Santé by Groupama Healthcare

# A member's guide to Santé by Groupama Healthcare group private medical insurance

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# 1. How to contact us

Your personal policy number is shown on your membership certificate. When you contact us, we will ask you for your policy number as it helps us confirm your cover with us.

Our membership and claims helplines are available between 8am and 6pm Monday to Friday (except bank holidays). If you call outside these hours, you can leave a message with our out-of-hours team. They will take your details and we will call you back on the next working day.

**Claims helpline**
Phone: 0333 633 9001
Fax: 0333 633 9009
Email: healthclaims@groupama.co.uk

Please call our claims helpline if you want to make a new claim, if you need further treatment, if you have a question under an existing claim or if you want to know whether a specific treatment would be covered.

**Membership helpline**
Phone: 0333 633 9002
Fax: 0333 633 9010
Email: healthmembers@groupama.co.uk

Please call our membership helpline if you have a general question about your policy or if you want to make a change such as telling us about a new address.

Calls to these helplines may be recorded and may be monitored.

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

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

**Calls to 03 numbers will cost no more than the cost of a call to an 01 or 02 number in the UK.**

# 2. About private medical insurance

Please take time to read this guide as it explains how **your policy** works, what is covered and what is not covered. It also tells **you** how to make a claim and, if **you** are not happy with **our** service to **you**, how to make a complaint.

This guide is only a summary of the cover provided by Santé and does not contain the full details of the insurance terms, conditions and exclusions. Full details are given in the policy booklet.

**You** can get a copy of the full policy booklet from the **policyholder**, from **our** website at www.groupamahealthcare.co.uk or by phoning **our** membership helpline on 0333 633 9002.

## 2.1 Defined words

Words that are printed in bold throughout this document have a particular meaning. Some of those words are listed below. There is a full list of all defined words in part 3 of the policy booklet.

**Acute condition**
A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return the **insured person** to the state of health they were in immediately before suffering the disease, illness or injury or which leads to their full recovery.

**Chronic condition**
A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests;
- it needs ongoing or long-term control or relief of symptoms;
- it requires the **insured person's** rehabilitation or for them to be specially trained to cope with it;
- it continues indefinitely;
- it has no known cure; or
- it comes back or is likely to come back.

**Diagnostic tests**
Investigations, such as x-rays or blood tests, to find or to help to find, the cause of the **insured person's** symptoms.

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

## 2.2 The purpose of private medical insurance

Private medical insurance covers the cost of private medical **treatment** that an **insured person** needs as a result of suffering an unexpected **acute condition**.

**Acute conditions** are diseases, illnesses and injuries that come on quickly and unexpectedly, suddenly causing pain or discomfort and other symptoms. **Acute conditions** respond quickly to **treatment** which leads to a full recovery without the need for prolonged **treatment**.

Typical examples of an **acute condition** include hernia, tonsillitis, knee pain, breast lump, skin rash and appendicitis.

## 2.3 Chronic medical conditions

**Your policy** does not cover all private medical treatment costs and there are treatments and conditions **we** do not cover (exclusions). Benefit exclusions relate specifically to **your policy** and are shaded in part 6 of this guide. Policy exclusions apply to all **our** policies and these are summarised in part 8 of this guide. A full list of all policy exclusions is given in part 6 of the policy booklet and these apply on top of the benefit exclusions.

In particular, **we** do not pay for the **treatment** of **chronic conditions**.

For these conditions, a person would need to regularly see a **GP**, **specialist** or other medical professional over a long period (maybe even years) for check-ups and monitoring. Private medical insurance is not designed to cover these long-term costs.

Typical examples of a **chronic condition** include asthma, diabetes, hayfever, multiple sclerosis, Parkinson's disease and Crohn's disease.

**Our** leaflet 'Chronic conditions explained' gives more guidance on how **we** look at claims for **chronic conditions**. It contains some typical case studies. **You** can get the leaflet from **our** website at www.groupamahealthcare.co.uk or by contacting **our** membership helpline.

## 2.4 Pre-existing medical conditions

**We** do not pay for **treatment** of **pre-existing conditions** and **related conditions**. These are medical conditions that an **insured person** has suffered from before their cover with **us** started.

**We** will not cover a medical condition that an **insured person** has suffered from within the five-year period before their cover with **us** started unless **we** have agreed to cover that condition.

For more information on cover for **pre-existing conditions**, please see part 7 of the policy booklet.

# 3. What is covered by your policy?

## 3.1 About Santé by Groupama Healthcare

Santé is divided into three sections. **Your** membership certificate will show which sections apply to **your policy**, according to the level of cover **you** have.

| Section 1 | Section 2 | Section 3 |
|---|---|---|
| Specialist fees | Psychiatric treatment | NHS cash benefit (extended) |
| Hospital charges | Maternity treatment | Maternity cash benefit |
| Outpatient treatment a GP has referred you to | Oral-surgical treatment | Specialist monitoring of a chronic condition |
| Outpatient treatment a specialist has referred you to | Accidental dental injury | GP charges |
| Home nursing | | |
| Private ambulance | | |
| NHS cash benefit | | |

All Santé policies include section 1 benefits along with access to **our** free advice and information helpline. **You** will only have section 2 or section 3 benefits if **your group secretary** has told **us** to include them as part of **your policy**. In this case, **your** cover for benefits under section 2 or section 3 (or both) will be shown on **your** membership certificate.

Santé also includes a range of medical and non-medical ‘add-ons’. If **you** are covered for any of these add-ons, they will also be shown on **your** membership certificate.

| Medical add-ons | Non-medical add-ons |
|---|---|
| Routine dental treatment | Employee assistance programme |
| Optical charges | International business travel |
| | CityGP |

## 3.2 Your policy documents

**Your** policy documents tell **you** everything **you** need to know about **your policy**.

- This guide summarises the cover provided and any limits that apply.
- **Your** membership certificate confirms each **insured person**, the level of cover provided and any **special terms** that apply. **Your** membership certificate will also show if any of **your** benefits are different from those shown in part 6 of this guide.
- **Your** policy booklet gives the full terms and conditions of the insurance.
- **Your** hospital list shows the hospitals available.

For a full explanation of the cover, **you** must read all **your** policy documents together. Please take time to read and understand **your** policy documents and **your** cover in general. If **you** have any questions, please contact **us**.

### 3.3 The benefits

Depending on which sections apply to **you** and the policy terms and conditions, **we** will pay for:

- **specialist** consultations and **diagnostic tests** needed to investigate an **insured person's** acute symptoms to reach a diagnosis;
- a specific **treatment** plan such as a course of physiotherapy;
- hospital, surgeon and anaesthetist fees if an **insured person** needs surgery; and
- one follow-up consultation with the **specialist** to confirm that the **treatment** has been successful.

A detailed explanation of the benefits is given in part 6 of this guide. Any differences to those benefits will be shown on **your** membership certificate.

### 3.4 Cancer treatment

The complex nature of **cancer** and the variety of **treatments** available means that different cancers can be difficult to categorise as **acute conditions** or **chronic conditions**. **Our** approach is to pay for **specialist** consultations, **diagnostic tests** and **active cancer treatment** such as surgery, radiotherapy and chemotherapy, although **our** dedicated Case Management Team will assess each claim individually.

**We** will also pay for follow-up monitoring with a **specialist** for five years once the **active cancer treatment** is complete.

**Our** leaflet 'Cancer cover explained' gives more detail about the cover **we** provide for **active cancer treatment**. **You** can get the leaflet from **our** website at www.groupamahealthcare.co.uk or by contacting **our** membership helpline.

### 3.5 Advice and information helpline

All **our** members have access to a free advice and information helpline provided by Counselling in Companies (CiC). The helpline is available between 8am and 8pm, seven days a week, 365 days a year. The contact details are as follows.

| | |
|---|---|
| **Phone:** | **0800 197 2333** |
| **Textphone:** | **0800 781 7935** |

For more information on the service the advice and information helpline provides, see part 10 of the policy booklet.

### 3.6 Discounted health screenings at Nuffield Hospitals

All **our** members can take advantage of a special 10% discount off the cost of a range of health screenings offered by Nuffield Proactive. **You** can get more information, including details on how to book and take advantage of this offer, from **our** website at www.groupamahealthcare.co.uk.

# 4. Making a claim

If **you** want to make a claim, **you** must call **our** claims helpline before arranging **treatment**. The line is open between 8am and 6pm Monday to Friday (except bank holidays).

**Claims helpline**

| | |
|---|---|
| **Phone:** | **0333 633 9001** |
| **Fax:** | **0333 633 9009** |
| **Email:** | **healthclaims@groupama.co.uk** |

Calls to the helpline may be monitored and recorded.

**Our** claims helpline is here to help 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 **you** may have about the claim caringly, quickly and efficiently.

When **you** first ring the claims helpline to tell **us** about a new claim, **we** will ask **you** for the following information.

- **Your** name and policy number. (**We** will also carry out a brief identity check by asking **you** to confirm personal information **we** hold about **you**.)
- The name of the **insured person** who needs **treatment**.
- The medical condition or symptoms the **insured person** is suffering from.
- The date the **insured person** first visited their **GP** with this medical condition or symptoms.
- The **treatment** plan their **GP** is recommending including:
  - the name of the **specialist** or practitioner they are being referred to; and
  - the hospital or clinic they will be going to.
- Their **GP's** name, address and phone number.

**We** will also ask for a current phone number and email address in case **we** need to contact **you** during the claim.

**We** understand that it can be uncomfortable discussing medical problems with someone **you** don't know, so **we** will be as discreet as possible. However, the more information **you** can give, the easier it will be for **us** to assess **your** claim there and then, over the phone, and avoid **us** needing to get more information from the **GP**.

**You** may also find it useful to have **your** policy documents with **you** when calling the claims helpline.

Please see part 4 of the policy booklet for more details on how to make a claim.

# 5. Hospital list

Santé by Groupama Healthcare is designed to make sure **you** have quick access to medical **treatment** when **you** need it most. This may mean that **you** need to go to a hospital.

Whenever **you** need to visit a hospital, **you** must make sure that **you** check the most recent hospital list as **you** can only use a hospital that is on that list within **your** level of cover.

**Our** hospital list is divided into two scales – London and Provincial. The Provincial scale gives access to a wide range of private hospitals across the **UK** and all NHS private patient units.

A number of hospitals in central London are not covered by the Provincial scale and are only covered if **you** have London scale. These are highlighted at the top of **our** hospital list and are currently as follows.

| | |
|---|---|
| BUPA Cromwell Hospital (SW5) | The Harley Street Clinic (W1G) |
| The Lister Hospital (SW1W) | London Bridge Hospital (SE1) |
| The London Clinic (W1G) | Portland Hospital (W1W) |
| The Princess Grace Hospital (W1U) | The Wellington Hospital (NW8) |
| Harley Street @ UCH (NW1) | Cadogan Clinic (SW1X) |
| The Priory Hospital Roehampton (SW15) | |

If **you** have Provincial scale and receive **treatment** at any of the hospitals above without **our** agreement, **we** will only pay 50% of the eligible costs and **you** will have to pay the rest.

**Your** membership certificate will show whether **you** have Provincial (Prov) or London (Lon) scale. The hospital list shows which hospitals fall into which scale of cover. **You** can get a copy of **our** most recent hospital list from **our** website at www.groupamahealthcare.co.uk or by contacting **our** membership helpline.

**We** can change **our** hospital list, including the list of London-scale hospitals, without giving notice. However, any changes will not apply until the **group scheme's** next renewal date. **We** suggest **you** get a copy of **our** most recent hospital list before the **group scheme** renews each year and make sure that **you** have the right level of cover.

# 6. The benefits

**We** will pay the reasonable cost of **treatment** an **insured person** receives for an **acute condition** during a **period of insurance**, in line with the cover shown in **your** policy documents, as long as:

- the **treatment** is medically necessary;
- the **insured person** has been referred for **treatment** by their **GP**;
- the **policyholder's** premiums are up to date;
- **your policy** is in force at the time of **treatment**; and
- no exclusion applies.

All **treatment** must be provided in the **UK** and be given by, or under the supervision of, a **specialist** the **insured person's GP** has referred them to, unless this section says otherwise.

All **specialists**, therapists and practitioners giving **treatment** must be registered with the relevant governing and regulatory body (for example, the Health Professions Council) as required by current **UK** law.

All benefit limits apply to each **insured person** in each **period of insurance**.

**Section 1**

| **Benefit A – specialist fees** |
|---|
| **We** will pay, in full, the fees **specialists** charge for providing **inpatient** and **daypatient treatment** including consultations, **diagnostic tests**, surgeons' fees, anaesthetists' fees and fees for care before and after an operation, as long as the fees are charged in line with **our** schedule of procedures.<br><br>**You** can get **our** current schedule of procedures from **our** website at www.groupamahealthcare.co.uk. |
| **Benefit B – hospital charges** |
| We will pay, in full, the fees a hospital charges for providing **inpatient** and **daypatient treatment** as long as the **insured person** uses a hospital shown on **our** hospital list that is within their level of cover. The fees include:<br>• accommodation, meals and nursing care;<br>• intensive care;<br>• operating theatre and drugs;<br>• **diagnostic tests**;<br>• **treatment** such as radiotherapy, chemotherapy and physiotherapy;<br>• implanted prosthesis such as a joint replacement; and<br>• accommodation for a parent accompanying a child aged 16 years or under.<br><br>**We** will pay up to £5 a night, limited to £30 for each hospital stay, towards personal items such as newspapers, phone calls and meals for visitors.<br><br>If the **insured person** uses a London-scale hospital when they have Provincial cover, **we** will only pay 50% of the eligible hospital charges unless **we** have agreed otherwise with **you**. |

**Section 1 (continued)**

**Benefit C – outpatient treatment a GP has referred you to**

**We** will pay up to £750 for **diagnostic tests** and the **treatments** shown below when a **GP** arranges them without the **insured person** being referred to a **specialist**.

- **Diagnostic tests** (except MRI, CT and PET scans).
- Physiotherapy, podiatry, osteopathy and chiropractic.
- Acupuncture, homeopathy, reflexology and aromatherapy.

**Benefit D - outpatient treatment a specialist has referred you to**

**We** will pay, in full, the fees charged for the following **outpatient treatment** given by, or under the supervision of, a **specialist** the **insured person's GP** has referred them to.

- Consultations and **diagnostic tests** (including MRI, CT and PET scans).
- Radiotherapy and chemotherapy.
- Minor surgical procedures not needing a stay in hospital.
- Drugs and dressings used during the **outpatient treatment**.
- Physiotherapy, podiatry, osteopathy and chiropractic.
- Acupuncture, homeopathy, reflexology and aromatherapy.

**Treatment** must be in a hospital shown on **our** hospital list that is within the **insured person's** level of cover, in the **specialist's** own consulting rooms or another facility approved by **us**. If not, **we** will only pay 50% of the eligible hospital charges.

**Benefit E - home nursing**

**We** will pay, in full and for up to 13 weeks, the fees for a nurse providing medical **treatment** in the **insured person's** own home.

**Treatment** must be for medical reasons only and immediately follow **inpatient treatment**, or be **treatment** that would normally be provided in a hospital. **Treatment** must be recommended and arranged by, and remain under the supervision of, a **specialist**.

The nurse must be on the Nursing and Midwifery Council (NMC) register and hold a valid NMC personal identification number.

**We** do not pay for domestic services such as a home help or childminder.

**Benefit F - private ambulance**

**We** will pay, in full, the fees for a private road ambulance when the **specialist** has confirmed that using it was necessary for medical reasons as part of a course of **treatment**.

**Benefit G - NHS cash benefit**

**We** will pay **you** a cash benefit of £150 for each night an **insured person** spends in an NHS hospital to receive **inpatient treatment** that would otherwise be covered by **your policy**. All **treatment** costs must be paid by the NHS.

If the **insured person** has an amenity bed (a bed in an NHS hospital which patients pay a charge for), **you** will need to pay the charge direct to the hospital from the cash benefit payment. **You** cannot recover the charge from **us**.

**Section 2**
**You** must check **your** membership certificate to see whether these benefits are available under **your policy** and for any extra limits that apply.

**Benefit H - psychiatric treatment**

**We** will pay the fees charged by a psychiatric **specialist** and hospital for **inpatient**, **daypatient** and **outpatient treatment** of a psychiatric illness.

- **We** will pay fees for **inpatient** and **daypatient treatment** for up to 28 days.
- **We** will pay up to £1,000 for **outpatient treatment**.

**We** do not pay for:

- **treatment** of alcohol, solvent or drug abuse, any kind of addiction, or medical conditions arising from such abuse or addiction; or
- **treatment** of eating disorders such as anorexia or bulimia, or any kind of medical condition arising from such disorders.

**Benefit I - maternity treatment**

**We** will pay for **treatment** of the conditions listed below.

- Ectopic pregnancy (a pregnancy that develops outside the uterus).
- Hydatidiform mole (where a tumour develops from the tissue of the placenta).
- Miscarriage.
- Stillbirth.
- Post partum haemorrhage (excessive bleeding after giving birth).
- Retained placental membrane (where all or part of the placenta is left in the uterus after giving birth).

**We** will pay for **treatment**, care and monitoring of a premature baby, but this will be limited to 28 days from the date of birth.

**We** do not pay for:

- termination (ending a pregnancy) unless this is essential for medical reasons and approved by **our** medical advisor;
- **treatment** during the first 91 days after the birth of a child who was conceived by IVF or any other method of assisted reproduction; or
- surgery on foetuses.

**Caesarean sections**

Cover for an emergency Caesarean section is available (in line with current NHS guidelines) if there is an immediate risk to the health or life of the baby or mother, or if the baby needs to be delivered early.

If the mother chooses to have private care for the birth, and an emergency Caesarean is needed, **we** will only pay the extra cost that is above the cost of a normal private delivery.

**Section 2 (continued)**

| **Benefit J - oral-surgical treatment** |
|---|
| **We** will pay for the oral-surgical procedures listed below when they are carried out by an oral-surgical **specialist** in a hospital.<br>• Surgical removal of painful or infected impacted or buried teeth.<br>• Surgical removal of complicated buried roots.<br>• Replanting existing teeth after an **accidental dental injury**.<br>• An apicectomy (removing the tip of a tooth's root). |

| **Benefit K - accidental dental injury** |
|---|
| **We** will pay up to £10,000 for the fees charged by a dentist or an oral-surgical **specialist** for **treatment** of an **accidental dental injury** as long as:<br>• the damaged tooth was previously sound and any previous restoration (for example, fillings) were sound;<br>• the damage is discovered within 10 days of the accident and reported to **us** as soon as possible after the accident; and<br>• all **treatment** is completed within 45 days, unless we agree otherwise.<br><br>All claims must be reported before **treatment** starts as limits on fees apply to individual procedures. |
| **We** do not pay for:<br>• implants, removable dentures, sports mouthguards or orthodontic braces (whether fixed or removable);<br>• damage caused by eating food which normally contains nuts or bones or by eating other food that is naturally hard;<br>• damage to teeth that are in a poor state and likely to break or fall out; or<br>• treatment needed as a direct or indirect result of:<br>- normal wear and tear;<br>- using the teeth for an unusual purpose (for example, opening bottles);<br>- sporting activities that failed to meet the safety standards recommended by the relevant sports federation (for example, not wearing a mouthguard while boxing or playing rugby); or<br>- the **insured person** actively taking part in a public disturbance. |

**Section 3**
**You** must check **your** membership certificate to see whether these benefits are available under **your policy** and for any extra limits that apply.

| Benefit L - NHS cash benefit (extended) |
|---|
| **We** will pay **you** a cash benefit of £300 for each night an **insured person** spends in an NHS hospital to receive **inpatient treatment** that would otherwise be covered by **your policy**. All **treatment** costs must be paid by the NHS.<br><br>If the **insured person** has an amenity bed (a bed in an NHS hospital which patients pay a charge for), **you** will need to pay the charge direct to the hospital from the cash benefit payment. **You** cannot recover the charge from **us**.<br><br>If **you** claim NHS cash benefit under benefit L, **you** cannot also claim it under benefit G. |

| Benefit M - maternity cash benefit |
|---|
| **We** will pay **you** a cash benefit of £250 for each of **your** children born after the **commencement date** of **your policy**, as long as **you** have had this cover for at least 10 months when the child is born. |

| Benefit N - specialist monitoring of a chronic condition |
|---|
| **We** will pay up to £150 for the fees charged by a **specialist** for monitoring a **chronic condition**. |

| Benefit O - GP charges |
|---|
| **We** will pay up to £150 for the fees charged by a **GP** for consultations and minor surgery carried out under local anaesthetic in the **GP's** own surgery for the **treatment** of an **acute condition**.<br><br>**We** will also pay up to £25 towards the cost of filling in claim forms and up to £25 for the cost of getting medical reports. |

**Medical add-ons**

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

**Benefit P - routine dental charges**

**We** will refund 75% of the fees a dentist charges for the treatments listed below, but will not pay any more than the limit shown for each treatment during a single **period of insurance**.

| Dental treatment | Limit |
|---|---|
| Extractions (having teeth taken out) | Up to £50 |
| Fillings | Up to £40 |
| Root canal treatment | Up to £60 |
| Anaesthetics<br>• nitrous oxide (gas)<br>• general anaesthetic | <br>Up to £30<br>Up to £60 |
| Inlays (porcelain or gold fittings to restore a decayed tooth or protect a weakened tooth) including all laboratory costs | Up to £200 |
| Crown and bridge work (including all laboratory costs) | Up to £300 |
| Dentures (including all laboratory costs) | Up to £300 |

**We** will refund 75% of the fees a dentist charges for routine dental consultations, X-rays, preventative treatment and the services of a hygienist.

There is an overall limit of £1,000 for all routine dental treatment.

Each **insured person** must look after their teeth properly and have check-ups once a year. If they don't, **we** may not pay their claim for treatment.

**We** will not pay for any treatment that had already started, or was identified or planned, before the **insured person's commencement date**.

This means **we** will only pay benefit if:

- the **insured person** has had a dental check-up in the 12 months before contacting **us** to make a claim under this cover; and
- all treatment identified at that check-up has been completed.

**Benefit Q – routine optical charges**

**We** will refund 75% (up to £250) of the fees charged by an optician for routine eye-tests, prescription glasses and contact lenses.

**We** will only pay for glasses and contact lenses if the optician has diagnosed that the **insured person** needs a first prescription for glasses or contact lenses or that their prescription has changed.

**Non-medical add-ons**
**You** must check **your** membership certificate to see whether these benefits are available under **your policy** and for any extra limits that apply.

**Benefit R – employee assistance programme (EAP)**

The service provided by the advice and information helpline is extended to give **you** access to a counsellor 24 hours a day and face-to-face counselling.

**24-hour access**
**You** and **your** dependants can contact the advice and information helpline 24 hours a day, seven days a week, 365 days a year.

**Face-to-face counselling**
**You** and the counsellor on the phone may decide that more personal counselling may help. **You** will then be referred to a local counsellor for personal counselling.

Counselling sessions last 50 minutes and **you** will be matched with a counsellor most suited to **your** needs. Wherever possible, **we** will meet **your** preferences for a counsellor of a particular sex, religion and so on. Counselling usually takes place at the counsellor's premises, close to **your** work or home, whichever is more convenient for **you**. Appointments can also be offered outside **your** normal working hours to allow **you** to keep the matter private.

The number of counselling sessions available will depend on whether **your** policy includes the 'Confidante' or 'Confidante Plus' service. This will be shown on **your** membership certificate, along with the reference number **you** need to quote to use the service. **You** can only be referred for face-to-face counselling once every **period of insurance** and cover is limited to:

- a maximum of four sessions for Confidante cover; and
- a maximum of six sessions for Confidante Plus cover.

If **your policy** ends while **you** are part way through a series of counselling sessions, **you** will have to pay the costs of any counselling sessions that take place after **your policy** ends.

**Other services - Confidante Plus only**
Confidante Plus also offers a range of other useful services such as:

- information and guidance on general financial and legal issues;
- support, information and guidance on childcare and looking after the elderly (9am to 5pm only); and
- support and guidance for managers and supervisors on staff-related issues affecting their performance at work.

## Non-medical add-ons (continued)

### Benefit S – international business travel (employee only)

**We** will pay the reasonable expenses that arise (within the limits shown below) when **you** travel outside the **UK** for business purposes on behalf of the **policyholder**.

This benefit does not include cover for **your** partner or children.

| Benefit | Limits |
|---|---|
| Cancellation (including ending the trip early) | £3,000 (£50 excess applies) |
| Emergency medical and travel expenses | £5 million (£50 excess applies) |
| Hospital cash benefit (£100 for each night) | £2,500 |
| Personal accident | £20,000 |
| Personal baggage | £1,500 (£50 excess applies) |
| Delayed personal baggage | £150 |
| Missed departure | £1,000 |
| Travel delay (£25 for each 12-hour delay) | £100 |
| Passport | £250 |
| Personal money | £500 (£50 excess applies) |
| Personal liability | £2 million |
| Replacing business equipment | £1,000 (£50 excess applies) |
| Replacing business documents | £500 (£50 excess applies) |
| Replacing a business colleague | £2,000 (£50 excess applies) |

**Length of trip**
There is no limit to the number of business trips **you** can make during any one **period of insurance**, but **we** will not cover trips lasting more than 30 days.

**Policy booklet**
The policy booklet containing the full details of the terms and conditions of the international business travel cover is available from **our** website at www.groupamahealthcare.co.uk. **You** should get a copy of the full booklet before **you** travel.

**Santé Travel**
Santé Travel gives an option to upgrade the international business travel cover to include leisure trips and winter sports. Cover can also be extended to include **your** dependants if they are covered under **your** medical insurance policy.

If **you** have Santé Travel cover under **your policy**, this will be shown on **your** membership certificate. **You** can get a copy of the full policy booklet from **our** website at www.groupamahealthcare.co.uk.

## Non-medical add-ons (continued)

### Benefit T – CityGP (employee only)

This gives **you** access to a select number of private GPs in central London at the centres listed below run by General Medical Clinics (GMC).

This benefit does not cover **your** partner or children.

GMC clinics are at the following addresses (correct at the time of printing).

Fleet Street Medical Centre
2-3 Salisbury Court
London
EC4Y 8AA
Phone: 020 7427 0600
Email: fleetstreet@genmed.org.uk

Tower Hill Medical Centre
10 Lloyds Avenue
London
EC3N 3AJ
Phone: 020 7709 7171
Email: towerhill@genmed.org.uk

Baker Street Medical Centre
Unit 53
55 Baker Street
London
W1U 8EW
Phone: 020 7224 4904
Email: bakerstreet@genmed.org.uk

Finsbury Healthcare
5 London Wall Buildings
Finsbury Circus
London EC2M 5NS
Phone: 020 7448 8480
Email: finsbury@genmed.org.uk

Chancery Lane
Chancery House
53-64 Chancery Lane
London
WC2A 1QS
Phone: 020 7427 0600
Email: fleetstreet@genmed.org.uk

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

There is no limit to the number of consultations **you** can have in any one **period of insurance**. The centre will try to offer **you** a consultation on the same day. If this is not possible, **you** will be offered an appointment within 24 hours.

**When you arrive for the appointment**
Tell the receptionist that **you** are a Groupama CityGP member. **You** should pay any charges for **diagnostic tests** or **treatment** at the time of the appointment. Send the receipts to us with a covering letter explaining the circumstances of **your treatment**.

Please quote **your** policy number (as shown on **your** membership certificate) when **you** send **us your** receipts. If, after **your** consultation, **you** are referred to a **specialist** for **treatment**, **you** must contact **our** claims helpline and go through **our** normal claims process.

# 7. Excesses and co-insurance

## 7.1 Excesses

An excess is the amount an **insured person** must pay before **we** make any payment for **treatment** covered by **your policy**. The **group secretary** will have chosen the amount of excesses.

If **your policy** includes an excess, the amount and how it applies will be shown on **your** membership certificate.

Excesses are either 'per **insured person**, per **period of insurance**' or 'per claim, per **insured person**, per **period of insurance**'.

**a. Excess type - per insured person, per period of insurance**
If an excess is 'per **period of insurance**', an **insured person** only pays it once during a single **period of insurance**, regardless of how many claims they make during that **period of insurance**.

**b. Excess type - per claim, per insured person, per period of insurance**
If an excess is 'per claim', an **insured person** pays the excess at the start of a claim for each new condition during a **period of insurance**. So, if an **insured person** makes three separate claims for three medical conditions during the same **period of insurance**, they must pay three excesses.

**c. Excesses for treatment that spans two periods of insurance**
Regardless of the type of excess, it will have to be paid 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 an excess will be paid twice for a course of **treatment** that starts in one **period of insurance** and continues into the next.

## 7.2 Co-insurance

Co-insurance means that **you** and **we** each pay a percentage of the cost of **treatment** covered by **your policy**. **Your group secretary** may have asked **us** to apply a co-insurance to **your policy**. If so, this will be shown on **your** membership certificate.

**Your** membership certificate will show what percentage of the costs **you** must pay for each claim **we** accept.

The total amount of co-insurance **you** must pay during a single **period of insurance** will be limited to a total amount. This limit will be shown on **your** membership certificate.

For more information on excesses and co-insurance, please see part 8 of the policy booklet.

# 8. What is not covered by your policy?

The following is a summary of the policy exclusions (what is not covered). A full list of all policy exclusions is given in part 6 of the policy booklet and these apply on top of the benefit exclusions shaded in part 6 of this guide.

**8.1 AIDS and HIV.**

**8.2 Alcohol abuse, substance abuse and addiction.**

**8.3 Allergies.**

**8.4 Behavioural and developmental problems and learning difficulties** such as dyslexia, dyspraxia, autism and ADHD (commonly known as hyperactivity).

**8.5 Birth control, conception, sexual problems and sex change** including:
- contraception, vasectomy and sterilisation (and having it reversed);
- investigations into and treatment for infertility or low fertility;
- any form of assisted reproduction (for example, IVF);
- sex change (also known as gender reassignment); and
- sexual problems, impotence or sexually transmitted diseases.

**8.6 Chronic conditions** (see **our** leaflet 'Chronic conditions explained').

**8.7 Cosmetic, reconstructive or weight-loss surgery** except for surgical **treatment** to restore appearance after an accident, as long as the **treatment** takes place within 12 months of the accident.

**8.8 Deafness** present from birth.

**8.9 Dental treatment** unless allowed under benefit J (oral-surgical treatment), benefit K (accidental dental injury) and benefit P (routine dental charges) if those benefits are shown on **your** membership certificate.

**8.10 Dialysis** except for short-term dialysis associated with sudden kidney failure arising out of an **acute condition**.

**8.11 Drugs, dressings and equipment** taken home following **treatment**, including surgical, medical or dental equipment, hearing aids, contact lenses and glasses, and mobility aids such as wheelchairs and crutches.

**8.12 Eating disorders** such as anorexia or bulimia.

**8.13 Experimental and unlicensed drugs and treatment.**

**8.14 Eyesight and problems with vision** including laser eye surgery. **We** will pay for **treatment** of **acute conditions** such as cataracts and retina detachment.

**8.15 HRT and bone densitometry scans** unless the scan is needed to investigate the symptoms of an **acute condition**.

**8.16 Pre-existing conditions** and **related conditions** unless **we** have agreed otherwise. For more information on cover for **pre-existing conditions**, see part 7 of the policy booklet.

**8.17 Pregnancy and childbirth** unless allowed under benefit I (maternity treatment) if this is shown as insured on **your** membership certificate.

**8.18 Preventative treatment**, given to prevent disease or illness.

**8.19 Psychiatric treatment** unless allowed under benefit H (psychiatric treatment) if this is shown as insured on **your** membership certificate.

**8.20 Puberty and menopause** unless these are symptoms of an underlying acute condition that can be cured.

**8.21 Rehabilitation, convalescence and general nursing care**.

**8.22 Screening and preventative measures** including:

- routine or precautionary medical examinations;
- dental check-ups, hearing tests and sight tests; and
- vaccinations and screenings where there is no **acute condition**.

**8.23 Self-inflicted illness or injury** including **treatment** resulting from:

- self-inflicted illness or injury;
- attempted suicide;
- taking part in professional sports;
- injuries arising when deliberately involved in criminal activity or public disorder (for example, driving under the influence of alcohol); or
- a road traffic accident if the **insured person** was not wearing a seat belt, crash helmet or suitable child restraint as required by law.

**8.24 Sleep problems and disorders** including snoring, insomnia, sleep apnoea (temporarily stopping breathing when asleep) and other sleep-related disorders.

**8.25 Transplants and transplantation surgery** including organ transplant, bone marrow transplant, stem cell transplant, ‘organ prosthesis’ (such as an artificial heart or lung) and transplants of body parts. **We** will pay for skin grafts when carried out as part of the **treatment** of an **acute condition**.

**8.26 Treatment overseas** unless allowed under benefit S (international business travel) if this is shown as insured on **your** membership certificate.

**8.27 Unqualified and unrecognised specialists, therapists and complementary medicine practitioners**.

**8.28 War, radioactive contamination and natural disasters**.

# 9. Membership

### 9.1 Who can be covered by your policy?

If **your group secretary** agrees, **your policy** can cover:

- **you**, the **member**;
- **your** partner (someone **you** are married to or have a civil partnership with, or live with as if **you** were their husband, wife or civil partner);
- **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 they become 25, get married, move to their own address or become able to support themselves financially, whichever is earlier.

Each **insured person** must be living in the **United Kingdom**. If any **insured person** moves abroad, their cover will end immediately.

More information on how to add new dependants to **your policy** is given in part 5 of the policy booklet.

### 9.2 When your policy will end

**Your policy** under the **group scheme** will end when:

- **you** stop being employed by the **policyholder**;
- **you** move abroad; or
- **we** or the **group secretary** cancel **your policy** or the **group scheme**.

Once **your policy** under the **group scheme** ends, the cover for any other **insured person** on **your policy** will end at the same time.

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

- the claim had already started before **your policy** was cancelled;
- the **insured person** is in the middle of a course of **treatment**; or
- **our** claims helpline has already been told about further **treatment**.

### 9.3 Transferring cover to an individual policy

**We** will offer the opportunity to transfer cover to an individual policy to:

- members leaving their employer;
- dependent children who have reached the age of 25; and
- widows and widowers.

More information on how to arrange individual cover is given in part 5 of the policy booklet.

# 10. Our customer-care policy

### 10.1 If things go wrong

We are committed to treating our customers fairly. However, we realise that there may be times when things go wrong. If this happens, please use the most suitable contact from the following list. Please tell us your name and your claim number or policy number and the reason for your complaint.

**For complaints about claims**
Phone: **0333 633 9001** (your call may be recorded)
Fax: **0333 633 9009**
Email: **healthclaims@groupama.co.uk**

**For complaints about policy administration and documents**
Phone: **0333 633 9002** (your call may be recorded)
Fax: **0333 633 9010**
Email: **healthmembers@groupama.co.uk**

If you are not happy with our response to your complaint, please write to our Chief Executive.

If you are still not happy with our final decision, you may be able to pass your complaint to the Financial Ombudsman Service (FOS). The FOS is an independent organisation and will review your case. Their address is:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR.
Phone: **0845 080 1800**
You can visit the Financial Ombudsman Service website at **www.fos.org.uk**.

More information on our customer-care policy is given in part 11 of the policy booklet. Our customer-care leaflet is also on our website at **www.groupamahealthcare.co.uk**.

### 10.2 Financial Services Authority

Groupama Insurance Company Limited is authorised and regulated by the Financial Services Authority. You can check their website (www.fsa.gov.uk) which includes a register of all firms they regulate. Or you can phone them on **0845 606 1234**.

### 10.3 Financial Services Compensation Scheme

We, Groupama Insurance Company Limited, are covered by the Financial Services Compensation Scheme (FSCS). If we fail to carry out our responsibilities under this policy, you may be entitled to compensation from the Financial Services Compensation Scheme. Information about the scheme is available at **www.fscs.org.uk** or by phone on **020 7892 7300**.

A GROUPAMA
COMPANY

Groupama

Groupama Insurance Company Limited Registered Number 995253
Registered in England  Registered Office:  6th Floor  One America Square  17 Crosswall  London EC3N 2LB
www.groupamahealthcare.co.uk
Member of the Association of British Insurers
Authorised and regulated by the Financial Services Authority

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