breakdown or bad weather interrupts scheduled public transport services, including booked connecting flights;
- an accident or breakdown involving the vehicle **you** are travelling in makes **you** arrive at the airport, port or station too late to start the journey **you** have booked.

Conditions:

- **You** must make all reasonable efforts to arrive at the airport, port or station on time;
- If there is a labour dispute, **we** will only pay if the dispute is announced and begins during the **period of insurance**;
- If **you** miss the departure because **your** vehicle breaks down or **you** are involved in an accident, **you** must send **us** a repairer's report or police accident report.

Cancellation

We will pay the unused travel and accommodation charges which **you** have paid or contracted to pay should **you** have to cancel **your** trip before **you** leave or end it early once it has already started as a result of any of the following:

- **your** death, injury or illness or that of a close relative or business colleague;
- **you** are required by the police to stay at home because one or more of the following has happened to **your** home or place of business in the **UK**: burglary, serious fire damage, explosion, subsidence, storm flooding, vandalism, fallen tree, impact by aircraft or vehicle;
- **you** are called up for jury duty or as a witness in a court of law in the **UK**;
- **your** trip is cancelled by the emergency services or armed forces for operational reasons except in the event of war, invasion, acts of terrorism, hostilities (whether war is declared or not), civil unrest, revolution, rebellion, act of foreign enemy or any similar event.

We will not pay:

- if **you** simply decide that **you** do not want to travel;
- if **your** trip is cancelled because **you** do not have the correct passport, visa or other entry documents;
- for costs associated with pregnancy or childbirth where the due date is less than 8 weeks after the date **you** intend to return home.

7. Your Benefits *continued*

Luggage delay

We will pay the cost of replacing essential items if **your** personal luggage has been lost or misplaced by the carrier for more than 6 hours on **your** outward journey.

We will not pay if:

- **you** fail to notify the carrier immediately and get a written carrier's report or, in the case of an airline, a property irregularity report;
- **you** fail to write to the carrier within 7 days to obtain such a report. If **you** cannot get one immediately, **you** will need to send **us** the retained portion of **your** flight ticket and checked-in luggage tag.

Delayed departure

If the transport **you** are booked on as a passenger for **your** trip is delayed or cancelled due to a serious fire, storm or flood damage to the departure point, industrial action, bad weather or mechanical breakdown, **we** will pay **you** £20 for the first 8 hours **you** are delayed and £20 for each completed 12 hours after that up to the maximum shown on the **benefits table**. The amount payable will be based on the difference between the actual time of departure and the scheduled departure time.

Personal luggage

We will pay for the repair or replacement of **your** personal luggage if it is damaged or stolen. If **your** luggage is permanently lost, **we** will deduct any payment made for temporary loss from the final settlement.

We will not pay:

- more than £300 for valuables or for any one article, pair or set of articles;
- for damage to fragile articles, (except lenses in cameras, binoculars and telescopes) spectacles, prosthetics or dentures and any other loss caused by the breakage;
- for loss, theft or damage to valuables **you** left in luggage checked in by a carrier;
- for loss or theft of valuables left at any time in an unattended vehicle;
- for loss, theft or damage to valuables **you** are not carrying with **you** unless they have been locked in **your** accommodation, a safe or a safety deposit box;
- for films, cassettes, cartridges or disks other than for their value as unused material, unless bought pre-recorded in which case we will pay up to the retail list price;
- contact or corneal lenses;
- for loss, theft or damage to telecommunications related equipment;
- if **you** do not get a written police report within 24 hours of discovering that something has been lost or stolen;
- if **you** do not get a carrier's report or, in the case of an airline, a property irregularity report where **your** property has been lost or damaged in transit.

7. Your Benefits *continued*

Personal money

We will pay if **you** personal money is lost or stolen during the trip.

We will not pay:

- for loss or theft of personal money unless it is with **you** at the time, in a locked safe or safety deposit box or locked in the accommodation **you** are using on **your** trip;
- for losses caused by depreciation in value or shortage caused by error or omission;
- if **you** do not get a written police report within 24 hours of discovering that **you** have lost **your** money or it has been stolen.

Loss of passport

We will pay the cost of extra travel, accommodation and communication outside the **UK** in order to obtain a replacement passport or visa that is lost or stolen during the **period of insurance**.

Business replacement

We will pay the transport and accommodation costs to enable a replacement business colleague to be sent to an overseas destination if **you** suffer an **acute condition** during the **period of insurance** that means **you** are unable to continue with the proposed trip.

We will not pay:

- any claim resulting from a pregnancy that would normally have exceeded 32 weeks by the end of the trip or a complication of such a pregnancy.

Business documents

We will pay the costs for the couriering of any replacement documents arising from the loss of or damage to original documents during the trip.

Business equipment

We will pay for accidental loss of or damage to business equipment owned by **you** and taken on an overseas business trip.

We will not pay:

- if **you** did not immediately report all loss or damage to property to either the police or other relevant authority and obtain from them a written report in substantiation of the claim and undertake all necessary and reasonable action to recover the property;
- if **you** do not produce receipts or other evidence of value and ownership and retain all damaged items;
- claims in relation to data or software held on the equipment and for the restoration of such data or software.

7. Your Benefits *continued*

General conditions and exclusions

As well as the exclusions contained in this **policy booklet** on pages 30-35, the following exclusions also apply. In addition, a benefit may have its own specific exclusions, so please take the time to make **yourself** aware of them before departure.

- **you** must do all **you** can to keep costs to a minimum and take appropriate action to prevent loss, theft or damage;
- all costs incurred must be reasonable and necessary;
- **we** may take action in **your** name to get compensation or security for loss, damage or expenses covered by this insurance. **You** will not have to pay anything towards this action, but any amount or security handed over will belong to **us**;
- if **we** have to pay any amounts under the law of another country that **we** would not usually pay under **your policy**, **you** must repay those amounts to **us**;
- if **we** pay a claim because **your** trip is cancelled, **we** will not pay a claim under any other section of **your policy** for the same trip.

We will not pay:

- for **treatment** of any **pre-existing condition** that is excluded from **your** medical insurance cover through the application of a **special term**;
- if **you** were aware of any circumstances that would result in the trip being cancelled or cut short when **you** booked **your** trip;
- if **you** have not exercised reasonable care for the safety and supervision of **your** personal and business property and documentation;
- if **you** travel against a doctor's advice or to get medical treatment or advice abroad;
- costs covered under any other insurance or which **you** can get back from someone or somewhere else (excluding claims for personal accident or hospital cash benefit)
- any claim **you** make in connection with a trip to any area or country to which travel is not recommended by the Foreign & Commonwealth Office (FCO);
- any claim that is due to or arises out of stress, anxiety or depressive conditions;
- for any loss or damage to **your** property caused whilst being held, taken, destroyed or damaged under the order of any government or other authority;
- any claim arising from pressure waves caused by aircraft or other flying machines travelling at or above the speed of sound;
- for any loss or damage resulting from general wear and tear, depreciation in value, atmospheric conditions, mechanical failure, moth or vermin or any process of cleaning, repairing or restoring;
- any claim in connection with **your** suicide, attempted suicide, intentional self-injury or wilful exposure to danger, unless in an attempt to save someone's life;
- any claim arising from **your** being under the influence of alcohol, solvents or drugs except drugs that a doctor has prescribed **you**, unless these drugs are for treating a drug abuse problem.

7. Your Benefits *continued*

Making a claim

For all travel claims, **you** will need to complete a claim form which **you** can get from:

Groupama Claims Department
Towergate Chase Parkinson
Tel: 0870 333 0046
Email: chaseparkinson@towergate.co.uk

Issuing a claim form does not guarantee that **your** claim will be accepted. When **we** get the completed claim form, it may give **us** extra or different information to that previously given. If this happens, **we** will contact **you** straight away to let **you** know.

If **you** have had an accident, need emergency hospital treatment or require repatriation whilst **you** are abroad, **you** must contact International Medical Rescue on:

Telephone: +44 (0) 208 466 4200
Fax: +44 (0) 208 466 4240

The helpline is available 24 hours a day, 365 days a year and will give **you** advice and help **you** discuss **your** case with the hospital and specialists.

When **you** return to the **UK**, **you** will need to send **your** claim to:

Groupama Claims Department
Towergate Chase Parkinson
PO Box 416
West Byfleet
Surrey
KT14 7YE

You will need to submit a fully completed claim form with appropriate supporting evidence and information.

Dual insurance

We may ask **your** home contents insurer to share the costs if **you** make a claim for a loss that is covered by both policies. This should not affect **your** home contents policy and, in particular, would not normally affect **your** no-claims bonus under that policy.

7. Your Benefits *continued*

Benefit T - CityGP

This benefit provides the **member** with access to a select number of private **General Practitioner (GP)** facilities in central London run by General Medical Clinics (GMC) as listed in the **benefits table**.

This benefit does not extend to include the **member's** partner or dependant children.

To make an appointment

First contact the centre nearest to **you**. The medical centres are open 9am to 5pm Monday to Friday. Tell the centre that **you** are a member of Groupama CityGP and arrange an appointment.

There are no limits to the number of consultations **you** may have in any one **period of insurance**. Every effort will be made to offer a consultation on the same day but if this is not possible, **you** will be offered an appointment within 24 hours of **your** request.

When you arrive for the appointment

Tell the receptionist that **you** are a Groupama CityGP member. Any charges for **diagnostic tests** or **treatment** will need to be settled by **you** at the time of **treatment**. The receipt **you** receive will clearly show whether it is eligible for reimbursement and receipts for eligible **treatment** should be forwarded to **us** with a covering letter.

Please quote **your policy** number as shown on **your membership certificate**. If, following **your** private consultation **you** are referred for further **treatment** with a **Specialist**, **you** must contact **our** Claims Helpline. Tell **us** **you** have been referred by a private **GP** and give his or her name. From this point, **our** normal claims process will apply.

8. Benefit exclusions

The following section gives guidance as to how **we** would consider certain types of **treatments** or conditions, including the kind of claims **we** would not pay.

All eligible claims will be subject to **your policy** terms and conditions and benefit limits where they apply. Please refer to **your benefits table** for this information.

8.1 Ageing, menopause and puberty

We do not pay for **treatment** of conditions, including psychiatric conditions, associated with the natural process of ageing, puberty or the menopause unless they are symptoms of an identifiable underlying **acute condition** that can be cured by **treatment** and is not a **chronic condition**.

8.2 AIDS / HIV

We do not pay for **treatment** arising from or related to Human Immunodeficiency Virus Infection (HIV) and/or Acquired Immunodeficiency Syndrome (AIDS) or conditions arising from these.

8.3 Alcohol abuse and substance abuse

We do not pay for **treatment** of alcohol, solvent or drug abuse or addictive conditions of any kind or medical conditions arising from such abuse or addiction.

8.4 Behavioural and developmental problems and learning difficulties

We do not pay for investigations, assessments or **treatment** related to developmental delay, learning or behavioural difficulties such as dyslexia, dyspraxia, autism and ADD/ADHD

8.5 Birth control, conception, sexual problems and sex change

We do not pay for:

- any form of contraception including vasectomy and sterilisation (and its reversal);
- **treatment** directly or indirectly arising from infertility, low fertility or any form of human assisted reproduction including IVF;
- **treatment** for, resulting from or related to sex change/gender reassignment;
- **treatment** arising from or related to the investigation and **treatment** of sexual dysfunction, impotence or sexually transmitted diseases.

8. Benefit exclusions *continued*

8.6 Cancer treatment

The very nature of cancer and the variety of **treatments** available means that different cancers can be difficult to categorise as either **acute** or **chronic conditions**. A more accurate description would be to view cancer as a condition that is potentially chronic with a pattern of multiple acute phases.

We will pay for:

- consultations and **diagnostic tests** leading to a diagnosis;
- **active cancer treatment** including **hospital** and **Specialist** fees;
- drugs and medical supplies which are licensed in the **UK**, authorised for the **treatment** of the specific cancer for which it is being used and the use of which is consistent with **established clinical practice**;
- surgical **treatment** to restore appearance as a direct result of surgery for cancer, such as breast reconstruction following a mastectomy, when such **treatment** takes place within 12 months of completion of the **active cancer treatment**;
- follow-up monitoring for a period of 5 years.

We do not pay for:

- screening for cancer where there are no symptoms or signs irrespective of family history or lifestyle risk factors;
- **treatment** that is not available on the **NHS**, is part of a clinical trial or is deemed experimental and not considered to be **established clinical practice**;
- stem-cell or bone marrow transplants
- monitoring after the 5 year period unless **your policy** includes Benefit N (Follow-up consultations);
- any **treatment we** consider to be **palliative care**.

An information sheet is available from **our** website that provides further information on such services and sources of advice. Visit the Members Section of **our** website at www.groupamahealthcare.co.uk.

8.7 Chronic conditions

We do not pay for **treatment** of a **chronic condition**

To obtain a copy of **our** leaflet, "Chronic Conditions Explained", please contact **our** Membership Helpline or alternatively **you** can get a copy of the leaflet from **our** website www.groupamahealthcare.co.uk.

8.8 Convalescence, rehabilitation and general nursing care

We do not pay for convalescence, rehabilitation or occupational therapy wherever received or **treatment** received in a health hydro, nature cure clinic or similar establishment or in a private bed registered as a nursing home attached to or operated in conjunction with such an establishment.

8. Benefit exclusions *continued*

8.9 **Cosmetic or reconstructive surgery, including breast reduction or enlargement**

We do not pay for cosmetic or aesthetic **treatment**, whether or not for psychological reasons, including:

- removal of healthy tissue to modify appearance and medical conditions arising from such **treatments**;
- breast enhancement or reduction, the revision of past cosmetic surgery and gynaecomastia (enlargement of male breasts) whether or not associated with muscular-skeletal or posture related conditions;
- **treatment** using dental implants.

We will pay for surgical **treatment** to restore appearance after an accident when such **treatment** takes place within 12 months of the date of the accident.

8.10 **Dental/oral treatment (such as fillings, gum disease, jaw shrinkage)**

We do not pay for dental/oral treatment other than those conditions and **treatments** specifically listed under Benefit J (Oral-surgical treatment), Benefit K (Accidental dental injury) and Benefit P (Routine dental charges) when shown as insured on **your membership certificate**.

8.11 **Dialysis**

We do not pay for renal dialysis except for short-term dialysis associated with sudden renal failure arising out of an **acute condition** affecting other parts of the body.

8.12 **Drugs, dressings and appliances**

We do not pay for:

- drugs, medicines or dressings that **you** take home following **treatment**;
- surgical, medical or dental appliances (e.g. neck supports, shoe implants and braces);
- hearing aids and dentures;
- contact lenses and spectacles (other than as specifically allowed under Benefit Q (Optical charges) when shown as insured on **your membership certificate**);
- mobility aids such as wheelchairs and crutches.

8.13 **Eating disorders**

We do not pay for **treatment** of eating disorders such as anorexia or bulimia or any kind of medical condition arising from such a disorder.

8.14 **Eyesight**

We do not pay for **treatment**, including laser eye surgery, given to correct myopia (short-sightedness), hypermetropia (long-sightedness), astigmatism and other such eyesight and vision disorders.

We will pay for **treatment** of eyesight problems arising out of an **acute condition**, such as cataracts and retina detachment.

8. Benefit exclusions *continued*

8.15 HRT and bone densitometry scans

We do not pay for:

- hormone replacement therapy;
- bone densitometry scans unless such a scan is required as a **diagnostic test** during the investigation into the symptoms of an **acute condition**.

8.16 Overseas treatment

We do not pay for **treatment** received outside of the **United Kingdom** except as specifically allowed under Benefit S (International Business Travel) when shown as insured on **your membership certificate**.

8.17 Pre-existing conditions

We do not pay for the **treatment** of any **pre-existing condition** or **related condition**.

You will need to refer to **your membership certificate** as this will indicate which method of underwriting applies to **your policy**. Further information is available on page 36 of this **policy booklet**.

8.18 Pregnancy and childbirth

We do not pay for:

- **treatment** in respect of pregnancy or childbirth, including delivery by caesarean section, except for the specific obstetric conditions shown under Benefit I (Maternity treatment) when shown as insured on **your membership certificate**;
- termination of pregnancy except when performed on essential medical grounds and approved by **our** medical advisor;
- **treatment** during the first 91 days following the birth of a child who was conceived by in-vitro fertilisation or any other method of assisted reproduction;
- foetal surgery.

We will pay for **treatment** of a child who is the subject of a premature birth but this will be limited to a period of 28 days from the date of birth for any or all **treatment**, care and monitoring that may be necessary.

8.19 Psychiatric treatment

We do not pay for the **treatment** of any psychiatric condition unless Benefit H (Psychiatric treatment) is shown as insured on **your membership certificate**.

8. Benefit exclusions *continued*

8.20 Screening and preventative treatment

We do not pay for:

- routine, precautionary or elective medical examinations or fitness testing;
- dental check ups (except as specifically allowed under Benefit P (Routine dental charges) when shown as insured on **your membership certificate**);
- hearing tests;
- sight tests (except as specifically allowed under Benefit Q (Optical charges) when shown as insured on **your membership certificate**);
- vaccinations, screenings and **treatment** carried out as a preventative measure where there is no **treatment** of an **acute condition**.

8.21 Self-inflicted illness or injury

We do not pay for:

- **treatment** required directly or indirectly as a result of self-inflicted illness or injury or suicide attempt;
- **treatment** directly or indirectly arising from participation in professional sports, unless such participation was disclosed to and accepted by **us** in writing;
- treatment resulting from an injury sustained in an accident for which **you** may be or have been subject to criminal proceedings and **treatment** resulting from a road accident where **you** were not wearing a seat belt as required by law.

8.22 Sleep problems and disorders

We do not pay for **treatment** in respect of sleep apnoea (the temporary stopping of breathing during sleep), snoring, insomnia and associated sleep-related breathing disorders.

8.23 Transplants

We do not pay for **treatment** involving any form of transplantation surgery except skin grafts when carried out as an integral part of the **treatment** of an **acute condition**.

8.24 Unlicensed and/or experimental drugs and treatment

We do not pay for:

- **treatment**, including drug therapy, that is not **established clinical practice** in the **UK**, **we** view as being experimental and unproven or where its clinical effectiveness is unproven;
- treatment using drugs that are not recognised and licensed in the **UK** for use in the **treatment** proposed.

8. Benefit exclusions *continued*

8.25 **War risks, radioactivity contamination and natural disasters**

We do not pay for **treatment** of any illness or injury resulting directly or indirectly from:

- war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
- contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel, or for the treatment of any complication or condition (whenever occurring) directly or indirectly arising from any such illness or injury;
- earthquakes, hurricanes, floods and other natural disasters.

9. Your underwriting method explained

As with any type of insurance **policy**, cover is only provided for unexpected or unforeseen events rather than predictable or inevitable events.

Therefore, all **our** medical insurance **policy booklets** contain an exclusion confirming that **we** do not pay for the **treatment** of what are referred to as “**pre-existing conditions**” - this is the term used to describe medical conditions that an **insured person** suffered from before their insurance cover with **us** started.

As a general rule, any medical condition, including conditions that are the cause of or arise out of that medical condition, that an **insured person** has experienced within the 5-year period prior to the start of their cover with **us** will be excluded from their cover.

We will not necessarily exclude every **pre-existing condition** and there are circumstances when **we** will accept a **pre-existing condition**. There are a number of methods **we** can use to exclude or accept **pre-existing conditions** - this is called “underwriting” - and these are explained below.

9.1 Full Medical Underwriting (FMU) and Reduced Medical Underwriting (RMU)

We do not pay for the **treatment** of any **pre-existing condition** or **related condition** unless **you** have told **us** about that condition when **you** completed **your** application form and **we** have not added a **special term** to **your membership certificate** specifically excluding that **pre-existing condition** or **related condition**.

If, during a claim, **we** discover that **you** are receiving **treatment** for a **pre-existing condition** that **you** did not fully disclose to **us** on **your** application form which led to **us** accepting **your** application on different terms to those that may have otherwise been applied, **we** reserve the right to:

- withdraw or suspend any agreement **we** may have already given to cover the costs of **treatment** for that condition and;
- seek additional information in respect of that condition from **you**, **your GP** or **Specialist**.

If, on receipt of that additional information, **we** believe that **you** did not fully disclose all information that was in **your** reasonable knowledge at the time **you** completed **your** application, **we** reserve the right to apply additional **special terms** to **your policy** from the **commencement date** of **your** cover and reconsider **your** claim against the new **special terms** now applied to **your policy**.

If **your** claim is no longer eligible as a result of the new **special terms**, **we** will seek to recover any payments already made in respect of that claim from **you**.

If **we** consider **your** failure to disclose all information to be deliberate or malicious with intent to obtain cover to which **you** knew **you** were not entitled, **we** may take additional action consistent with **our** legal rights.

9. Your underwriting method explained continued

9.2 Continued Personal Medical Exclusions (CPME)

If **you** cover has transferred to **us** from another insurer's policy to which Full Medical Underwriting or Reduced Medical Underwriting applied, **your policy** will cover all **pre-existing conditions** unless specifically excluded on **your membership certificate**.

If **you** previous policy included **special terms**, these will continue under **your Santé policy** with **us** and be shown on **your membership certificate**.

The rules and benefits of Santé may differ from those of **your** previous policy. Transferring to **us** on a CPME basis does not mean **you** can claim the same benefits as those on **your** previous policy. **You** must call **our** Claims Helpline before incurring any medical expenses to make sure **you** are covered as any claim **you** make will be subject to Santé benefits, terms and conditions as detailed in **your policy documents**.

9.3 Moratorium

We do not pay for the **treatment** of any **pre-existing condition** or **related condition** for which **you** have received medical advice or **treatment**, taken medication or for which **you** have experienced symptoms during the 5-year period prior to **your commencement date**.

If **you** do not receive medical advice or **treatment**, take medication or experience symptoms for the **pre-existing condition** or **related condition** for a period of two consecutive years after **your commencement date**, cover for that **pre-existing condition** or **related condition** will then be available subject to **your policy** benefits, terms and conditions.

Any condition that has a need for continuous **treatment** or medical advice will be permanently excluded from **your policy**.

If **your** cover has transferred to **us** from another insurer's policy to which moratorium underwriting applied, **we** will continue **your policy** and take over the unexpired portion of the moratorium period. Again, as with CPME underwriting, (see above) any claim **you** make will still be subject to Santé benefits, terms and conditions as detailed in **your policy documents**.

9.4 Medical History Disregarded (MHD)

We will cover all **your pre-existing conditions** and **related conditions**, subject to **your policy** benefits, terms and conditions.

10. Excesses and co-insurance

Your group secretary may have asked **us** to apply an **excess** or a co-insurance to **your policy** as means of sharing claims costs and in return for which **we** have given a premium discount. This section of the **policy booklet** gives **you** some practical guidance on how **excesses** and co-insurance are applied.

10.1 Excesses

A range of different **excesses** are available and they will apply to each **insured person** on **your policy**, either on a “per **period of insurance**” or on a “per claim” basis. If **your** cover includes an **excess**, the amount and application type will be shown on **your membership certificate**. The **excess** type and amount may vary for each **insured person**.

10.1.1 **Excess type - per insured person, per period of insurance**

An **excess** that applies “per **period of insurance**” is only paid once by an **insured person** during a single **period of insurance** regardless of how many eligible claims they submit. So if, for example, during a **period of insurance** an **insured person** makes three separate claims for three separate medical conditions, **we** will only apply one **excess** which will be deducted from the first eligible **treatment** invoices that **we** receive.

10.1.2 **Excess type - per insured person, per claim**

An **excess** that applies “per claim” is paid by an **insured person** at the start of a claim for each new condition during a **period of insurance**. So if, for example, during a **period of insurance** an **insured person** makes three claims for three medical conditions, an **excess** is applied to each claim and the **insured person** will pay three **excesses**.

10.1.3 **Treatment that spans two periods of insurance**

Regardless of the **excess** type, the **excess** will start again at the beginning of each **period of insurance**, even if the claim started in a previous **period of insurance** and **treatment** is ongoing. This means that an **excess** will be applied twice to the same course of **treatment** that starts in one **period of insurance** and continues into the next.

10.2 The following are typical examples of how an **excess** works:

Example 1: The cost of treatment is higher than the excess

A **member** with a £100 **excess** has back pain and is referred to a physiotherapist who treats the **member** for 6 sessions at £50 per session with a total cost of £300. As this is the **member's** first claim during this **period of insurance**, **we** deduct the whole **excess** of £100 and pay the remaining £200 to the physiotherapist. The **member** must pay the £100 **excess** directly to the physiotherapist.

10. Excesses and co-insurance continued

Example 2: The cost of treatment is lower than the excess

A **member** with a £100 **excess** is referred to a **Specialist** for a consultation, but does not need any immediate further **treatment**. The **Specialist** charges £80 for the consultation and because the **member** must pay the first £100, they pay the **Specialist's** bill directly. The **member** sends **us** the invoice for the **treatment** and, having assessed the claim as eligible, **we** record it on **our** system noting that an **excess** balance of £20 remains to be deducted from the next eligible accounts submitted.

Later in the same **period of insurance**, the **member** needs further **hospital treatment** for this condition which costs £1,500. **We** deduct the remaining £20 excess and pay £1,480. The **member** must pay the **hospital** the **excess** balance of £20.

Example 3: One claim for treatment in 2 different periods of insurance

A **member** with a £100 **excess** has backache and is referred to a physiotherapist who treats the **member** for 8 sessions at £50 per session with a total cost of £400. Five of these **treatments**, totalling £250, occur before the renewal date of the **policy** whilst the remaining three sessions, totalling £150, occur after the renewal date of the **policy**.

As this is the **member's** first claim in the first **period of insurance**, **we** deduct the whole **excess** of £100 and pay the balance of £150 towards the **treatment** costs for that period. As this is also the **member's** first claim in the second **period of insurance**, **we** again deduct the whole **excess** of £100 and pay the balance of £50 towards the **treatments** in that period. The **member** must therefore pay the physiotherapist a total of £200 in respect of both **excesses**.

Additional notes:

- If **you** pay an **excess** towards eligible **treatment** costs that are normally subject to a maximum benefit, such as Benefit C (**Outpatient treatment on GP referral**), **we** will not deduct the **excess** payment from that limit;
- **You** must settle any **excess** payments directly with the relevant provider - **we** cannot accept personal cheques from **you** in respect of **excess** payments;
- An **excess** will not be deducted from any claim **we** pay **you** for **NHS** or Maternity cash benefit.
- If **you** have transferred to Santé from another policy, Santé terms and conditions will apply as detailed in **your policy documents**. This may mean that an **excess** now applies to **your** claim that did not apply under **your** previous policy or that **your excess** amount or type has changed.

10. Excesses and co-insurance continued

10.3 Co-insurance

Co-insurance is not the same as an **excess**. Co-insurance means that **you** and **we** each pay a percentage proportion of the cost of **treatment** that **we** would otherwise pay in full. Certain benefits, such as Benefit P (Routine dental treatment), have a co-insurance element as part of the benefit structure whilst on some occasions **your group secretary** may have asked **us** to apply a co-insurance to all the benefits on **your policy** and this will be shown on **your membership certificate**.

The **benefits table** and **your membership certificate** will show what percentage of the costs for each eligible claim **you** pay. Where, for example, it is shown as 20%, this means that **you** must pay 20% of the cost and **we** will pay the remaining 80%.

10.4 These examples demonstrate how co-insurance works:

Example 1: Co-insurance

A **member** sees his optician for an eye test. As a result of the eye test, he needs to purchase new glasses as his eyesight has deteriorated slightly. The optician charges £20 for the eye tests and £120 for the new glasses which the **member** settles directly and claims back the costs from **us**. The cover for these costs is subject to co-insurance at 25%, so **we** pay 75% of the claim to the **member** - a total of £105.

Treatment cost:	£20	£120
Co-insurance rate:	25%	25%
Benefit paid by us :	£15	£90

Example 2: Co-insurance with a £100 excess

A **member** with a £100 **excess** sees a **Specialist** for a consultation and an x-ray for which the **member** receives a bill totalling £250. The **member** has a £100 **excess** and a 10% co-insurance. **We** would normally pay 90% of the **treatment** costs - £225 - but before **we** settle the claim, **we** deduct the £100 **excess** paying a total of £125 with the **member** paying the balance of £125.

Treatment cost:	£250
Co-insurance rate:	10%
Benefit after co-insurance:	£225
Excess paid by member :	£100
Benefit paid by us :	£125

Additional notes:

- Co-insurance will not be applied to any claim for **NHS** or Maternity cash benefit
- The total amount of co-insurance paid by an **insured person** during a single **period of insurance** will be limited to an overall maximum amount as shown on **your membership certificate**.

11. Advice and Counselling Helpline

All Santé members and their families have free access to an Advice and Counselling Helpline provided by **our** partners, Counselling in Companies (CiC)

If **you** need information or advice about emotional issues or wish to speak to a trained counsellor about problems in **your** life, **you** may wish to consider contacting the Advice and Counselling Helpline.

When **you** call the Helpline, **you** will speak with a trained telephone counsellor who, with **you**, will determine the best course of action to meet **your** particular needs. **You** may benefit from simply talking with the counsellor or **you** may wish to receive more specialist support. Whatever **your** situation, they will help and, if appropriate, put **you** in touch with an expert who will assist **you** with the issues **you** are facing.

Even if **you** are just feeling worried for no apparent reason, or if **you** are not sure if the Helpline can assist, please give them a call. They will always do their best to provide relevant information and support and if they cannot help directly, they will try to point **you** in the right direction.

The Advice and Counselling Helpline can be contacted on 0800 197 2333 and the trained counsellors are available from 8am to 8pm, 7 days a week, 365 days a year.

If **you** have hearing difficulties, **you** can reach the Helpline via minicom on 0800 781 7935.

11. Advice and Counselling Helpline *continued*

11.1 **Your questions answered**

These are some general questions and answers about the Advice and Counselling Helpline service that **you** may find helpful.

11.1.1 **Is the service really confidential?**

Yes. All counsellors are bound by their professional code of ethics. The only information given to **your** employer is of a limited statistical nature and will never identify individual callers. In certain exceptional cases, the Helpline may have to disclose information to a relevant third party but they would always endeavour, where possible, to discuss this with **you** first.

When **you** contact the Helpline, the only information **you** have to provide is the reference number given on **your membership certificate** and the name of the organisation for which **you** work. **You** do not have to give **your** name or department and **you** do not need to tell anybody else **you** have used the service unless **you** wish to.

11.1.2 **Is it really free?**

All the telephone-based counselling services provided by CiC are available to **you** completely free of charge. However, **you** may be referred by the counsellor to an external specialist organisation for face-to-face counselling, for example, or if you use services outside the scope of those provided by the counselling helpline, there may be some costs involved which **you** will be responsible for.

11.1.3 **How often can I use the service?**

For general information and support by telephone, **you** can use the service as often as **you** want - there is no limit to the number of calls **you** can make although the Helpline will only be available from 8am to 8pm.

11.1.4 **Can my manager make me contact the service?**

No. Use of the service is completely voluntary.

11.1.5 **Do I have to discuss personal concerns with my line manager?**

This service is completely independent from **your** organisation and does not replace **your** HR department or line manager. Therefore, whilst **you** do not have to discuss **your** personal concerns with **your** employer, **you** may find it helpful to discuss issues with **your** manager if they are affecting **your** well-being.

11.1.6 **Can any member of my family use the service?**

No, the only people entitled to use this service will be **you**, **your** partner and any dependants living with **you** aged 18-25.

11. Advice and Counselling Helpline *continued*

11.2 **Who are Counselling in Companies?**

All **our** advice and counselling services are provided by Counselling in Companies (CiC) which was founded in 1988 and provides a service to over 250,000 employees and their families nationwide.

CiC is a subsidiary of Wpf Counselling & Psychotherapy, a registered charity and one of the largest general counselling agencies in the **UK**. It is a leading training institution for counsellors and psychotherapists. CiC is non-profit making and covenants any surplus towards the continuation of Wpf's work. It is non-sectarian and non-political.

11.3 **Privacy policy statement**

We may disclose **your** personal data to CiC so they can provide advice and counselling services to **you**. Their counsellors are bound by a strict code of ethics and obligations of confidentiality which means that they must not disclose any personal data to any third party including **your** employer unless required to do so by law or in the specific circumstances described below.

All personal data collected by CiC will be used solely to provide this service to **you**. However, **we** do collect statistical data about individuals to whom CiC has provided support so that their employer can evaluate the quality of the service received by their employees. Any feedback given by CiC to **your** employer is completely anonymous and is carefully monitored to ensure that no individual can be identified from that feedback at any time.

Details of **your** counselling and the personal data collected about **you** are kept strictly confidential by staff and any counsellor engaged in providing counselling to **you**. In extreme situations where there is a risk to **you** or to other people, ongoing child abuse or terrorist activity, the Helpline may have to disclose information to a relevant third party but would always endeavour, wherever possible, to discuss this with **you** first.

12. Conditions

12.1 The insurance contract

- **Your policy** is part of an insurance contract between the **policyholder** and the **insurer** and, as such, there is no contractual relationship between the **insurer** and **you**. **Your policy** may be amended, varied or cancelled by the **policyholder** or the **insurer** without the consent of any **insured person**.
- An **insured person** is given the right to claim eligible medical expenses through their **policy** as if they were the **policyholder** in accordance with the benefits provided by their **policy** as requested by the **group secretary**
- No employee or agent of **ours** is authorised to change or waive any part of these rules and no verbal communication can vary the written **policy** or **special terms**. **You** should, therefore, request written confirmation of any changes made
- **Our** failure, delay or omission to enforce any of these rules will not act as a waiver of these rules. It will not stop **us** correctly applying the rules later

12.2 Obligations under the contract

Our part of the contract is that **we** will provide the cover:

- as detailed in **your policy documents**;
- for the **period of insurance** for which the **policyholder** has paid and **we** have received and accepted the premium.

12.3 Transfer (Assignment) of your interest in your policy

You cannot transfer the cover provided under **your policy** to anyone else.

12.4 Dual insurance claims

If **you** have any other insurance that may also provide cover in respect of medical expenses covered under **your policy**, **we** will only pay for **our** proportion of the claim. This is usually referred to as “dual insurance”.

If a claim involves dual insurance, **you** must give **us** full details of the other policy, including the insurer’s address, policy and claim number and any other relevant information

We will contact the other insurer and agree settlement of the claim based on each insurer paying its proportional share of eligible costs. The combined payments of the insurers may not exceed the total costs incurred.

12. Conditions continued

12.5 **Third party claims**

If **your** illness or injury was caused or aggravated by a third party, **we** may be able to recover **our** costs from that third party. This is usually referred to as a “third party claim.”

In the event of a third party claim, **you** must immediately inform **us** and give **us** details of any solicitor acting on **your** behalf. **We** will then write to **you**, with a copy for **your** solicitor, setting out **our** full requirements and the process to be followed. In brief, **we** will need a written undertaking that **you** will:

- tell **your** solicitor that **you** are insured by **us** for eligible medical expenses;
- instruct **your** solicitor to include all medical expenses in **your** claim against the third party in addition to any personal damages being sought;
- repay **us** any benefits paid under **your policy** if **your** claim is successful;
- keep **us** informed in writing of any developments;
- accept **we** are not liable for any of **your** legal costs relating to **your** third party claim.

During the progression of **your** third party claim, **we** will continue to settle **your** eligible medical expenses in accordance with **your policy** benefits, terms and conditions on the understanding that these will be repaid to **us** if **your** third party claim is successful. If, on the other hand, **your** third party claim fails, **we** would not ask **you** to repay **us**.

12.6 **Fraudulent claims**

If a fraudulent claim (which includes exaggeration) is detected, the claim will not be paid and **we** will reserve the right to refer the matter to the police for consideration of criminal prosecution. **Your policy** may be rendered invalid and **we** may take other action consistent with **our** legal rights.

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by or on behalf of any **insured person** to obtain benefit under **your policy**, all benefits under **your policy** will be lost and **you** must return to **us** any payments already made.

12.7 **Non-disclosure**

If any person gives **us** any incomplete or untruthful answers to any questions **we** have asked in respect of **your policy**, **we** reserve the right to cancel or amend **your policy** and **you** will be required to refund the cost of any claims **we** have paid.

12.8 **The law and language applicable to this policy**

The insurance contract between the **policyholder** and the **insurer** is governed by and interpreted in accordance with the laws of England and Wales. The language used in **your policy** and any communication relating to it will be English.

13. Complaints Procedure

Groupama Insurances is committed to delivering the highest standards of customer care. However we realise that there may be times when things go wrong. In such circumstances please contact the Department where the issue arose by using the numbers and addresses detailed. Telephone calls may be recorded.

Please quote your name, claim or policy number and the reason for your complaint.

Stage 1

Claims

Healthcare Claims Manager
Groupama Healthcare
The Nexus Building
Broadway
Letchworth Garden City
Hertfordshire
SG6 3TE

Telephone: 0870 444 8291

Fax: 0870 444 8296

Email: healthclaims@groupama.co.uk

Policy Administration and Documentation

Head of Healthcare
Groupama Healthcare
The Nexus Building
Broadway
Letchworth Garden City
Hertfordshire
SG6 3TE

Telephone: 0870 444 8292

Fax: 0870 444 8297

Email: healthmembers@groupama.co.uk

Our commitment to you

- We will make sure all the information we give you will be clear and accurate;
- We will be fair and reasonable whenever you need the protection of this policy;
- We will act promptly to provide the protection you need.

If things go wrong

Whilst we will make every effort to maintain the highest standards, we recognise that there may be some occasions when we fail to satisfy the particular requirements of our customers. We therefore have in place procedures to investigate and remedy any area of concern. In such circumstances we promise:

- To acknowledge any formal complaint in 5 days or less;
- To have the issues reviewed by a person of appropriate seniority and authority;
- To identify the person managing your complaint in our original letter of response;
- To respond fully to your concern or complaint within a maximum of 28 days;
- If for any reason this is not possible, we will write to you promptly to explain why we have been unable to finalise the matter quickly. We will also let you know when we will contact you again.

13. Complaints Procedure *continued*

Stage 2

If you still feel that we have been unable to resolve the matter to your satisfaction then please write to our Chief Executive, at:

Groupama Healthcare
Groupama House
24-26 Minories
London
EC3N 1DE

Telephone: 0870 850 8510

Fax: 020 7264 2860

Stage 3

If you are still unhappy following receipt of our final response, you can refer the dispute to the Financial Ombudsman Service who will review your case on an independent basis. The address is:

Financial Ombudsman Service
Insurance Division
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Telephone: 0845 080 1800

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

The Financial Ombudsman Service offers a free, independent and impartial complaints resolution service for customers with financial services products and will generally look at complaints involving mis-selling, mal-administration of a policy and the way a claim has been handled.

A leaflet is available on how the Financial Services Ombudsman operates. If you would like a copy, please contact us. Alternatively, you can download a copy from their website.

The Ombudsman's final decision is always binding on us, but you are not obliged to accept their decision if you disagree with it and you may take further action if you wish – your use of the Ombudsman's services does not affect your legal rights. However, you must approach the Financial Ombudsman Service within 6 months of our final decision letter if you wish them to review your complaint.

13. Complaints Procedure *continued*

Financial Services Compensation Scheme

Groupama Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if we cannot meet our obligations, depending on the type of business and the circumstances of the claim.

For further information, you can visit the FSCS website at www.fscs.org.uk or contact them by telephone on 020 7892 7300 or email enquiries@fscs.org.uk

A GROUPAMA
COMPANY



Groupama

Groupama Insurance Company Limited Registered Number 995253
Registered in England Registered Office: Groupama House 24-26 Minories London EC3N 1DE
www.groupamahealthcare.co.uk

Member of the Association of British Insurers
Authorised and regulated by the Financial Services Authority

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