



# Policy Summary

HEALTH INSURANCE MAKES SENSE WITH **HealthChoice**

# HealthChoice Policy Summary

This Policy Summary contains key information about your **HealthChoice** plan. However, it does not contain the full terms and conditions of your policy. These can be found in the policy document which is included in your enquiry or welcome pack and you should refer to your policy document and policy schedule for full details of your cover.

## Period of Insurance

Premiums are payable monthly or annually. Each monthly premium buys cover for the calendar month in which it is paid. Each annual premium buys cover for the following 12 calendar months after it is paid.

If any premium is not paid on the date it is due, cover will stop on that date if the premium is not received within 30 days.

We will offer you the opportunity to renew up to the age of 75 subject to the terms provided at the time of each renewal date.

## The Provider

**HealthChoice** is underwritten by Chartis Insurance UK Limited. Chartis Insurance UK Limited is registered in England No. 1486260. Registered Office: 58 Fenchurch Street, London EC3M 4AB.

## Purpose of the Insurance

**HealthChoice** offers you private health insurance which provides funding for certain medical treatment required in respect of acute medical conditions. It will cover the costs of eligible treatment up to the limits of your chosen cover. There is no overall maximum amount paid out in any one year, although there are set limits for particular benefits and procedures. This product is not designed to cover hospital admissions in an emergency or for non-medical reasons e.g. cosmetic surgery or for pregnancy and related conditions.

## Summary of Cover

The following table of information sets out the Significant Benefits & Significant Exclusions of the cover. All benefits detailed are per claim unless otherwise specified. Cover may be increased by choosing to include one or all of the policy options detailed below.

CORE COVER	WHAT WE COVER	WHAT'S NOT COVERED	PAGE NO
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### Outpatient Care:

Out patient consultations/specialist fees following a referral from a GP, diagnostic tests and investigations including laboratory tests, radiology and ECG.	up to £700 per claim	We will not pay for consultations, diagnostic tests and investigations or benefit: <ul style="list-style-type: none"> <li>• for any medical condition related to AIDS</li> <li>• which have not been approved by us</li> <li>• in respect of dental treatment</li> <li>• which take place after the cover has stopped</li> <li>• recommended or performed by a GP</li> <li>• required in respect of mental illness or psychiatric conditions</li> </ul>	p14/15
MRI/CT/PET scans	up to £1,500 per claim		

CORE COVER	WHAT WE COVER	WHAT'S NOT COVERED	PAGE NO
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**Outpatient Care (continued):**

		<ul style="list-style-type: none"> <li>• Outpatient drugs or medicines or treatment performed during a diagnostic consultation</li> </ul>	
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**Inpatient/Day Patient Care:**

<p>Pre-operative tests</p> <p>Hospital and day patient unit charges including: Accommodation and meals, nursing care, operating theatre fees, drugs and dressings, diagnostic tests and investigations, surgeon and anaesthetist fees, inpatient consultation charges, physiotherapy and surgical appliances used by the specialist during surgery</p>	<p>up to £300 per claim</p> <p>Benefit paid for each procedure up to the limit shown in the schedule of procedures</p>	<p>Hospital admissions required for:</p> <ul style="list-style-type: none"> <li>• emergency medical treatment</li> <li>• surgical procedures which are not detailed on the procedure benefit list</li> <li>• non-surgical/medical procedures, or treatment of a chronic medical condition</li> <li>• cosmetic surgery or surgery required for weight loss or obesity</li> <li>• treatment of self-inflicted injuries, alcohol or drug abuse</li> <li>• pregnancy or childbirth, sterilisation, infertility treatment or sex change</li> <li>• chemotherapy, radiotherapy or cryotherapy</li> <li>• psychiatric treatment or treatment of a mental illness</li> <li>• personal expenses incurred whilst in hospital</li> <li>• professional sports injuries or illnesses</li> </ul>	<p>p14/15</p> <p>p14/15</p>
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**Other Benefits:**

<p>Accident Hospitalisation cash benefit – if you are required to be admitted to hospital overnight as a result of an accident we will pay a cash benefit</p> <p>Physiotherapy following an eligible surgical procedure</p> <p>Out of area travel costs to a <b>HealthChoice</b> hospital for surgery</p>	<p>£50 per day for up to 90 days</p> <p>£570 per claim</p> <p>up to £100 per hospital admission</p>	<p>Treatment performed by any therapist other than a physiotherapist is not covered under this benefit</p> <p>Private ambulance charges to an out of network hospital are not covered</p>	
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In addition to the core cover you can choose from the following policy options to enhance your healthcare benefits:

CORE COVER	WHAT WE COVER	WHAT'S NOT COVERED	PAGE NO
<b>Optional Modules:</b>			
<p><b>Physiotherapy</b> - Cover under the policy is extended to include any additional physiotherapy charges subject to premiums continuing to be paid for the duration of the treatment. This additional cover does not require you to have had a covered procedure, but the physiotherapy must be deemed medically necessary by your consultant.</p> <p><b>Additional Expense Cover</b> - Cover under the policy is extended to include a cash benefit if you are required to be admitted to hospital as an inpatient for a covered procedure</p> <p><b>Cancer Assistance</b> - This optional plan will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with a cancer covered by this optional module. Cancers covered are:</p> <ol style="list-style-type: none"> <li>1. Skin cancer other than malignant melanoma</li> <li>2. Carcinoma in situ of any part of the body other than the breast</li> <li>3. Any malignant tumour characterised by the uncontrolled growth &amp; spread of malignant cells and invasion of tissue in a primary site (the place where the first malignant change takes place as it relates to a particular cancer)</li> <li>4. Leukaemia</li> <li>5. Hodgkin's disease</li> <li>6. Carcinoma in situ of the breast</li> <li>7. Malignant melanoma</li> </ol>	<p>Up to £700 per claim</p> <p>£500 per admission</p> <p>a) £1,000 cash benefit payable on diagnosis of skin cancer (1) or carcinoma in situ (2)</p> <p>b) £25,000 or £50,000 cash benefit on diagnosis of cancers (3) to (7)</p>	<p>The benefit is only payable following a covered hospital admission</p> <p>We will pay the benefit amount selected if one of the listed cancers is diagnosed before your 75th birthday &amp; it is the first incidence of that cancer for you &amp; your cover under this policy has been in force for 90 days or more</p> <p>Benefit is not payable for:</p> <ul style="list-style-type: none"> <li>• any cancer or related medical condition you have had in the past, regardless of when it was diagnosed</li> <li>• any tumours which are histologically described as pre-malignant (cells that have not yet turned to cancer) or in relation to cancers (3) to (7) non-invasive</li> </ul>	<p>p16</p>

CORE COVER	WHAT WE COVER	WHAT'S NOT COVERED	PAGE NO
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**Optional Modules:**

<p><b>Serious Illness Support Plan</b> - This optional plan will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with a serious illness covered by this optional module. Serious Illnesses covered are:</p> <p><b>Alzheimer's disease before age 60</b> - resulting in permanent symptoms  <b>Benign brain tumour</b> – resulting in permanent symptoms  <b>Blindness</b> – permanent &amp; irreversible  <b>Chronic kidney failure</b> – requiring dialysis  <b>Deafness</b> – permanent &amp; irreversible  <b>Heart attack</b> – of specified severity  <b>Loss of speech</b> – permanent &amp; irreversible  <b>Major organ transplant</b>  <b>Motor neurone disease before age 60</b> – resulting in permanent symptoms  <b>Multiple sclerosis</b> – with persisting symptoms  <b>Paralysis of limbs</b> – total &amp; irreversible  <b>Parkinson's disease before age 60</b> – resulting in permanent symptoms  <b>Stroke</b> – resulting in permanent symptoms</p>	<p>£25,000 or £50,000 cash benefit on diagnosis</p>	<p>We will pay the benefit amount selected if one of the listed conditions is diagnosed before your 75th birthday &amp; it is the first incidence of that condition for you &amp; your cover under this policy has been in force for 90 days or more</p> <p>Benefit is not payable for:</p> <ul style="list-style-type: none"> <li>any serious illness or related medical condition you have had in the past, regardless of when it was diagnosed</li> </ul>	<p>p16</p>
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**How to apply for cover:**

You can apply for cover online, by calling our customer service department, speaking to your broker, or by completing and returning an application form.

**HealthChoice** is designed to cover unforeseen conditions that arise after your cover starts, so medical conditions which you suffered from in the past will usually be excluded.

If you are under 60 at the time of application you can choose to apply for moratorium underwriting or full medical underwriting. If you choose moratorium underwriting a two year deferment period will apply from your start date. This

means that if you need to make a claim we will review your medical history over the two years prior to your effective date.

Any disease, illness or injury for which you have received medication, advice or treatment or you have experienced symptoms, whether the medical condition has been diagnosed or not in the two years prior to your effective date will not be eligible for cover, as these will be considered pre-existing medical conditions. Please refer to page 27 of the policy wording for further details.

If you do not receive any medication, advice or treatment in respect of any pre-existing medical condition or related

medical condition for a continuous period of two years following your effective date the condition may become eligible for cover. It is important to understand that long term or ongoing pre-existing medical conditions will probably never be covered by the policy as each time you need treatment for such conditions your moratorium period starts again for that condition.

Regular checkups that you may have had in the two years prior to or in the two years following the start of your policy for pre-existing medical conditions will be considered to be treatment or advice when we apply the moratorium.

If you are 60 and over or choose full medical underwriting we will ask you to answer questions about your medical history at the time of your application. In some cases we may need to ask your doctor for more information to ensure we are able to offer the best possible cover terms. Depending on the medical information disclosed we may exclude previous or existing medical conditions. These exclusions will be in addition to the general policy exclusions detailed in the policy wording and in some cases you may be entitled to a reduction in premium, depending on the medical conditions to be excluded. Any additional exclusions will be clearly shown on your policy schedule.

If you currently have a medical insurance policy and wish to switch to **HealthChoice** you can apply for continuous transfer terms. This means that we will apply the same personal medical exclusions to your **HealthChoice** policy that were applied to your previous plan or we will apply any unexpired waiting periods from your existing plan to your **HealthChoice** policy. The benefits, terms and conditions of the **HealthChoice** plan will apply from the start date of your policy with us.

If you would like to extend your cover to include one or all of the optional modules you can do so at the time of application or at any time during the policy.

## **Your cancellation rights:**

### **Cooling Off Period**

When you take out a **HealthChoice** policy we will send you a welcome pack containing your policy schedule and full terms and conditions. We hope that you will be happy with your cover however if, having read the policy wording and policy schedule, you decide to change or cancel your cover you will be entitled to a full refund of any premium paid, provided we receive your instructions within 30 days of receiving the policy and schedule or within 30 days of the first premium due date shown on the schedule, whichever is the later, and provided you have not made a claim. We will provide this refund within 30 days from the date we receive notice of cancellation from the policyholder.

### **Cancelling the Policy after the Cooling Off Period**

You can cancel your policy at any other time by calling us on 020 8662 4141 or writing to us at **HealthChoice**, 96 George Street, Croydon CR9 1BU. If you pay your premium annually we will refund any unused premiums on a pro-rata basis, provided you have not made a claim. We do not refund premiums that are paid monthly.

### **If you need to make a claim:**

In order that we can explain the full extent of your cover you should always contact the **HealthChoice** claims team before seeing a consultant or receiving any treatment. You will receive a step

by step guide to making a claim in your welcome pack. If your policy contains a moratorium and you need to make a claim during the first two years of your policy, we may need to ask you additional questions or request additional information or copies of your medical notes from your GP to check your claim is not in relation to a pre-existing medical condition. In some cases we may ask you to undertake an independent medical review. If you have any questions or would like further information please call us on 020 8662 4141.

### **Our cancer policy**

The policy provides benefit for consultations, diagnostic tests and investigations and surgical procedures required to diagnose and actively treat cancer, up to the policy benefit maximums.

If you are diagnosed with cancer you should contact the claims department as soon as possible. They will be able to assist you in arranging your surgical procedure, if necessary.

If you have purchased Option 3, Cancer Assistance we will pay a cash benefit if you are diagnosed with one of the cancers covered.

The policy does not provide benefit for scans or tests required by your oncologist to plan your therapy, or any tests or investigations required for cancer staging. We do not pay benefit for oncology including chemotherapy and radiotherapy, as there is limited provision for such services in the private sector. In most cases the treatment will be best performed in an NHS hospital. The claims department may be able to provide you with information on the treatment options available to you, and assist you in returning to the NHS if necessary.

In addition, we do not cover any tumours which are histologically (the study of tissues and cells under a microscope) described as pre-malignant (cells which have not yet turned to cancer).

### **How we use your personal information:**

Your information (including sensitive information) will be used in a number of ways, for example to provide insurance services and help prevent fraud. We may share information with international group companies of Chartis Inc., service providers and other insurers. For more details on how we use your personal information please refer to the policy wording or you can request a Braille, large print or audio version by calling 0208 662 4141.

### **If you have a complaint:**

We are committed to providing you with a first class service at all times, however, we recognise that occasionally you may be unhappy with some aspect of this service. If you are not satisfied with the service you have received you should contact one of the following:

If your complaint is about a claim please contact - Claims Manager, **HealthChoice** Claims Department, 96 George Street, Croydon, CR9 1BU, telephone 020 8662 4141 and quote your claim and policy number.

If your complaint is not about a claim please contact - Customer Support Manager, **HealthChoice** Customer Service, 96 George Street, Croydon, CR9 1BU, telephone 020 8662 4141 and quote your policy number.

We will acknowledge your complaint and keep you regularly informed about the progress of your complaint. For

complaints relating to claims, it may take us a little longer to respond to you, especially if we need to consult with medical professionals, however we will let you know what information we are waiting for.

We will do our best to resolve the complaint quickly and will issue a final response letter to you addressing the issues raised. If we are not able to resolve your complaint to your satisfaction you may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) to review your case, without affecting your legal right to take action.

The address is:

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

Telephone: 0845 080 1800

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## **Financial Services Compensation Scheme**

We are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our financial obligations you may be entitled to compensation from the scheme. Further information about compensation scheme arrangements is available from the FSCS. See your policy wording for details.

## **Who contact in the event of a claim or policy query**

**HealthChoice**, 96 George Street,  
Croydon, Surrey CR9 1BU

Telephone: 020 8662 4141 – telephone calls are recorded

E-mail – [healthchoiceenquiries@chartisinsurance.com](mailto:healthchoiceenquiries@chartisinsurance.com)