

keyfacts[®]

This document is a guide to the cover provided by Santé for You. It is, however, only a summary of the cover and does not contain full details of the insurance policy terms, conditions and exclusions which can only be found in the policy booklet. A policy booklet will be sent to you at the start of your policy, but a copy is available on request.

This insurance is underwritten by: Groupama Insurance Company Limited
 Type of insurance: Private Medical Insurance
 Period of insurance: The policy will last for one year and will be renewable on an annual basis

Santé for You is a private medical insurance plan that, subject to the terms, conditions and exclusions contained in the policy booklet, covers the cost of private medical treatment that you require as a result of suffering an unexpected acute illness or injury.

Santé for You offers a choice of four levels of cover. The benefits in Section 1 provide the basics of medical insurance with cover for inpatient and outpatient treatment, home nursing, private ambulance, an NHS cash benefit and access to an Advice and Counselling Helpline service. Your policy must contain Section 1 benefits as a minimum level of cover.

Santé for You also offers two sets of optional benefit packages - Section 2 and Section 3 - that can be purchased in addition to the Section 1 benefits, a choice of two hospital bands, London and Provincial and a range of excess and co-insurance options.

Summary of benefits

PRIVATE MEDICAL INSURANCE		
Section 1	Limits	Significant exclusions or limitations
Benefit A - Specialist fees	Full refund	In accordance with our Schedule of Procedures
Benefit B - Hospital charges	Full refund	When using a hospital included on our hospital list and within the chosen level of cover
Benefit C - Outpatient treatment on GP referral	£750	Specific treatments listed on the Benefits Table
Benefit D - Outpatient treatment on Specialist referral	Full refund	When using a hospital included on our hospital list and within the chosen level of cover, the Specialist's own consulting rooms or other facility approved by us
Benefit E - Home nursing	Full refund	Maximum of 13 weeks – must be under direct control and referral of a Specialist
Benefit F - Private ambulance	Full refund	When medically necessary
Benefit G - NHS cash benefit	£150 per night (unlimited nights)	For treatment received in an NHS Hospital as an NHS patient
Advice & Counselling Helpline	Unlimited	Helpline available from 8am to 8pm
Section 2	Limits	Significant exclusions or limitations
Benefit H - Psychiatric treatment ● Outpatient treatment ● Inpatient and daypatient treatment	£1,000 28 days	
Benefit I - Maternity treatment	As per Benefits A–F	Specific conditions listed in the Benefits Table
Benefit J - Oral-surgical treatment	As per Benefits A–F	Specific conditions listed in the Benefits Table
Benefit K - Accidental dental injury ● Extra-oral injury ● Intra-oral injury	£10,000 Full refund	Specific treatments only with individual limits as listed in the Benefits Table
Section 3	Limits	Significant exclusions or limitations
Benefit L - NHS cash benefit (extended)	£300 per night (unlimited nights)	Cannot also claim under Benefit G
Benefit M - Maternity cash benefit	£250 per child	
Benefit N - Follow-up consultations	£150	
Benefit O - GP charges ● Consultations and minor surgery ● Completion of claim forms and medical reports	£150 £25 per item	

Important notes:

- For more information on the benefits provided by Santé for You, please see section 9 of the policy booklet
- For a full explanation of cover, you must read the benefits table, hospital list and policy booklet as one document
- All benefit limits apply per insured person, per period of insurance

Summary of key exclusions

The following are the key exclusions under Santé for You. A full list of exclusions is set out in section 10 of the policy booklet.

Pre-existing medical conditions unless specifically accepted by us	Chronic conditions – for more information, please ask for a copy of our leaflet "Chronic conditions explained"
Ageing, menopause and puberty	AIDS / HIV
Alcohol abuse and substance abuse	Behavioural and developmental problems
Birth control, conception, sexual problems and sex change	Convalescence, rehabilitation and general nursing care
Cosmetic or reconstructive surgery	Dental treatment (except as allowed under Benefits J and K)
Dialysis	Drugs, dressings and appliances
Eating disorders	Eyesight disorders
HRT and bone densitometry scans	Pregnancy and childbirth (except as allowed under Benefit I)
Psychiatric treatment (except as allowed under Benefit H)	Self-inflicted illness or injury
Sleep problems and disorders	Transplants
Unlicensed and/or experimental drugs and treatment	Overseas treatment

Excess and co-insurance

A range of excesses are available from £50 to £5,000. If you would like a quotation based on a particular excess amount, please ask your intermediary.

Excesses can be applied on a "per period of insurance" or on a "per claim" basis:

- *excess type "per insured person per period of insurance"* - this means you will only pay one excess regardless of how many eligible claims you make during a period of insurance
- *excess type "per insured person, per claim"* - this means you will pay an excess at the start of a claim for each new medical condition during a period of insurance

For both excess types, a further excess must be paid if treatment continues into a new period of insurance. 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.

Co-insurance means that you and we each pay a percentage proportion of the cost of treatment that we would otherwise pay in full. You can choose to pay 10%, 20% or 30% of each claim, but you can also limit the amount of co-insurance you pay during a period of insurance to £200, £400, £800 or £1,600.

For further information on how excesses and co-insurance apply, please see section 8 of the policy booklet.

Cancellation rights

We hope that you will be happy with your cover. If, having examined your policy, you decide not to proceed, you have 14 days from the date you received your policy documents to cancel this policy and receive a refund of premium provided you have not already made a claim. To cancel your policy, please contact the intermediary or organisation that sold you your policy and return your policy documents to them.

For more information on your cancellation rights, please see section 5 of the policy booklet.

Making a claim

If you wish to make a claim, you must contact our Claims Helpline before arranging treatment. They are available:

- by telephone: 0870 444 8291
- by e-mail: healthclaims@groupama.co.uk

The Claims Helpline is available Monday to Friday (excluding Bank Holidays) from 8am to 6pm.

For more information on how to make a claim, please see section 6 of the policy booklet.

Making a complaint

If you are unhappy about the way that your policy has been administered or the way a claim has been handled, you should contact the Team Leader of the appropriate department and they will do all they can to resolve the complaint.

Claims

Telephone: 0870 444 8291
Fax: 0870 444 8296
Email: healthclaims@groupama.co.uk

Policy Administration and Documentation

Telephone: 0870 444 8292
Fax: 0870 444 8297
Email: healthmembers@groupama.co.uk

If we are unable to resolve your complaint to your satisfaction, you may be entitled to refer your complaint to the Financial Ombudsman Service. For more information on our complaints procedure, please see section 13 of the policy booklet.

Compensation

Groupama Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to receive compensation if we are unable to meet our obligations. Full details are available from the FSCS at www.fscs.org.uk or telephone 020 7892 7300.