



Saga Motor Insurance Accident Healthcare

Your Policy Booklet



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Accident Healthcare is underwritten by AXA PPP healthcare, therefore any reference to 'we, us, our' in this document means AXA PPP healthcare.

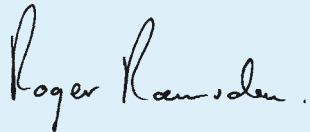
Welcome to Accident Healthcare.

We aim to provide the highest level of care and service possible for our customers, so this policy has been designed with your specific needs in mind.

Please read the Policy Booklet carefully, together with your policy Schedule, to make sure the cover you have chosen is the most appropriate for you.

I hope that you will find this policy gives you the level of protection you want.

If you need to make a claim on the policy, you can find details of how to do so on pages 8-10.

A handwritten signature in black ink that reads "Roger Ramsden". The signature is written in a cursive style with a period at the end.

Roger Ramsden
Chief Executive

1. Introduction

What is the purpose of this Policy Booklet?

This Policy Booklet sets out the terms of your cover. It is an important document as it details:

- the cover you have (both benefits and limitations);
- how to make a claim;
- how your **policy** is administered; and
- other services provided by your **policy**.

Each section of this Policy Booklet looks at a different aspect of your cover and is set out in a similar style. At the beginning of each section you will find a short summary of the terms in that section, in a question and answer format. This is followed by a table containing more detailed **policy** wording.

Throughout your Policy Booklet certain words and phrases appear in bold type to indicate they have a special medical or legal meaning. You will find a glossary of these words opposite. Additionally, when we refer to 'you' or 'your' throughout this document, we mean the **policyholder** and any **family members** named on the **policyholder's** membership statement.

Glossary

Throughout this Policy Booklet certain words and phrases appear in bold. Where these words appear they have a special medical or legal meaning. These meanings are set out below. To aid customer understanding some of these words and phrases have been approved by the Association of British Insurers and the Plain English Campaign. These particular terms will be commonly used by most medical insurers and are highlighted below by a ◇ symbol.

| | |
|------------------------------|---|
| Benefits table | The table applicable to this policy showing the maximum benefits we will pay you. |
| Clinical practitioner | A practising member of certain professions allied to medicine who, in all cases, meets our recognition criteria for benefit purposes in their field of practice and who we have told in writing that we currently recognise them as a clinical practitioner for benefit purposes. However, we will only pay out-patient treatment benefits for such services when a specialist refers you to them (except where the benefits table allows otherwise). When such persons provide such services to you as part of your in-patient or day-patient treatment those services will form part of the private hospital charges. The professions concerned are dieticians, nurses, orthoptists, physiotherapists, psychologists, psychotherapists and speech therapists. A full explanation of the criteria we use to determine these matters is available on request. |

| | |
|-----------------------------------|---|
| Complementary practitioner | A medical practitioner with full registration under the Medical Acts, who specialises in homeopathy or acupuncture or a practitioner in osteopathy or chiropractic who is registered under the relevant Act; and who, in all cases, meets our criteria for complementary practitioner recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as a complementary practitioner for benefit purposes in that field for the provision of out-patient treatment only. A full explanation of the criteria we use to decide these matters is available on request. |
| Day-patient ◇ | A patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but do not occupy a bed overnight. |
| Day-patient unit | A centre in which day-patient treatment is carried out. |
| Diagnostic tests ◇ | Investigations, such as x-rays or blood tests, to find or to help find the cause of your symptoms. |
| Eligible | Those treatments and charges which are covered by your policy . In order to determine whether a treatment or charge is covered all sections of your policy should be read together, and are subject to all the terms, benefits and exclusions set out in this policy . |
| Family member | The policyholder's current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the policyholder . |
| Hospital | Any establishment which is licensed as a medical or surgical hospital in the United Kingdom . |
| Injury | Physical injury to you caused by a road traffic accident involving a moving motor vehicle. |

| | | |
|--------------------------|--|--|
| In-patient ◇ | A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons. | |
| Medical condition | Any disease or illness, which is directly attributable to and is caused by an injury . | |
| Out-patient ◇ | A patient who attends a hospital , consulting room, or out-patient clinic and is not admitted as a day-patient or an in-patient . | |
| Policy | The insurance contract between you and us. Its full terms are set out in the current versions of the following documents as sent to you from time to time: <ul style="list-style-type: none"> ■ these terms and the benefits table setting out your cover ■ your Saga Motor Insurance Schedule. | For out-patient treatment only: a medical practitioner with full registration under the Medical Acts, who specialises in psycho-sexual medicine, musculoskeletal or sports medicine, or a practitioner in surgical dentistry or podiatric surgery who is registered under the relevant Act; and who, in all cases, meets our criteria for limited specialist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as a specialist for benefit purposes in that field for the provision of out-patient treatment only. A full explanation of the criteria we use to decide these matters is available on request. |
| Policyholder | The first person named on the policy Schedule. | Surgical procedure |
| Road | A public highway, private road or car park to which the public has a normal right of access. | Treatment ◇ |
| Scanning centre | A centre in which out-patient CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is performed. | United Kingdom (UK) |
| Specialist | A medical practitioner with particular training in an area of medicine (such as consultant surgeons, consultant anaesthetists and consultant physicians) with full registration under the Medical Acts, who meets our criteria for specialist recognition for benefit purposes, and whom we have told in writing that we currently recognise them as a specialist for benefit purposes in their field of practice. | Year |

Surgical procedure

An operation or other invasive surgical intervention listed in the Schedule of Procedures and Fees.

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 the Channel Islands and the Isle of Man.

Year

Twelve calendar months from when your **policy** began or was last renewed, as shown on your Saga Motor Insurance Schedule. However, if you did not join this **policy** on the same date as you joined Saga Motor Insurance, the term 'year' for the purposes of this **policy** will mean the remainder of the Saga Motor Insurance contract.

2. Your cover

The purpose of your policy

- 2.1 In return for payment of the premium we agree to provide cover as set out in the terms of this **policy**.
- 2.2 This **policy** is designed to cover you whether you are a driver, passenger, cyclist, motorcyclist or pedestrian, for **treatment** made necessary as a direct result of an **injury** sustained in a **road** traffic accident involving a moving motor vehicle in the **United Kingdom**, and which occurred on or after the date you joined this **policy**. Cover does not include **treatment** needed in the accident and emergency department of the **hospital** or any immediate **treatment** needed in an intensive therapy unit or **treatment** which is received more than 12 months after the date of the **road** traffic accident. Cover commences when you no longer require **treatment** in an intensive therapy unit.

We will pay for the diagnosis and/or necessary active **treatment** of an **injury**:

- if the **road** traffic accident giving rise to the need for **treatment** was reported to the Police or the driver's motor insurer within 24 hours of its occurrence, unless this was not reasonably possible, and **treatment** (or the initial visit to your general practitioner (GP)) began within 14 days of the date of the accident;
- provided the charges actually incurred are for items listed in your **benefits table** and subject to any limits shown there;

except when the **treatment** is excluded by the **policy**.

This **policy** does not cover you for:

- 2.2.1 Any **treatment** which is not directly attributable to a physical **injury** sustained in a **road** traffic accident which involved a moving motor vehicle.
- 2.2.2 Any **treatment** of an **injury** sustained at any time before the date you joined this **policy**.
- 2.2.3 Any **treatment** unless such **treatment** (or the initial visit to the GP) began within 14 days of the date of the **road** traffic accident.
- 2.2.4 **Treatment** of an **injury** sustained as the driver or passenger in a vehicle taking part in racing or rallying of any kind or in any off-road activity.
- 2.2.5 **Treatment** received by the driver of any vehicle involved in a **road** traffic accident if, at the time of the **road** traffic accident, such driver:
- did not hold a valid licence to drive the vehicle; or
 - was not insured to drive the vehicle; or
 - had more than the maximum legally permitted limit of alcohol in the blood; or
 - was under the influence of drugs or substances, other than in accordance with a doctor's prescription.
- 2.2.6 **Treatment** of any **injury** sustained outside the **United Kingdom**.
- 2.3 The full terms of the insurance contract between the **policyholder** and us are set out in the current versions of the following documents, which are sent to the **policyholder** from time to time:
- the terms set out in this Policy Booklet and the **benefits table** setting out your cover.
 - your Saga Motor Insurance Schedule.
- 2.4 We will consider your claims carefully against all the terms, benefits and exclusions set out in this **policy**, which should all be read together.

3. Receiving treatment and making a claim

The procedure you should follow to arrange treatment and make a claim.

To ensure your claim proceeds smoothly, please follow these simple steps.

Report the accident to the Police or the driver's motor insurer within 24 hours of its occurrence, unless this is not reasonably possible.

If you have not required emergency **treatment**, visit your GP within 14 days of the accident.

If your GP refers you to a **specialist** for private **treatment**, contact the Saga Motor Insurance Claims Line on 0845 302 0218.

The team will pass your details on to the Accident Healthcare Claims Team at AXA PPP healthcare. We will contact you within one working day to assess whether your **treatment** is **eligible**.

In order to check whether we will pay the **specialist's** fees in full, the following details will be required

- **Specialist** or group practice name.
- **Hospital** name and any admission dates.
- A procedure code if you are having a **surgical procedure**.

We will then:

- Check that we will pay the **specialist's** fees in full.
- Send you a claim form.

- Complete your section of the claim form and ask the **specialist** to complete it and return it to AXA PPP healthcare.
(Note: if you ask your GP to complete the claim form they may make a charge, which we will not refund.)

If you require further **treatment** contact us to confirm your cover.

Send in any outstanding accounts for **treatment** to AXA PPP healthcare.

Please send any correspondence to: Accident Healthcare Claims Team, AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL

What happens if I require emergency treatment?

Your **policy** does not cover you for **treatment** needed in the accident and emergency department of the **hospital** or for the immediate **treatment** needed in the intensive therapy unit of a **hospital**. However if you are admitted as an **in-patient** at an NHS **hospital**, please ask somebody to telephone us as you may be able to claim for the NHS cash benefit shown in the **benefits table** on pages 22 and 23.

How are my medical bills settled?

We normally receive accounts for **treatment** directly from **specialists** or **hospitals**. However, if you receive an account for payment, please forward it to us. We can settle **eligible** bills direct with the **hospital** or **specialist**. If you have paid the accounts, then we will reimburse you.

What must I provide when making a claim?

- 3.1 Before we can consider a claim you must ensure that:
- you obtain and complete any form required by us in order to provide us with the necessary information and necessary legal permissions to handle your medical information and assess your claim. We will require this as soon as possible and no later than six months from the date the **treatment** starts (unless this was not reasonably possible); and
 - we receive original invoices for **treatment** costs; and
 - you or the **policyholder** promptly give us all the information we request.

Do I need to provide any other information?

- 3.2 It may not always be possible to assess the eligibility of your claim from the claim form alone. In such situations we may require additional information and it is your responsibility to provide any reasonable additional information to enable us to assess your claim.

In order to establish the eligibility of any claim, we may request access to your medical records including medical referral letters. If you unreasonably refuse to agree to such access we will refuse your claim and will recoup any previous monies that we have paid in respect of that **medical condition**.

- 3.3 There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may at our own cost ask a specialist, chosen by us, to advise us about the medical facts relating to a claim or to examine you in connection with the claim. In choosing a relevant **specialist** we will take into account your personal circumstances. You must co-operate with any **specialist** chosen by us or we will not pay your claim.

What should I do if I have cover on another insurance policy?

- 3.4 You must tell us if you can claim any of the cost from another insurance policy. If another insurance policy is involved we will only pay our proper share.

What should I do if the benefits I am claiming for relate to an injury or medical condition caused by another person?

- 3.5** You must tell us on the claim form if you can claim any of the cost from anyone else. If benefits are claimed for **treatment** to you when the **injury** or **medical condition** was caused by some other person (the 'third party'), we will pay those benefits you can claim under the **policy**. However, in paying those benefits, we obtain both through the terms of the **policy** and by law a right to recover the amount of those benefits from the third party. In this case, the following shall apply:
- you must tell us as quickly as possible if you believe a third party caused the **injury** or **medical condition** or if you believe they were at fault. We may then write to you or the third party if we require further information; and
 - you must include all monies paid by us in respect of the injuries (and interest on those monies) in your claim against the third party ('our outlay'); and
 - you (or your solicitors) must keep us fully informed about the progress of your claim and any action against the third party or any pre-action matters; and
 - you (or your solicitors) must keep us informed of the outcome of any action or settlement (providing us with access to the details of any such settlement).

Should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:

- If the claim against the third party settles in full, you must repay our outlay in full; or
- If you recover only a percentage of your claim for damages you must repay the same percentage of our outlay to us; or
- If your claim is repaid as a global settlement (where our outlay is not individually identified), you must repay our outlay in the same proportion as the global settlement bears to your total claim for damages against the third party.

If you do not repay to us such monies (and any interest recovered from the third party), we shall be entitled to recover the same from you and your **policy** may be cancelled in line with 8.2 (d) in the Complaints Section.

The rights and remedies in this clause are in addition and not instead of rights or remedies provided by law.

4. Type of treatment

What treatments are not covered?

There are a number of **treatments** (listed below) that your **policy** does not cover.

These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded from cover to keep premiums at an affordable level (such as **out-patient** drugs and dressings).

4.1 We pay for **eligible**:

- (a) **Diagnostic tests** ordered by a **specialist**.
- (b) Initial reconstructive surgery to restore function or appearance after a **road** traffic accident, provided that:
 - we have covered you under this **policy** when the accident happened
 - it is done within 12 months of the date on which the **road** traffic accident occurred
 - we agree the cost of the **treatment** in writing before it is done.
- (c) Reasonable costs incurred for a live donor to donate an organ or tissue provided that:
 - the operations to both the donor and the recipient are carried out simultaneously; and either
 - both the donor and the recipient are immediate relatives (ie parent, child or sibling) and either the donor or the recipient is covered on this **policy**; or
 - both the donor and the recipient are members of AXA PPP healthcare at the time the operations are carried out and both have been members since before the recipient developed the **medical condition** requiring the transplant.
- (d) **In-patient** rehabilitation of up to 28 days when it is an integral part of **treatment**; and
 - it is carried out by a **specialist** in rehabilitation
 - it is carried out in a recognised rehabilitation **hospital** or unit which we have written to confirming it is covered by the **policy**
 - the costs have been agreed by us before the rehabilitation begins.

We will extend **in-patient** rehabilitation to a maximum of 180 days in cases of severe central nervous system damage caused by an external trauma.

4.2 What we do not pay for:

- (a) **Diagnostic tests** ordered by anyone other than a **specialist**.
- (b) Any **treatment** which is not directly attributable to a physical **injury** sustained in a **road** traffic accident which involved a moving motor vehicle.
- (c) Any **treatment** costs incurred as a result of engaging in any sport as a professional.
- (d) Any **treatment** of an **injury** sustained at any time before the day you took out this **policy**.
- (e) **Out-patient** drugs or dressings.
- (f) The costs of providing or fitting any external prosthesis or appliance.
- (g) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**.
- (h) The cost of collecting donor organs or tissue or for any related administration costs (such as, but not limited to, the cost of a donor search).
- (i) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- (j) **Treatment** of any psychiatric illness – except neuropsychiatric **treatment** needed as the result of a head **injury** – even when such illness is directly attributable to a **road** traffic accident.
- (k) Any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with **treatment**.
- (l) Special nursing in **hospital** unless we have agreed beforehand that it is necessary and appropriate.

Will my policy cover me for dental treatment?

No, there is no cover for **treatment** provided by a dentist or for any dental procedures or orthodontics. However we will pay for the replantation of your own teeth following a trauma, if carried out by an oral or maxillofacial surgeon.

Will my policy cover me for new or experimental treatments?

Your **policy** only covers you for established medical **treatments**.

Be aware: There is no cover for any **treatment** or procedure that has not been established as being effective or which is experimental.

4.3 We pay for **eligible**:

- (a) **Surgical procedures** listed in a technical document, called the Schedule of Procedures and Fees, which we make available to **specialists** and which lists the **surgical procedures** we pay benefits for. We will pay for **treatment** not listed if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and we have agreed with the **specialist** and the **hospital** what the fees will be. If you would like a copy of the Schedule of Procedures and Fees please contact the Accident Healthcare Claims Personal Advisory Team.

4.4 What we do not pay for:

- (a) The use of a drug which has not been established as being effective or which is experimental. This means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence.
- (b) **Treatment** which has not been established as being effective or which is experimental. For established **treatment**, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced in published medical journals and/or approved by The National Institute for Health and Clinical Excellence for specific purposes to be considered proven safe and effective therapies.

5. Recurrent, continuing and long-term treatment

- 5.1 We pay for **eligible**:
- (a) **Treatment** of a **medical condition** which is commonly known to respond quickly to **treatment**. When the **medical condition** has stabilised we will stop making payments.
- 5.2 What we do not pay for:
- (a) **Treatment** which is received more than twelve months after the date of the **road** traffic accident.
 - (b) More than 180 days' **in-patient treatment** in respect of any **road** traffic accident.
 - (c) Non-surgical **treatment** of a **medical condition** which does not respond quickly to **treatment** or which continues or recurs.
 - (d) The monitoring of a **medical condition** once it has been stabilised.

6. Where you are covered for treatment

Which hospitals, day-patient units and other facilities do I have cover for?

You are covered for **treatment** in any **hospital, day-patient unit** or **scanning centre** in the **United Kingdom**, subject to any limits of this **policy**.

- 6.1 We pay for **eligible**:
- (a) Reasonable charges made by, or incurred in, a **hospital, day-patient unit** or **scanning centre** in the **UK**.
- 6.2 What we do not pay for:
- (a) **Treatment** in an accident and emergency department of any **hospital** (except the cash benefit).
 - (b) Immediate **treatment** needed in the intensive therapy unit of a **hospital** (except the cash benefit).
 - (c) Any **treatment** received outside the **United Kingdom**.

7. Who we pay for treatment

Your **policy** provides benefit for **eligible treatment** provided by **specialists**, **complementary practitioners** and **clinical practitioners**. (You will find our definitions of **specialist**, **complementary practitioner** and **clinical practitioner** in the glossary on pages 5 and 6.)

How do I find out whether the person I want to see for treatment is recognised?

You need to ring us before receiving any **treatment**. This will allow us to check our database and confirm whether the person you have been referred to is **eligible** for benefit. In addition, you could check the AXA PPP healthcare website: www.axapphealthcare.co.uk which provides relevant information about the **specialists** we recognise.

What services provided by specialists, complementary practitioners and clinical practitioners are eligible for benefit?

Specialists' fees for consultations, **diagnostic tests**, **treatment in hospital** and **surgical procedures** are **eligible** for benefit, subject to any limits of this **policy**.

Clinical practitioners' (with the exception of physiotherapists') charges for **treatment** are only covered if you are referred to them by your **specialist** for **eligible treatment**.

Complementary practitioners' and physiotherapists' charges for **treatment** are covered when you are referred to them by your GP for **eligible treatment** subject to any limits of this **policy**. We would then pay up to an overall maximum of ten sessions of **treatment** within 12 months from the date of your **road** traffic accident with a physiotherapist and/or a **complementary practitioner**. If you require more than the overall maximum for your cover level, such **treatment** must be under the control of a **specialist**. The **specialist** will then be able to establish whether the **treatment** you are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

Will treatment charges be met in full?

We publish a document called the Schedule of Procedures and Fees which sets out what we will pay **specialists**, **complementary practitioners** and **clinical practitioners** for the services they provide to our customers. We will pay **eligible** fees in full when a **specialist**, **complementary practitioner** or **clinical practitioner** charges up to the level shown within the Schedule of Procedures and Fees. If you would like a copy of the Schedule of Procedures and Fees please contact the Accident Healthcare Claims Personal Advisory Team.

We strongly advise that you call us before you receive **treatment**, to confirm whether we will pay the **treatment** charges in full for the person you are planning to see. If we will not pay the fee in full we will tell you how much we will pay towards the cost of your **treatment**, from the Schedule of Procedures and Fees. We have identified **specialists**, **complementary practitioners** and **clinical practitioners** whose fees we pay in full, and these make up the majority of all **specialists** and practitioners.

What if an anaesthetist becomes involved in my treatment?

Before receiving surgical **treatment** it is advisable to establish which anaesthetist your **specialist** intends to use. This will mean we can tell you if that anaesthetist is one who we pay in full or, if this is not the case, what fee we will pay (as set out in the Schedule of Procedures and Fees). However, if you don't know when you call us which anaesthetist your **specialist** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full.

7.1 We pay for **eligible**:

- (a) **Treatment** charges made by a **specialist** or **complementary practitioner** only when you are referred to one by a GP or dentist.
- (b) **Treatment** charges made by a **clinical practitioner** when you are referred to one by the treating **specialist**. However if your GP refers you for **treatment** with a physiotherapist and/or a **complementary practitioner** we will pay up to the levels detailed in the **benefits table**. If more than the overall maximum number of sessions of **treatment** is required, further **treatment** must be referred by and be under the personal control of a **specialist**.
- (c) **Treatment** charges made at the level set out in our Schedule of Procedures and Fees or at the amount charged if lower than that level.

7.2 What we do not pay for:

- (a) Charges made by **specialists** or **complementary practitioners** unless you have been referred to one by a GP or dentist.
- (b) Charges made by a **specialist** or **complementary practitioner** when you have been referred to them by a member of your family or if that **specialist** or **complementary practitioner** is a member of your family.
- (c) Charges made by anyone other than a **specialist**, **complementary practitioner** or **clinical practitioner** including charges for primary care services, such as any services of a GP or dentist.
- (d) Charges made by a **clinical practitioner** unless referred by a **specialist**.

We will pay for GP referred physiotherapy as set out in the **benefits table** and 7.1(b).

- (e) **Treatment** charges made when they are above the level set out in our Schedule of Procedures and Fees.
- (f) **Treatment** charges made by a **specialist** or **complementary practitioner** or **clinical practitioner** (not referred to in 7.1(c)) who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.
- (g) Any charges made for written reports or any other administrative costs.

8. Additional information

When can I add other members or change my cover?

You can apply to add a **family member** to your **policy** at any time. Also, you may be able to change your cover at your renewal. Call Saga on 0845 366 1601 to discuss the options open to you and they will send you any relevant forms to complete. You must keep Saga fully informed of any changes which take place between sending in any form and receiving written confirmation that the change has been made.

How can I pay my premium?

At the start of each **year** we will calculate your new premium and let you know how much it is.

The first premium will be collected when your **policy** starts and subsequent premiums when they fall due. When you join Saga will confirm which method of payment you have chosen.

Will you make changes to my premiums?

We review premiums each **year** to take account of a range of statistical factors. You will receive reasonable notice of any changes in premium.

Your premium will also include the amount of any insurance premium tax or other taxes or levies which are payable by law in respect of your **policy**.

What we do with your personal data

Much of the personal information Saga and the underwriter of your **policy**, AXA PPP healthcare Limited, hold about you is obtained when you apply for an Accident Healthcare **policy**, and when a claim is made. This may include medical information we obtain from medical practitioners and other health consultants.

Saga will keep your information securely and use it to provide the highest standard of service in the administration of this **policy** and other products that you hold with Saga. Saga will also use it for underwriting and pricing purposes and, in

certain circumstances, claims mediation and market research, and to maintain management information for business analysis.

AXA PPP healthcare will handle your information on a confidential basis and use it to process claims, administer this **policy**, for underwriting and pricing purposes and to maintain management information for business analysis. It will disclose this information to Saga or service providers as appropriate for these purposes and to help with the administration of your **policy**. Where it does so, it will put in place safeguards such as contract terms to protect your confidentiality.

In the event of a claim, AXA PPP healthcare may have to give some information about you and/or any named **family member** to those involved in your/their **treatment** or care, but this will be done confidentially. With your/their consent it may also disclose information to a representative you/they have chosen.

Correspondence about any claim will be addressed to the **policyholder**. If a claim is made by a **family member**, AXA PPP healthcare will keep any personal information in this correspondence to the minimum it needs in order to process the claim. It may use or give data to others outside Saga or AXA PPP healthcare for research, statistical purposes or to improve their services, but it will remove your name and address from this data first.

Saga and AXA PPP healthcare's purposes for processing information and the people and organisations to whom it may be given, are each listed in the Register of Data Controllers.

The Register is maintained by the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF (telephone number 01625 545 745 – fax number 01625 524 510). You are free to inspect this or obtain a copy of the requisite entry from the Information Commissioner.

You should be aware that Saga and AXA PPP healthcare do not supply any information about you to anyone unless we believe it is lawful to do so, or when we are requested to do so by you and have your consent in advance. However, we may, at our discretion, appoint a third party to service the **policy**, including another company based outside the European Economic Area.

Obtaining a copy of the information we hold about you

You may request a copy of the information Saga and AXA PPP healthcare hold about you and have any inaccurate data corrected. If you wish to access your personal information, please write to the Data Protection Officer at Saga Group and/or AXA PPP healthcare. We are entitled to charge a fee, currently £10, which is payable for accessing this information. When information has been supplied by a medical practitioner, you should be aware that their consent is needed before this can be supplied to you.

Crime prevention and detection and legal requirements

Saga and AXA PPP healthcare are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. AXA PPP healthcare will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, AXA PPP healthcare are obliged to notify the General Medical Council or other relevant regulatory body about any issue where they have reason to believe a medical practitioner's fitness to practise may be impaired.

Keeping information

Saga and AXA PPP healthcare will continue to hold information about the **policy** and any claim made under the **policy** for some time after it has ended. We will then dispose of your information in a responsible way.

Future underwriter changes

Your Accident Healthcare policy is currently provided and underwritten by AXA PPP healthcare Limited. If you have selected any additional cover options, these may be provided by different insurers. At some time in the future Saga may enter into an agreement with a new provider for all or part of your **policy**, in which case this new provider will offer you accident healthcare cover to replace your current **policy**. If this is the case, Saga will write to you to confirm the details of the new provider and give you details of any changes to the Terms and Conditions of your **policy**. You hereby authorise Saga to transfer any personal data to a new provider, including health or other data defined as 'sensitive personal data' under the Data Protection Act, and consent to the new provider being able to offer cover to you. If at any time you wish to withdraw your agreement to this, please let Saga know by calling 0845 366 1601.

What regulatory protection do I have?

AXA PPP healthcare and Saga are authorised and regulated by the Financial Services Authority (FSA).

The FSA was established by government to provide a single statutory regulator for financial services. The FSA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system.

The FSA have set out rules which regulate the sale and administration of general insurance which we must follow when we deal with you. AXA PPP healthcare's FSA register number is 202947. This information can be checked by visiting the FSA register which is on their website at www.fsa.gov.uk/register/home.do or by contacting the FSA on 0845 606 1234.

The Financial Services Compensation Scheme (FSCS)

AXA PPP healthcare and Saga are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS), a body established by the FSA. The scheme is governed by FSA rules and may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to **eligible policyholders**. Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

Complaints

Our customer service commitment to you

Saga aims to provide you with high levels of service at all times. However, there may be times when you feel that the service has fallen below the standard you expect. If this is the case and you want to complain, Saga will do its best to try to resolve the situation.

Whether you are phoning or writing, please remember to quote your name, address and **policy** number as it will help your enquiry or complaint to be dealt with quickly.

What should I do if I have reason to complain?

For queries and complaints not related to a claim

If you have a query or complaint about Accident Healthcare that is not regarding a claim, please contact Saga's Customer Care Team on **0845 366 1601** and they will try to resolve your complaint.

If this does not resolve your complaint please contact:

Customer Relations Department

Saga Services Limited

Middelburg Square

Folkestone, Kent CT20 1AZ

Alternatively, call **01303 771160**, fax **01303 771347** or e-mail services.customer-relations@saga.co.uk

If you are still dissatisfied, you should write to:

Director of Customer Service

Saga Services Limited

Middelburg Square

Folkestone

Kent CT20 1AZ

If you are not happy with Saga's final response, you can ask the Financial Ombudsman Service to review your case.

For queries and complaints related to a claim

If you think things have gone wrong for you regarding a claim and you are unhappy with us, please contact the Claims Personal Advisory Team in the first instance on **0845 600 5804** and they will try to resolve your complaint.

If you are unhappy with their response, then we invite you to contact us, preferably by writing to:

The Customer Relations Executive

AXA PPP healthcare

Phillips House, Crescent Road

Tunbridge Wells, Kent TN1 2PL

Alternatively, call **01892 503110**

We will acknowledge your complaint upon receipt, investigate it and respond to you within five working days of receiving your letter (we will, of course, keep you informed if there is an unavoidable delay).

If you are dissatisfied with this response, then we invite you to write, detailing why you feel our decision is incorrect in relation to the terms and benefits of your **policy**, to:

Membership and People Director

AXA PPP healthcare

PPP House

Vale Road

Tunbridge Wells

Kent TN1 1BJ

Again, we will acknowledge your letter upon receipt. The Membership and People Director will then, on behalf of our Chief Executive, review your complaint and respond to you within 20 working days of receiving your letter (we will, of course, keep you informed if there is an unavoidable delay).

The Financial Ombudsman Service will review your complaint if you remain dissatisfied after we have issued our final decision from the Membership and People Director. The address you need to write to is:

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

Telephone: **0300 123 9123** or **0800 023 4567**

Fax number: **0207 964 1001**

Website: www.financial-ombudsman.org.uk

e-mail: complaint.info@financial-ombudsman.org.uk

Important Note

The Ombudsman will only look at complaints about:

- The way in which your **policy** was sold to you
- The administration of your membership
- The handling of any claims.

Please note that the Ombudsman will not normally investigate complaints concerning an insurer's legitimate exercise of commercial judgement.

The Ombudsman will also not usually be able to review a complaint where:

- We gave a final decision over six months ago
- Your case already involves (or has involved) legal action.

None of these procedures affect your legal rights.

Legal rights and responsibilities

8.1 Your rights and responsibilities

- (a) Your policy is for one **year**. Prior to the end of any **policy year** Saga will write to the **policyholder** to advise on what terms the **policy** will continue, provided the **policy** you are on is still available. If Saga does not hear from the **policyholder** in response they will renew your **policy** on the new terms. Where you have opted to pay premiums by Direct Debit or continuous credit card payments, Saga may continue to collect premiums by such method for the new **policy year**. Please note that if Saga does not receive your premium, you will not be covered.
- (b) You must make sure that whenever you are required to give us any information all the information you give us and Saga is sufficiently true, accurate and complete so as to give us a fair presentation of the risk we are taking on. If we discover later it is not then we can cancel the **policy** or apply different terms of cover in line with the terms we would have applied had the information been presented to us fairly in the first place.
- (c) You and we are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply.
- (d) You must write and tell Saga if you change your address.
- (e) Only the **policyholder** and we have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any **family member**.
- (f) You must pay your premium when it is due.
- (g) The **policyholder** may cancel this **policy** by contacting us during the 14 day cooling off period. The 14 day cooling off period commences on the day that the contract is concluded or the day that full **policy** terms and conditions are received, whichever is the later. The 14 day cooling off period also applies from each renewal date. If the **policy** is cancelled during the 14 day cooling off period we will return any premium paid for the **policy** providing no claims have been made on the **policy** in relation to the period of cover before cancellation (being no more than 14 days'

cover). If you incur **eligible** claims costs within that period of cover we reserve the right to require the **policyholder** to pay for the services we have actually provided in connection with the **policy** to the extent permitted by law and any return of premium is subject to this. If the **policyholder** does not cancel the **policy** during the cancellation period the **policy** will continue on the terms described in this handbook for the remainder of the **policy year**.

- (h) If for any reason you decide to cancel your **policy** let Saga know by calling 0845 366 1601. If you require **eligible treatment** as the result of a **road** traffic accident which occurred prior to cancelling the **policy**, you are **eligible** to receive **treatment** for up to 12 months after the date of the **road** traffic accident, regardless of whether the **policy** has been cancelled.

8.2 Saga and AXA PPP healthcare's rights and responsibilities

- (a) Saga will tell the **policyholder** in writing the date the **policy** starts and any special terms which apply to it.
- (b) We can refuse to add a **family member** to the **policy** and we will tell the **policyholder** if we do.
- (c) We will pay for **eligible treatment** costs incurred for a period of 12 months from the date of the **road** traffic accident provided the premium has been paid for the period when the **road** traffic accident occurred.
- (d) If you break any of the terms of the **policy** which we reasonably consider to be fundamental, we may (subject to 8.2 (e)) do one or more of the following:
- refuse to make any benefit payment or if we have already paid benefits we can recover from you any loss to us caused by the break; and
 - refuse to renew your **policy**; or
 - impose different terms to any cover we are prepared to provide; or
 - end your **policy** and all cover under it immediately.

- (e) If you (or anyone acting on your behalf) make a claim under your **policy** knowing it to be false or fraudulent, we can refuse to make benefit payments for that claim and may declare the **policy** void, as if it never existed. If we have already paid benefit we can recover those sums from you. Where we have paid a claim later found to be fraudulent, (whether in whole, or in part), we will be able to recover those sums from you.
- (f) We can change all or any part of the **policy** from any renewal date. We will give you reasonable notice of changes to your **policy** terms.
- (g) We may cancel, refuse to renew, or vary your **policy** at any time if Saga:
- chooses to cancel the Accident Healthcare scheme, or it offers an alternative plan to the same insured person covered under this **policy** as well as or in place of this **policy**; or
 - refuses or fails to keep its duties under the **policy**; or
 - enters into a composition with its creditors, winds up or goes into liquidation unless it is a genuine reconstruction takeover or amalgamation; or
 - has given us incomplete or untruthful answers in any information we have asked them to give.
- (h) This **policy** is written in English and all other information and communications to you relating to this **policy** will also be in English.
- (i) We and other service providers will not provide cover or pay claims under this **policy** if doing so would expose us or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, **United Kingdom**, United States of America or under a United Nations resolution. If a potential breach is discovered, where possible we will advise you in writing as soon as we can.

9. Benefits table

This table shows the benefits available to you for the cost of **treatment**. These benefits are explained fully in the preceding pages of your Policy Booklet. You must read this table in conjunction with the rest of your Policy Booklet.

This **policy** provides cover for **treatment** made necessary as a direct result of **injury** sustained in a **road** traffic accident in the **United Kingdom** involving a moving motor vehicle.

The cover does not include **treatment** needed in the accident and emergency department of the **hospital**, or any immediate **treatment** needed in an intensive therapy unit (except the cash benefit).

Please make sure you call the Saga Motor Claims Line prior to **treatment** so that AXA PPP healthcare can contact you to confirm the extent of your cover and any limitations that may apply.

| Benefits | Benefit level | Where can I find more information? |
|---|--|------------------------------------|
| Policy benefit limit: We will pay up to the maximum shown for each person covered by the policy for the 12 month period following the date of the accident. | £1,000,000 | |
| In-patient and day-patient treatment | | |
| 1. Hospital charges: including charges for accommodation, diagnostic tests , operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the specialist during surgery. | Paid in full in any hospital or day-patient unit within your policy benefit limit | Page 13 |
| 2. Specialists' fees (Surgeons', anaesthetists' and physicians'). | Covered within your policy benefit limit | Pages 14-15 |
| 3. In-patient consultations – benefit for a consultation with a second specialist arranged by the treating specialist . | Covered within your policy benefit limit | Pages 14-15 |

| Benefits | Benefit level | Where can I find more information? |
|--|--|------------------------------------|
| Out-patient treatment | | |
| 4. Surgical procedures. | Covered within your policy benefit limit | Pages 13-15 |
| 5. Specialist consultations. | Covered within your policy benefit limit | Pages 14-15 |
| 6. Clinical practitioner charges (including physiotherapy). 7. Complementary practitioner charges. | Covered within your policy benefit limit. We will pay for up to an overall maximum of ten sessions of treatment within 12 months from the date of your road traffic accident, for GP referred physiotherapy and/or complementary practitioner treatment | Pages 14-15 |
| 8. Diagnostic tests on specialist referral. | Paid in full within your policy benefit limit | Pages 11-12 |
| 9. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET). | Paid in full within your policy benefit limit | Page 13 |
| Other benefits | | |
| 10. Ambulance transport – when you are receiving private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility. | Paid in full within your policy benefit limit | |
| 11. NHS cash benefit. This benefit is paid for each night you receive free treatment under the NHS and only if: (i) you are admitted for in-patient treatment before midnight for treatment of an injury caused by a road traffic accident (ii) the treatment you receive under the NHS would have been eligible for benefit privately under this policy . (This benefit is also paid for each night you receive treatment in an accident and emergency ward or intensive therapy unit.) | £100 a night up to £2,000 for each accident | Page 13 |

Accident Healthcare (Please have your policy number to hand when calling)

Customer Service
for questions about your Accident Healthcare policy

from the UK
0845 366 1601
8.30am–5.30pm Monday to Friday, 8.30am–1pm Saturday.

This Policy Booklet is also available in large print, audio and Braille.
If you require any of these formats please contact us on **0845 366 1601.**

If you have a hearing or speech impairment, you can also contact us by e-mailing dda@saga.co.uk

Saga has arranged for Accident Healthcare to be underwritten by AXA PPP healthcare Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

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