



**Saga HealthPlan Super and
Super 4 Week Wait**
Membership Handbook



Introduction

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How to contact us

To speak to a healthcare professional – see page 21

Saga Health Information Line
0800 17 40 17
24 hours a day
(Note: they are unable to discuss your policy or a claim)

To make a new claim or for help with an existing claim – see page 8

Claims Personal Advisory Team 0845 300 4459

Monday to Friday 8am-8pm, Saturday 9am-5pm.
Fax: 0870 242 7333

(Note: If you need to make a claim, it is essential you contact our claims personal advisory team before you receive any private treatment)

To discuss or to make changes to your Saga HealthPlan policy

Customer Care Team
0845 300 0867

Monday to Friday 8.30am-5.30pm, Saturday 9am-1pm.

Maximum call charge for 084 numbers from a BT landline is 4p per minute, plus a 6p call setup fee. Maximum call charge for 087 numbers from a BT landline is 8p per minute plus a 6p call setup fee. (Charges from other networks may vary. Call price correct at July 2008).

If you require a large print, audio or Braille version of this document, please call 0845 300 0867. If you have a hearing or speech impairment, you can also contact us by e-mailing: dda@saga.co.uk

Welcome to Saga HealthPlan Super

Thank you for choosing a Saga HealthPlan, which we have arranged to be underwritten by AXA PPP healthcare Limited. We aim to provide the highest level of care and service possible for our customers, so we have designed this policy with your needs in mind.

This booklet describes your cover in detail and should provide you with all you need to know about your policy, including how to go about making a claim. We have tried to make sure it is as straightforward and as easy to understand as possible. It is also organised into sections to help you quickly find the information you need.

Please take the time to read this booklet carefully to make sure you fully understand what you are covered for, and to ensure that your policy gives you the cover you want.

If you have any questions at all, feel free to call us on the relevant telephone number on the opposite page and one of our customer care advisers will be happy to help.



Andrew Goodsell
Group Chief Executive

Frequently asked questions

The purpose of this section is to provide you with answers to frequently asked questions regarding the main features of your policy. It includes not only the principal benefits but also details of those areas which we do not cover. It in no way replaces the 'Your policy details' section, which sets out the full details of your policy.

Q What does the plan cover?

A Your Saga HealthPlan has been designed to cover private in-patient, day-patient and out-patient treatment required to cure an acute condition or the acute periods of a chronic condition.

If you have a Saga HealthPlan Super 4 policy and you require in-patient or day-patient treatment, or a surgical procedure performed as out-patient treatment, and this is available on the NHS within four weeks after the date on which the treatment should be undertaken, then you must have that treatment as an NHS patient.

Q Are all medical conditions covered?

A In line with other private medical insurance plans, this policy is designed to cover claims for expenses incurred as a result of unexpected events. It is designed to cover treatment of medical conditions that respond quickly to treatment, 'acute conditions', and is not intended to cover you against the cost of recurrent, continuing or long term treatment of 'chronic conditions' since these treatments become a series of predictable rather than unexpected events. Examples include diabetes, asthma and arthritis. Further details to help you understand more about what we mean by a chronic condition and practical examples of when we will or will not cover treatment of these conditions can be found in the leaflet 'Underwriting methods and chronic conditions'.

It is important to note that under this policy, you will not normally be covered for pre-existing conditions - that is, those conditions which existed before the start of your policy. If you took out a policy using the moratorium method of underwriting, you will not have disclosed any medical information but you will have received a leaflet explaining how the moratorium clause works in respect of pre-existing conditions. The section of this booklet entitled 'How we deal with pre-existing medical conditions' contains more details about this. If, however, you have completed a medical history declaration, we will have advised you of any medical conditions that are specifically excluded.

The 'Your policy details' section, will tell you what other treatments or conditions we always exclude for everybody.

Q What is meant by in-patient, day-patient and out-patient treatment?

A In-patient treatment means being admitted to hospital for treatment where for medical reasons you stay for at least one night.

Day-patient treatment means you have to go into a hospital or day-patient unit because you need a period of clinically supervised recovery, but do not have to stay overnight.

Out-patient treatment does not involve an admission to hospital. This means that, although you may have a consultation or receive treatment at a hospital, you are not allocated a bed or 'admitted'.

Q Which hospitals can I use?

A Enclosed with this booklet, you will find the Saga Directory of Hospitals, which contains a comprehensive list of private hospitals and NHS hospitals with Private Patient Units that you can use. Your Membership Statement will show the Saga hospital list you have selected.

All treatment must take place in a hospital listed in the most recent Saga Directory of Hospitals we have issued to you.

Q What happens when I want to make a claim?

A Before starting any treatment, please telephone our claims personal advisory team who will be able to answer any questions about the cover provided by your policy and will issue you with a claim form if necessary.

You and your GP should complete the claim form and post it to us at the address shown on the claim form. (Please note that your GP may charge a fee for doing this which you must pay yourself.) Providing we receive all

the information we need we should be able to advise you within two working days whether the proposed treatment will be covered. Occasionally we may need to contact your GP for further information which may, in turn, delay the assessment of your claim. Once the claim has been assessed, we will confirm in writing whether or not your claim is eligible for benefit.

If the treatment is eligible, please notify your GP that you will want to be treated privately and show him or her the Benefits section of this booklet and your Saga Directory of Hospitals. By doing this, you will be able to ensure that your GP refers you to a recognised specialist at one of the hospitals featured in the Saga Directory of Hospitals.

Please remember that all treatment must be authorised in writing by us before it takes place.

If you have chosen a Saga HealthPlan Super 4 policy, you are only covered for private in-patient or day-patient treatment, or a surgical procedure performed as out-patient treatment, if the NHS could not provide that treatment within four weeks after the date on which the treatment should be undertaken.

Q Do I have to settle the accounts myself?

A For in-patient and day-patient treatment, we will normally settle authorised bills directly with the hospital or specialist on your behalf. In order to avoid delays in payment, please show a copy of your confirmation letter confirming cover for your claim to the hospital or specialist, and ask them to ensure that they always quote your membership and claim numbers when submitting invoices to us. For out-patient treatment, some hospitals and specialists ask for payment from you at the time of treatment. If you have to settle an invoice, please send it to us with confirmation that it has been paid and we will send our settlement cheque to you, up to the maximum payable in line with your policy benefits.

If you receive an invoice from your hospital or specialist that has not been paid, please send it on to us immediately. We will arrange for all eligible charges to be paid directly to the hospital or specialist.

Q When does my policy start and finish?

A Your policy starts as soon as we have accepted your proposal form and initial premium payment. Equally, your policy finishes at the end of the period covered by your final premium payment.

Q If I am unhappy with the policy and want to cancel, do I lose all my premium?

A If, within 14 days of first receiving this booklet from us, you change your mind and decide to cancel your insurance with us, any premiums you have paid will be refunded in full, providing no claim has been made.

Q If I want to make any changes to my policy, how do I go about it?

A Changes can be made when your policy is due to be renewed. For example, if you wish to add or change an excess or change Saga hospital lists you should contact the customer care team before your renewal date and we will be happy to make any appropriate adjustments from your renewal date. If you wish to add or remove family members, however, you may do so at any time during the year. Some changes may result in an adjustment to your premium.

Q How do I pay my premiums?

A There are several ways in which you can pay your premiums. We are happy to receive monthly or annual payments by a Direct Debit mandate arranged through your bank or building society. We accept annual payments by cheque, debit or credit card. There is a 7.5% discount if you pay annually.

Q When and how will my premiums be increased?

A Your premium usually increases at each annual renewal date of your policy. You will find that it sometimes increases above the rate of general inflation, because more people receive and claim for private treatment each year, and also because new treatments are becoming available all the time, some of which are very expensive. We will advise you of your new premium several weeks before your policy's renewal date.

Q What happens if I forget to pay my premiums?

A Your policy is only in force while premiums are fully paid. It is therefore very important that you ensure that your payments are kept up to date, as claims cannot be settled if premiums are outstanding. If you do not pay a premium we will not provide cover from the date the premium is due.

How we deal with pre-existing medical conditions (The moratorium clause)

This section applies to insured persons who have taken out cover by the moratorium method of underwriting. Your Membership Statement will indicate if this applies to you.

Q What is the purpose of a Saga Private Medical Insurance policy?

A Our policies cover you for the cost of treating medical conditions which arise after the date you have been accepted for cover. So, like any other type of insurance, you take out cover with us to protect yourself against the cost of unforeseeable events.

Q What about pre-existing medical conditions?

A Like other medical insurance providers we have to exclude them from cover, otherwise people could join just to have treatment for a medical condition they already have. If we allowed people to do this, our premiums would have to be much higher.

Q How do you exclude pre-existing medical conditions from cover?

A We do not ask you to give details of your medical history or make you undergo a medical examination. Instead, we apply a straightforward exclusion clause (our 'moratorium clause') which says:

We cannot pay claims for the treatment of any medical condition or related condition which you have received medical treatment for, had symptoms of, asked advice on or to the best of your knowledge and belief were aware existed in the three years (or five years if you joined this policy on or before 15 November 2005) prior to the start date (a 'pre-existing' medical condition).

After two years of continuous insurance cover from the cover start date, all pre-existing medical conditions may become eligible for benefit. However, this only applies if, when you first receive treatment, you have not:

- consulted any doctor for medical treatment or advice (including checkups); or
- taken medication (including drugs, medicines, special diets or injections)

for that medical condition or any related condition for a continuous period of two years.

This clause can easily be broken down into three parts.

Firstly, medical conditions that are covered from the first day of your insurance. These are conditions that are new to you after taking out your policy.

Secondly, medical conditions which become eligible for cover after two years continuous insurance. These are pre-existing medical conditions. We cover them if you have stayed free from receiving any treatment, advice or medication for a continuous period of two years after taking out your policy.

Finally, medical conditions which we permanently exclude from cover. These are also pre-existing medical conditions, but we exclude them because you will need regular or periodic treatment, advice or medication and you will never be able to remain free of this help for any continuous two-year period.

To help you understand how this clause works, we have set out a series of model Questions and Answers to the typical queries often raised:

Q What is a 'related medical condition'?

A A related medical condition is any medical condition that is considered to be an underlying cause of, or directly caused by, another medical condition.
For example: high blood pressure and heart disease; recurrent sore throats and tonsillitis.

Q I suffer from high blood pressure for which I have to take tablets every day. How does this affect my cover?

A Because you need continuous treatment for your medical condition, cover for this or any related condition would be permanently excluded.

Please note that if you joined on or after 16 November 2005 and have chosen to include cover for eligible treatment for pre-existing hypertension and related conditions, this does not apply to you. Your Membership Statement will indicate if this cover is included on your policy.

Q Some time after my cover has started, I go to my doctor for a routine visit and, for example, a heart condition is diagnosed. It has obviously developed during the period before the start of my plan. Would I be covered?

A The clause only applies to any medical condition or related condition (or both) which you were aware existed in the three years (or five years if you joined this policy on or before 15 November 2005) prior to the start of your policy. If:

- the heart condition was first diagnosed after you joined the policy; and
- you had no previous treatment for any obviously related condition, such as high blood pressure or chest pains; and
- you were not aware of any symptoms;

benefit would be available even if it was proved that the condition existed before your policy began.

Q What if I suspect that I am suffering from a condition, for example, I have a lump, but have not seen a doctor for the condition or received any firm diagnosis? Would I be covered if a visit to my doctor after the start of the plan revealed that surgery for that condition was necessary?

A Because you were aware of the condition during the three year period (or five year period if you joined this policy on or before 15 November 2005) prior to the start of the plan, even though you weren't quite sure what it was, you would be excluded from cover for at least the first two years of the plan.

Q What if I am uncertain whether treatment I received before the start of my policy is related to the condition for which I later wish to claim?

A Before undergoing any private treatment for which you wish to make a claim under your policy, you must submit a fully completed claim form to us to gain written pre-authorisation for your claim. This way we will be able to establish the full facts about your condition and proposed course of treatment and will confirm our decision to you in writing before you incur the costs of treatment.

NOTE: These questions and answers provide broad guidance to the operation of the moratorium clause. Obviously, each claim is dealt with and treated on its own merits. How the clause is interpreted depends entirely on the facts presented. When we receive a fully completed claim form, we will be pleased to tell you whether cover is available before you have treatment.

Your guide to claiming

This section has been designed to help you when making a claim for private medical treatment. By following each of the steps accurately you will assist us in processing your claim quickly and efficiently. It should also reduce the risk of your hospital or specialist asking you to pay in advance for treatment. If you need any more information or advice, please do not hesitate to contact our claims personal advisory team on 0845 300 4459, between 8am and 8pm Monday to Friday and 9am to 5pm Saturday.

Pre-authorisation of claims and hospital lists

Please remember that you must obtain written authorisation of your claim from us before starting any treatment. You must send your completed claim form to us for confirmation of cover. If you do not, we will be unable to pay for the treatment you receive. All treatment - including out-patient consultations and tests - must also take place at one of the hospitals listed in the most recent Saga Directory of Hospitals we have sent you.

Step 1 Get in contact

If you need to make a claim on your Saga HealthPlan policy:

First, telephone our claims personal advisory team and ask to speak to one of our specially trained claims advisers.

Please help us by having the following details available:

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

They will answer any general questions you have about your policy and send you a claim form. Cover for your claim can only be confirmed once we have received your completed claim form.

Please note that if any information is missing or incorrect the processing of your claim may be delayed.

Step 2 Complete and return your claim form

When you receive your claim form:

- First complete the first page of the claim form in full
- Make sure you answer all the questions and include your GP's full name and address
- Include details - in your own words - of the condition you are claiming for, the date you first became aware of it, and the date you first sought medical advice for it from any doctor
- Both you and the policyholder, if different, must sign the declaration and consent which is found on the reverse of the claim form
- Ask your GP - not your specialist - to complete the GP's section
- Make sure that your GP understands that your policy only covers treatment at one of the hospitals listed in the Saga Directory of Hospitals, and that you must be referred to a specialist who has admitting rights to these hospitals
- Once you have made sure that your claim form has been completed correctly, please return it to us as soon as possible at the address shown on the form.

Step 3 Confirmation of cover

Once we have received your completed claim form:

- One of our experienced claims staff will check whether the specialist's fees will be paid in full, assess your claim and confirm whether or not it will be covered
- In most cases - and provided your claim form has been completed correctly - we should be able to give you an answer within two working days.

We will then send you - by first class post - written confirmation that your claim has been accepted and remind you of any benefit restrictions that might affect your claim.

Step 4 Arranging treatment

When you have our written confirmation, you can proceed with private treatment and have the peace of mind that comes with knowing your claim will be covered.

- Your specialist will normally make arrangements for any tests, treatment or hospital stay needed
- It is important that you make sure your specialist is aware of the cover provided by your policy - show your specialist your claim confirmation letter, this guide and the Saga Directory of Hospitals
- If you receive treatment that is not covered by your policy, or if your specialist recommends any treatment at a hospital not included in the Saga Directory of Hospitals, we will be unable to pay for your treatment - if you are in any doubt please call our claims personal advisory team
- Remember to give a copy of our claim confirmation letter, confirming cover for your claim, to the hospital when you are being admitted - if you don't do this they may ask you to pay for your treatment at that time.

Step 5 Payment of invoices

We have arranged direct payment facilities with all the hospitals in the Saga Directory of Hospitals and most of the specialists who have admitting rights at them.

Because of this:

- your specialist and/or hospital will normally send their invoices directly to us for settlement
- we will then settle all the eligible charges for you by sending payment directly to the hospital or specialist
- we will write to you to confirm how much we have paid and whether you need to pay for any treatment or services not covered by your policy
- unless it is explicitly clear that you have paid an invoice, we will always send our payment directly to the hospital or specialist

- if you do have to settle an invoice yourself, please send it to us - the original not a photocopy, and the receipt confirming it has been paid - remembering to quote both your membership number and claim number. As long as your claim has already been authorised, we will then send a cheque to you for all the eligible charges.

If you want to take advantage of our direct payment facilities:

- Please make sure that your specialist and/or hospital quote your membership number and claim number on their invoices - both these numbers are clearly shown in the claim confirmation letter
- If either is omitted this will delay the settlement of the invoice.

Important points to remember

If you have an excess on your policy:

- Send any invoices you receive to us unpaid
- We will deduct the excess from the invoices we pay
- We will then write to you and confirm which invoices have been paid and which you need to pay yourself
- Please do not send us a cheque for the excess amount, as this may delay payment of invoices.

Other points to note are:

- If the specialist or hospital sends you a copy of an invoice they have already sent to us for your records, please do not send it to us as it causes duplication
- We cannot return your original invoices, so you might want to keep copies for your records
- In some cases, your specialist or hospital may ask you to pay for out-patient treatment at the time you receive it. You can minimise the possibility of this happening by showing them a copy of your claim confirmation letter confirming the out-patient benefits available to you.

Urgent claims

If you need to make an urgent claim, i.e. if hospital treatment is required within 48 hours:

- Call our claims personal advisory team on 0845 300 4459 or fax your completed claim form to 0870 242 7333. We will then do everything possible to give you an immediate reply.

Please note there is no cover available on Saga HealthPlan Super 4 for urgent treatment.

Your policy details

Your guide to this section

Page 10	What is covered (your benefits)
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Page 16	What is not covered (exclusions)
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Page 19	Renewing, No Claim Discount scale and cancelling your policy
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Page 22	Definitions

Certain words used in this section have special meanings, which are set out below:

We/Us/Our - AXA PPP healthcare Limited (the underwriter of this policy)

You/Your - The people insured by your policy as shown on your Membership Statement. Where the word 'you' or 'your' refers specifically to the **Policyholder**, the policy will say: '**you** (the **Policyholder**)'.

To help you identify the remaining defined words, we have shown them in **bold print** throughout this section. These words are explained in the Definitions section.

The proposal form you filled in is included as part of the contract of insurance between **you** (the **Policyholder**) and **us** (AXA PPP healthcare Limited). This policy, together with your Membership Statement, the Saga Directory of Hospitals and any **endorsements**, are all part of the contract and should be read as if they are one document.

What is covered (your benefits)

Please note that:

- before starting any **treatment** for which **you** intend to make a **claim**, **you** must telephone **us**. **We** will send **you** a claim form for completion;

- all **treatment** must be carried out by a medical practitioner who **we** recognise for benefit and take place in a **hospital** listed in the most recent Saga Directory of Hospitals **we** have issued to **you**. In the rare circumstances where eligible **treatment** is not available in a **hospital** listed in the most recent Saga Directory of Hospitals **we** have issued to **you**, **we** will make arrangements for it to take place at another convenient and appropriate **hospital**.

1.1 **You** can only claim benefit for the items listed in the benefit table and in any official notice or **endorsement** **we** issue while the policy is in force.

1.2 Applicable only if **you** have selected Saga HealthPlan Super 4 (Four Week Wait Plan). Please check **your** Membership Statement:
There is no benefit available on Saga HealthPlan Super 4 for urgent or emergency **treatment** or **treatment** received in an Intensive Therapy Unit, sometimes called Intensive Care Unit. **You** can only claim benefit for **in-patient or day-patient treatment** or an **out-patient** surgical procedure as a private patient if the NHS could not provide that **treatment** within four weeks after the date on which the **treatment** should be undertaken. The only exceptions to this are **day-patient** or **out-patient** radiotherapy or chemotherapy.

1.3 Applicable only if **you** have selected Saga HealthPlan Super. Please check **your** Membership Statement:
We pay charges made by, or incurred in, a private **hospital** or any NHS hospital for ITU (Intensive Therapy Unit, sometimes called Intensive Care Unit) **treatment** only when ITU **treatment** immediately follows eligible private **treatment** and **you** or **your** next of kin have asked for the ITU **treatment** to be received privately.

1.4 All **treatment** must be arranged for **you** by **your** **general practitioner** or dental practitioner.
Also, all **treatment** must be:

- for a specific medical condition;
- given by a **specialist, physiotherapist, acupuncturist, chiropractor, homeopath, osteopath, nurse** or **care assistant**; and
- given just to cure an **acute condition** or the acute periods of a **chronic condition**.

- 1.5 **We** can refuse to pay benefits where **you** or **your family member** have:
- 1) given **us** incomplete or untruthful answers in any information **we** have asked for; or
 - 2) broken the terms of **your** policy.
- 1.6 **We** will pay benefit after taking off any **excess** that applies under this policy.
- 1.7 If **you** have any other private medical expenses insurance policy that provides benefit for the medical condition **you** are claiming for under this policy, **we** will only pay **our** share of the **claim**.

Benefit table

In this section **we** have set out the benefits **we** pay under the policy. Some benefits have special conditions which **we** have marked in italics. There are details on these conditions at the end of the benefit table.

Saga Healthplan Super 4 only: This policy will cover the costs of **in-patient** or **day-patient treatment**, or an **out-patient** surgical procedure, if the NHS cannot provide that **treatment** within four weeks after the date on which the **treatment** should be undertaken. The only exceptions to this provision are **day-patient** or **out-patient** radiotherapy or chemotherapy.

Saga Healthplan Super 4 only: We will pay as shown below for the following surgical procedures, whether or not the patient could obtain the **treatment** as an NHS patient within four weeks of the **specialist** confirming that it is needed: varicose veins surgery; tonsillectomy; insertion of grommets; removal of bunions (hallux valgus); removal of gall bladder (laparoscopic cholecystectomy); haemorrhoidectomy; adenoïdectomy; correction of squint; cataract surgery.

Section A - Charges for in-patient hospital treatment	
<p>What is covered</p> <ol style="list-style-type: none"> Accommodation, nursing, drugs prescribed in a ward, intensive care Operating theatre charges. Surgical dressings, drugs and surgical appliances needed as a vital part of an operation Diagnostic tests, including pathology and radiology, CT, MRI and PET scans. Physiotherapy. Radiotherapy and chemotherapy for the treatment of cancer 	<p>We will pay</p> <p>No annual maximum. Cover for treatment at any hospital listed in the most recent Saga Directory of Hospitals we have issued to you</p>
Section B - Charges for day-patient treatment	
<p>What is covered</p> <ol style="list-style-type: none"> Accommodation, nursing Operating theatre charges. Surgical dressings, drugs and surgical appliances needed as a vital part of an operation Diagnostic tests, such as pathology and radiology where these are related to a surgical operation. Radiotherapy and chemotherapy for the treatment of cancer 	<p>We will pay</p> <p>No annual maximum. Cover for treatment at any hospital listed in the most recent Saga Directory of Hospitals we have issued to you</p>
Section C - Specialist fees for in-patient and day-patient treatment	
<p>What is covered</p> <ol style="list-style-type: none"> Specialists' fees (surgeons, anaesthetists and physicians) for operations and surgical procedures used in in-patient or day-patient treatment 	<p>We will pay</p> <p>No annual maximum. Cover for treatment at any hospital listed in the most recent Saga Directory of Hospitals we have issued to you (See Special condition 1)</p>

Section D - Specialist fees for out-patient treatment

What is covered

1. Surgical procedures
2. **Specialist** consultations and **diagnostic tests**, including pathology and radiology, CT, MRI and PET scans. Physiotherapy. Radiotherapy and chemotherapy for the treatment of **cancer**
3. Consultations for any of the following complementary therapies: acupuncture, osteopathy, chiropractic, homeopathy

We will pay

No annual maximum.

No annual maximum. Cover for **treatment** at any **hospital** listed in the most recent Saga Directory of Hospitals **we** have issued to **you**

Up to £1,200 for each **insured person** per **policy year** (See Special condition 1)

Section E - Special benefits

What is covered

- 1a. Psychiatric and mental conditions - **in-patient treatment**: accommodation, nursing, drugs prescribed on a ward, **diagnostic tests**, including pathology and radiology, and **specialist** consultations
- 1b. Psychiatric and mental conditions - **out-patient treatment**: **specialist** consultations, ECT and **diagnostic tests**, including pathology and radiology
2. **Home nursing** - the services of a **nurse** for skilled nursing care at home
3. Recuperative care - the services of:
 - a **nurse** for secondary nursing care; or
 - a **care assistant** for **personal care services**
4. NHS hospital cash benefit

We will pay

No annual maximum. Cover for **treatment** at any psychiatric **hospital** listed in the most recent Saga Directory of Hospitals **we** have issued to **you**, up to a total of 28 days for each **insured person** per **policy year** (See Special condition 1)

Up to £1,200 for each **insured person** per **policy year** in any psychiatric **hospital** listed in the most recent Saga Directory of Hospitals **we** have issued to **you** (See Special condition 1)

Cover up to a total of 13 weeks for each **insured person** per **policy year** (See Special Condition 2)

Cover up to 14 hours of care a week up to 30 days. Up to £1,000 for each **insured person** per **policy year** (See Special Condition 3)

£100 a night up to a total of £2,000 for each **insured person** per **policy year**

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.
- (ii) The **treatment** you receive under the NHS would have been eligible for benefit privately under this policy.

Saga Healthplan Super 4 only:

The four week waiting period does not apply to the NHS cash benefit and there is no requirement for private **treatment** to have preceded any period in an NHS intensive therapy unit or NHS intensive care unit.

5. Private ambulance - to and from hospital where recommended by a specialist as medically necessary	
6. Major dental cash benefit	
i) Dental cash benefit - what is covered:	
Root canal treatment	£100 per tooth
Apicectomy	£100 per tooth
† New permanent crown (non-cosmetic)	£300 per tooth
† New bridgework	£200 per tooth
Extraction	£50 per tooth
Surgical extraction	£80 per tooth
†† New dentures - full upper	£225
- full lower	£225
- partial upper	£150
- partial lower	£150
Denture repair	£30 (up to 2 claims per policy year)
† Please note that benefit is only payable for new crowns or bridges, not to replace or to repair existing crowns or bridges	Up to an annual maximum of £1,500 for each insured person per policy year
†† To qualify for this benefit, you must never have worn dentures before	
ii) Dental injuries benefit	
If, after your cover start date , you have an accidental injury requiring dental treatment we will pay for the costs of all eligible dental treatment necessary as a direct result of that accident carried out by your dental practitioner	Up to an annual maximum of £5,000 for each insured person per policy year
If the treatment includes any of the items or procedures set out in Section i) Dental cash benefit, then the benefit payable in respect of those items or procedures will be subject to the individual limits specified	(See Special Condition 5 applying to the Major dental cash benefit)
7. Overseas evacuation or repatriation service	No annual maximum (See Special Condition 5)
8. Saga Health Information Line	Confidential medical information 0800 17 40 17

Section F - Overall maximum benefit

There are limits for some of the benefits set out in these tables. But there is no overall maximum limit to the amount an **insured person** may claim in any one **policy year**

Special conditions

Special condition 1

Specialists' fees

Sections C, D and E

Your policy provides benefit for eligible **treatment** provided by **specialists, physiotherapists, acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants.**

We pay in full the fees of most **specialists, physiotherapists, acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants,** as they charge fees within the range that is usual for the **treatment** they provide.

We have identified those **specialists, physiotherapists,**

acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants who make charges to **our** customers that exceed the range that is usual and **we** treat them as **capped practitioners.** Please refer to the section on capped practitioners' fees.

Special condition 2 Section E2 - Home nursing

Please note: **home nursing** benefit is not available following **in-patient treatment** for psychiatric and mental conditions.

For **you** to qualify for this benefit, all **home nursing** must:

- immediately follow a period of **in-patient treatment** for a medical condition covered by the policy;

- be certified by the **insured person's specialist** as necessary for medical (not domestic) reasons;
- be skilled nursing care provided at the **insured person's** home which would otherwise be provided in **hospital** as an **in-patient**;
- be full-time (at least seven hours a day); and
- be given by a **nurse** and carried out under the direction of the **insured person's specialist**.

Special condition 3

Section E3 - Recuperative care

For **you** to qualify for this benefit, all secondary **nursing care** and **personal care services** must:

- immediately follow a period of **in-patient** surgical treatment for a medical condition covered by the policy;
- be certified by the **insured person's specialist** or **general practitioner** as being medically necessary because of the person's domestic and medical circumstances;
- be for those domestic duties which would normally be carried out by the **insured person** claiming this benefit, not provided by their husband, wife or partner or a housekeeper regularly employed to do those duties;
- be given by a **nurse** or **care assistant** under the direction of the **insured person's specialist** or **general practitioner**; and
- be authorised in advance by **us**. If **you** do not get **our** written approval before taking on costs for recuperative care services, **we** will only pay 50% of any of those costs that **you** are covered for.

Special condition 4

Section E6 - Major dental cash benefit

Dental cash benefit

To be eligible for this benefit, **you** must have undergone a **checkup** with **your dental practitioner** and have completed all **treatment** recommended in the 12 months before **your cover start date**. If **you** have not seen **your dental practitioner** in the 12 months before **your cover start date**, then eligibility for this benefit will only begin after **you** have undergone a **checkup** by **your dental practitioner** and completed all **treatment** recommended.

Exclusions

The following exclusions apply to the whole Major dental cash benefit section.

We will not pay **claims** arising from:

- 1) Alcohol abuse or **drug abuse**.
- 2) Deliberate self-inflicted injuries and suicide attempts.
- 3) Infection by the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any similar or **related condition**.
- 4) Nuclear or chemical contamination, war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil disturbance, rebellion, revolution, insurrection, military force or coup.
- 5) Orthodontic or periodontal treatment.

In respect of the Dental cash benefit, **we** will not pay **claims** arising from any of the following:

- 1) Any dental procedure not shown in the Dental cash benefit table.
- 2) Dental treatment received outside the **UK**.
- 3) Any dental treatment which:
 - was recommended by **your dental practitioner** before **your cover start date**;
 - or
 - to the best of your knowledge and belief **you** were aware was needed before **your cover start date**.
- 4) Cosmetic treatment (whether or not for psychological reasons) or medical conditions arising from cosmetic treatment. However, **we** will cover cosmetic **treatment** necessary as a direct result of an **accidental injury** that occurs after the **cover start date**.
- 5) Repair or replacement of crowns or bridges.

In respect of the Dental injuries benefit, **we** will not pay **claims** arising from the following:

- 1) Any injury caused while engaging in professional sports.
- 2) Any injury caused while engaging in contact sports unless the appropriate mouthguard was worn.
- 3) Any injury caused by eating and drinking.
- 4) Any injury caused other than as a direct result of an accident.
- 5) Normal wear and tear.
- 6) Damage to dentures except while being worn.
- 7) Repair or replacement of crowns, bridges or dentures unless damaged as a direct result of an **accidental injury**.
- 8) Dental treatment received outside the **UK**.
- 9) Any treatment relating to an injury which is received more than 12 months after the incident giving rise to a **claim**.
- 10) **Treatment** for any dental condition which existed before **your cover start date**.
- 11) Cosmetic treatment except where this forms an integral part of **treatment** following a dental injury that occurs after the **cover start date**.
- 12) Treatment costs exceeding £1,000 unless authorised by **us** in writing.

Special condition 5

Section E7 - Overseas evacuation or repatriation service

If **you** fall ill abroad there may be reasons why **you** would prefer to return home for **treatment** which does not involve an emergency admission. In this case **you** will be covered by the benefits of this policy on return to the **UK** and can claim in the usual way. The cost of returning home in these circumstances will be **your** responsibility.

However should **you** be injured or become ill suddenly and need immediate emergency **in-patient treatment** then the evacuation or repatriation service will become available to **you**. The exclusions in other parts of this document do not

apply to the evacuation or repatriation service but will apply to **treatment** in the **UK**. If **you** need the evacuation or repatriation service **you** must contact the emergency control centre so that immediate help or advice can be given over the phone. Arrangements may then be made for an appointed doctor to see **you** and to move **you** or bring **you** back to the **UK** if necessary. If an appointed doctor thinks it is necessary, then the evacuation or repatriation service will be carried out under medical supervision.

The overseas emergency control centre is available 24 hours a day +44(0) 1892 513 999.

The full rules relating to the evacuation or repatriation service can be found below:

The overseas evacuation or repatriation service is available to cover the following when the arrangements are made by **us**:

- 1) The cost of transferring **you** by air ambulance, by a regular airline or by any other method of transport **we** consider appropriate. **We** will decide the method of transport and the date and time.
- 2) The reasonable and necessary transport and additional accommodation costs for another person, who must be 18 or over, to accompany **you** if **you** are under 18 (or in other cases where **we** believe that **your** medical condition makes it appropriate) while **you** are being moved.
- 3) The reasonable additional travelling and accommodation costs incurred in returning to the **UK** any **family members** covered by an AXA PPP healthcare underwritten policy who are accompanying **you** on the overseas journey.
- 4) The cost of bringing **your** body back to a port or airport in the **UK** if **you** die abroad.

The overseas evacuation or repatriation service is not available to cover the following:

- 1) Any medical condition which does not prevent **you** from continuing to travel or work and which does not need immediate emergency **in-patient treatment**.
- 2) Any costs incurred as a result of engaging in any sports or activity as a professional or taking part in any dangerous sport or activity not listed in Section 10.42 as one of the sports activities covered by the overseas evacuation or repatriation service.
- 3) Moving **you** from a ship, oil-rig platform or similar off-shore location.
- 4) Costs incurred for this overseas evacuation or repatriation service if, at the time of the need for the overseas evacuation or repatriation service, **you** would be insured against those costs by an existing insurance policy or policies if this insurance did not exist.
- 5) Any costs that **we** do not approve beforehand or costs incurred where **we** have not been told about

the accident or illness for which **you** need the overseas evacuation or repatriation service within 30 days of it happening.

- 6) **We** will not be liable for any failure to provide the overseas evacuation or repatriation service or for any delays in providing it unless the failure or delay is caused by **our** negligence (including that of the international assistance company **we** have appointed to act for us) or of agents appointed by either party.
- 7) **We** will not be liable for failure or delay in providing the overseas evacuation or repatriation service if:
 - by law the overseas evacuation or repatriation service cannot be provided in the country in which it is needed; or
 - the failure or delay is caused by any reason beyond **our** control including, but not limited to, strikes and flight conditions.
- 8) **We** are not liable for injury or death caused while **you** are being moved unless it is caused by **our** negligence or the negligence of anyone acting on **our** behalf.
- 9) Treatment costs other than for necessary **treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.
- 10) Any unused portion of **your** travel ticket, and that of any accompanying person, will immediately become **our** property and **you** must give it to **us**.
- 11) Any costs incurred as a result of nuclear contamination, biological contamination or chemical contamination.

What is not covered (exclusions)

In this section **we** have set out the items which are not covered.

For ease of reference, **we** have divided the section into the following categories:

2.1 Medical conditions

2.2 Treatments

2.3 Miscellaneous

2.1 Medical conditions

We will not pay for the following:

- 1a) If **you** have joined using the moratorium method of underwriting:
 - **treatment** of any medical condition or **related condition** which **you** or **your family member** had before joining the policy. Please refer to section 4.2 'Moratorium' under 'Saga acceptance terms' for full details of how **we** deal with such conditions.
- 1b) If **you** have chosen to be **medically underwritten**:
 - **treatment** of any medical condition specifically excluded, as shown on **your** Membership Statement;

- **treatment** of any medical condition **you** did not disclose on **your** medical history declaration. Please refer to section 4.1 'Full Medical Underwriting', under 'Saga acceptance terms', and to **your** Membership Statement, for further details.
- 2) **Treatment** of alcohol abuse or **drug abuse**, including the treatment of any **related condition**.
 - 3) **Treatment** of deliberate self-inflicted injuries or injuries arising from any suicide attempts.
 - 4) **Treatment** which is related to HIV or AIDS.
 - 5) **Treatment** to relieve the ongoing symptoms of a **chronic condition**.
 - 6) **Treatment**, including investigations and assessments, related to developmental delay, learning or behavioural difficulties.

2.2 Treatments

We will not pay **claims** for the following:

- 1) **Treatment** received in sports or leisure facilities, health spas, nature cure clinics or similar establishments.
- 2) The services of a **general practitioner** or any person acting as one.
- 3) The costs of eye tests, vaccinations, routine medical examinations, general health checks or screening; **treatment** of a routine or preventive nature; or **treatment** connected with birth control, which includes vasectomy, sterilisation (or reversing those processes) and terminating pregnancy for non-medical reasons.
- 4) Cosmetic **treatment**, including the removal of healthy tissue (such as breast reduction), whether or not for psychological reasons, or medical conditions arising from these **treatments**. However, **we** will cover cosmetic **treatment** if this is necessary as a direct result of an **accidental injury** that occurs after the **cover start date**.
- 5) Any **treatment** to correct long or short-sightedness, astigmatism or any other refractive errors, except for **treatment** that arises from the surgical replacement of the lens of the eye.
- 6) Abnormal pregnancy or childbirth - unless the expectant mother has been a member of this policy for the last ten months. Details of the complications of pregnancy covered by this policy are listed on **our** Schedule of obstetric procedures. If **you** would like a copy of **our** Schedule of obstetric procedures, please contact **our** customer care team.
- 7) Normal pregnancy or childbirth.
- 8) Investigations into infertility - unless **you** or **your family member** have been a member of this policy for the last two years, and then only if an underlying medical condition covered by the policy is found during investigation.
- 9) Infertility **treatment** or any form of assisted reproduction - including In Vitro Fertilisation and Artificial Insemination Donor - or pregnancy or childbirth resulting from assisted reproduction.

- 10) **Treatment** of any dental procedure, unless:
 - it is eligible for benefit under Sections E6i) and ii) (Major dental cash benefit); or
 - it is classified as an **oro-surgical procedure/operation** on **our** published schedule.
 If you would like a copy of **our** Schedule of oro-surgical procedures, please contact **our** customer care team.
- 11) Regular or long-term dialysis in chronic or final kidney failure.
- 12) **Treatment** or drug therapy which has not been established as being effective or which is experimental. For drugs 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.
- 13) **Rehabilitation** following **treatment**.
- 14) **Out-patient** drugs, medicines and dressings, surgical appliances (such as neck supports, shoe implants and braces), dental appliances, hearing aids, contact lenses, spectacles, and mobility aids such as wheelchairs and crutches.
- 15) Any administrative costs associated with organ or tissue donation (such as, but not limited to, the cost of a donor search).
- 16) **Treatment** arising from nuclear contamination, biological contamination or chemical contamination, war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, riot, civil disturbance, rebellion, revolution, military force or coup.

2.3 Miscellaneous

We will not pay **claims** for the following:

- 1) Extra accommodation costs for going into **hospital** early or leaving late because of **your** or **your family member's** domestic circumstances.
- 2) **Treatment** received after the period covered by any premium payment or after the policy has been cancelled.
- 3) **Treatment** received outside the **UK**.
- 4) Charges made by **capped practitioners** that exceed the average level charged for the services received and charges made by a **specialist, physiotherapist, acupuncturist, chiropractor, homeopath, osteopath, nurse or care assistant** (who are not capped practitioners) in excess of the usual amount charged by **specialists, physiotherapists, acupuncturists, chiropractors, homeopaths, osteopaths, nurses or care assistants** for that **treatment**. Please refer to section 'Capped practitioners' fees' section on page 18 for further information.
- 5) **Treatment** not received in a **hospital** listed in the Saga Directory of Hospitals **we** have issued to **you**.
- 6) **Treatment** that **we** have not first authorised in writing as eligible for payment.

Capped practitioners' fees

- 3.1 **Your** policy provides benefit for eligible **treatment** provided by **specialists, physiotherapists,**

acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants. You will find the definitions of **specialist, physiotherapist, acupuncturist, chiropractor, homeopath, osteopath, nurse and care assistant** in the 'Definitions' section. We pay in full the fees of most **specialists, physiotherapists, acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants,** as they charge fees within the range that is usual for the **treatment** they provide. We will continue to pay these fees in full provided that the **specialist, physiotherapist, acupuncturist, chiropractor, homeopath, osteopath, nurse or care assistant** continues to charge fees within the range that is usual.

3.2 In order to ensure cover remains affordable, we have identified those **specialists, physiotherapists, acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants** who make charges to our customers that exceed the range that is usual and we treat them as **capped practitioners.** If you receive eligible **treatment** from a **capped practitioner** we will limit benefit to the average we have been charged for that **treatment.** To calculate the average charge, we add together all charges for that type of **treatment** made by all the **specialists, physiotherapists, acupuncturists, chiropractors, homeopaths, osteopaths, nurses and care assistants** that we recognise and divide that total amount by the number of such charges.

3.3 When you telephone us to pre-authorise your **treatment** we will confirm whether the person you want to see will have their eligible charges met in full. If they are a **capped practitioner** we will tell you how much we will pay towards the cost of their **treatment.** We recommend you then obtain an estimate of their charges so you can determine whether you need to pay anything yourself. Where you have to pay towards your **treatment** the amount may be significant.

3.4 When you tell us which **specialist** you intend to see we will make every effort to notify you whether they commonly work with an anaesthetist who is a **capped practitioner.** If this is the case you should establish which anaesthetist your **specialist** intends to use so we can tell you how much we will pay towards the **treatment** charges of that anaesthetist.

Saga acceptance terms

Pre-existing medical conditions are not normally covered by your policy. Please refer to section on how we deal with pre-existing medical conditions.

When you joined, you may have chosen one of two methods of underwriting, both of which exclude medical conditions you had before taking out the policy. Your Membership Statement will show which method applies to your policy. If you joined on or after 16 November 2005, you may have been able to choose to include cover for eligible **treatment** for pre-existing hypertension and **related conditions.** Your Membership

Statement will show if this cover is included on your policy. In some circumstances you may have joined on different terms from those described above and you will find those terms on your Membership Statement.

4.1 Full medical underwriting

Before taking out your policy, you completed a medical history declaration in which you gave us details about your and your family members' medical history. This information and any additional relevant information supplied by your doctor was then assessed by medical underwriters. Medical conditions and **related conditions** you had in the past that are likely to need **treatment** in the future are not covered and are shown on your Membership Statement. These exclusions can, in some cases, be reviewed in the future if you ask us to do so. Usually, we will not remove an exclusion for a **chronic condition.** If you have failed to provide full and accurate information in answer to the medical history declaration, this may mean that we cannot cover your **claim** and that your policy may be void.

4.2 Moratorium

You did not complete a medical history declaration form when you joined the policy.

Instead, each **claim** is assessed on the information provided by you and your GP, on the claim form. We will not cover **treatment** of any medical condition or **related condition** which you or your family member:

- have received medical treatment for;
- had symptoms of;
- asked advice on; or
- to the best of your or their knowledge were aware existed;

in the three years (or five years if you joined the policy on or before 15 November 2005) prior to the **cover start date.**

This is called a 'pre-existing' condition. After two years of continuous insurance cover from the **cover start date,** pre-existing medical conditions may become eligible for benefit. However, this only applies if, when you first receive **treatment,** you or your family member have not:

- consulted any doctor for medical treatment or advice (including **checkups**); or
- taken medication (including drugs, medicines, special diets or injections)

for that medical condition or any **related condition** for a continuous period of two years.

Joining the policy

In this section we have set out the rules for joining the policy.

5.1 To join, you must:

- complete a Saga proposal form; and
- live permanently in the UK.

5.2 The following people can be included under this policy as **insured persons:**

- You (the **Policyholder**)
- Your (the **Policyholder's**) husband, wife, civil partner or partner

- **Your** (the **Policyholder's**) dependent children. **You** (the **Policyholder**) must be aged 50 or over, at the **cover start date**. **Your** dependent children must be under 21, or under 25 if in full-time education, and unmarried at the **cover start date** and at each **annual renewal date**. **We** may require proof at each **annual renewal date** that dependent children over 21 remain in full-time education. **You** must all live permanently in the **UK**.

5.3 We reserve the right to refuse to accept any person for cover. **We** may accept any person for an extra premium or on any special terms. This will be shown on **your** Membership Statement.

5.4 Your (the **Policyholder's**) husband, wife, civil partner or partner and dependent children may apply to join at any time during a **policy year**. If **we** accept them, **we** will write to **you** (the **Policyholder**) and confirm the **cover start date**, the extra premium and any special terms that may apply.

5.5 If **you** add a child of **yours** to the policy as a **family member** within three months of their birth, **we** will cover them until the next **annual renewal date** for no extra premium. In addition to this, as long as the mother has been covered for at least ten months before the birth, and **you** add **your** child within those first three months, then **we** will not apply the exclusion for pre-existing medical conditions (see Exclusion 2.1(1a)), or require the child to be **medically underwritten**.

5.6 Cover for child **family members** will stop on the first **annual renewal date** on or after their 21st birthday or marriage, whichever comes first. For insured children who remain unmarried and in full-time education after age 21, cover is extended until the first **annual renewal date** on or after their 25th birthday. At that **annual renewal date**, **your** children will be allowed 30 days to join as the **Policyholder** of an AXA PPP healthcare plan offering similar cover on the same underwriting terms that applied under this policy. Cover must be continuous and any existing special terms will continue to apply. Please note: child **family members** will automatically be removed from cover at the first renewal date on or after their 21st birthday. **You** must notify Saga's customer care advisers in writing of any **family members** who are eligible to remain insured on **your** policy. Proof may be required at each **annual renewal date** that they remain in full-time education.

5.7 If **you** (the **Policyholder**) die, **your** insured husband, wife, civil partner or partner will automatically become the **Policyholder**, provided they are aged 18 or over.

5.8 If **you** have married or family cover and **you** become legally separated or divorced, then **your** husband, wife, civil partner or partner will no longer be eligible to be a **family member** on this policy. **You** must inform Saga's customer care advisers in writing that **you** have become separated or divorced, and **your** husband, wife or partner may apply, within 30 days of the date of divorce or legal separation, to join as the **Policyholder** of an

AXA PPP healthcare plan offering similar cover. If they join within that period, they can continue with the same underwriting terms that applied under this policy. Cover must be continuous and any existing special terms will continue to apply.

Paying premiums

In this section **we** have set out the rules on paying the premiums.

6.1 You should pay the first premium on the **policy start date** under the terms about payment method shown on **your** Membership Statement.

6.2 You (the **Policyholder**) are responsible for paying premiums to **us**.

6.3 You pay premiums in advance. **Your** entitlement to benefit will end after the last day of the period covered by the final premium payment. In such circumstances, **we** will only be liable for the cost of eligible **treatment** that is incurred before that date.

Renewing, No Claim Discount scale and cancelling your policy

In this section **we** have set out the rules on renewing **your** policy, the way the No Claim Discount scale works and cancelling **your** policy.

Renewing

7.1 We will renew the policy every year on the **annual renewal date** if the premiums cover periods of 12 months. If **you** choose to pay **your** premium monthly, **you** will be regarded as renewing the policy from month to month as long as **you** pay the necessary premium. However, the premium rates, benefits and policy conditions will be guaranteed for a total of 12 months from the **policy start date** or anniversary. This is with the exception of **your** Saga Directory of Hospitals, which **we** may amend at any time, as described in item 8.4 of the General conditions section. **We** will only send **you** a formal notice of renewal at the **annual renewal date**.

7.2 At each **annual renewal date we** will tell **you** the premium rates and policy terms that will apply for the following 12 months. **We** will also tell **you** of any changes to **your** benefits and the policy rules for the following 12 months.

7.3 You (the **policyholder**) may cancel this policy within 14 days of the **annual renewal date** (the cancellation period) by contacting Saga during the cancellation period. Saga Services Limited will then 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, Saga reserves the right to require the **policyholder** to pay for the service 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**.

No Claim Discount level

7.4 The No Claim Discount scale which applies to **your** policy has eight levels.

Level	Base	1	2	3	4	5	6	7	8
% Discount off basic premium rate	0	10	20	25	30	35	40	45	50

At each **annual renewal date** of the policy:

- 1) If **we** have not paid a **claim** during the previous **policy year**, **we** will work out **your** renewal premium using the discount for the next level up from **your** current discount. The maximum discount is 50%.
- 2) If **we** have paid a **claim** during the previous **policy year**, **you** will move two levels back from **your** current level for each **claim** **we** paid. **We** will work out **your** renewal premium using the discount for the new level. **You** will never pay more than the basic premium rate, no matter how many **claims** **we** pay.

7.5 **Your** No Claim Discount is not affected by **claims** paid for NHS hospital cash benefit (Section E4) and Major dental cash benefit (Section E6).

No Claim Discount Protection

7.6 **We** may offer **you** the option to protect **your** No Claim Discount for the following **policy year** for an additional premium. If **you** are eligible and **you** choose this option it will be detailed on **your** Membership Statement, and the following will apply at each **annual renewal date** of the policy following inclusion of No Claim Discount protection:

- 1) If **we** have not paid a **claim** during the previous **policy year**, **we** will work out **your** renewal premium using the discount for the next level up from **your** current discount. The maximum discount is 50%. **You** will retain **your** No Claim Discount protection.
- 2) If **we** have paid one **claim** during the previous **policy year**, **you** retain **your** current No Claim Discount level. **We** will work out **your** renewal premium using this same level (please note, as **your** premium is based on a number of factors, **your** premium will still increase). **Your** No Claim Discount protection will be removed.
- 3) For each additional **claim** paid during the previous **policy year**, **you** will move two levels back from **your** current level. **You** will never pay more than the basic premium rate, no matter how many **claims** **we** pay.

Cancelling

7.7 **We** can cancel, refuse to renew, or vary **your** policy at any time if any of the following happen:

- 1) **You** have given **us** incomplete or untruthful answers in any information **we** have asked **you** to give.
- 2) **You** break the terms of **your** policy.
- 3) **You** stop living in the **UK**.
- 4) Saga Services Limited chooses to cancel the Saga HealthPlan Super plan, or it offers an alternative plan to the same **insured persons** covered under this policy as well as or in place of this policy.
- 5) Saga Services Limited refuses or fails to keep to its duties under the policy.
- 6) Saga Services Limited enters into a composition with its creditors, winds up or goes into liquidation, unless it is a genuine reconstruction takeover or amalgamation.
- 7) Saga Services Limited has given **us** incomplete or untruthful answers in any information **we** have asked them to give.
- 8) A resolution is passed or an order made for **our** winding up.
- 9) **We** end the Plan Type listed on **your** Membership Statement or any part of the Plan. If this happens, **we** will offer a transfer to another plan with similar benefits.

7.8 If for any reason **you** decide to cancel **your** policy, **you** should let **us** know by writing to Saga's customer care team. They will then write to **you** and confirm that **your** policy has been cancelled.

General conditions

8.1 **You** must obtain authorisation for any **claim** from **us** before starting **treatment**. If **you** do not **we** may not be able to reimburse the cost of **your treatment**. **We** will confirm whether or not **your claim** is eligible for benefit in writing.

8.2 If **we** need a medical report to support a **claim**, **we** will pay for that report. However, **we** will not pay fees charged by a medical practitioner for completing a claim form.

8.3 **We** have the right to alter the terms of **your** policy from time to time, including premium rates and benefits. **Your** policy will not be changed until the next **annual renewal date**, unless **we** have to change the policy because of a change in the tax rules or the law.

8.4 **You** may only use the **hospitals** listed in the most recent Saga Directory of Hospitals **we** have issued to **you** for **in-patient** and **day-patient treatment**. **We** reserve the right to amend the Saga Directory of Hospitals at any time, at **our** discretion. **We** may need to do this if, for example, **we** are unable to reach agreement with an individual **hospital**, or group of **hospitals**, on its proposed charges.

8.5 **We** may increase **your** premium if:

- due to **our** overall claims experience and

medical inflation **we** increase the premiums of all policyholders;

- **you** move into the next age band.

We will never increase **your** premium because of the number of claims **you** or **your family members** make. However, if **you** make a claim, this will affect **your** No Claim Discount.

8.6 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.

8.7 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. If another insurance policy covers those benefits then **we** will only pay **our** proper share of the benefits. 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 a third party caused the injury or medical condition or if they were at fault. **We** may then write to **you** if **we** require further information; and
- **you** (or **your** solicitors) must keep **us** fully informed about the progress and outcome of any action; 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
- should **you** successfully recover any monies from the third party (whether in full or part settlement) **you** will pay **our** outlay or in the event that **you** recover only a percentage of **your** claim for damages the same percentage of **our** outlay directly to **us** within 21 days of the recovery. If **you** do not repay to **us** such monies (and any interest), **we** shall be entitled to recover the same from **you**; and
- any global settlement will be deemed to include recovery of **our** outlay in the same proportion as the global settlement bears to the total claim for damages.

The rights and remedies in this sub-clause are cumulative and not exclusive of rights or remedies provided by law.

8.8 If you move house, **you** must let **us** know **your** new address.

8.9 We will tell **you** about any changes to the cover or general procedures in writing to **your** last-known address. If **you** do not receive this, the change will still stand.

8.10 You may apply to transfer to a different policy by using the relevant form. **You** may only transfer to a higher level policy at **our** discretion. **We** may also ask for medical information.

- 8.11 1)** No agent or employee of **ours** may change or ignore any of the benefits or conditions of the policy.
- 2)** **We** are not bound by the advice they give on any **claim** unless:
- **you** have sent **us** written details or a fully completed claim form; and
 - **we** have formally accepted the **claim** or confirmed the change in writing.

8.12 We will not add interest to any money paid under **your** policy.

8.13 We may pay money directly to the **hospital** or person which provided **your treatment**. Alternatively, **we** may pay **you** (the **Policyholder**) if **you** have already paid for **your treatment**, or, if **you** die, the executors of **your** estate.

8.14 Where necessary, singular words include the plural and plural words the singular.

8.15 Any money paid to or by **us** will be in pounds sterling.

8.16 We do not accept proof of posting an application form, **claim** form or premium payment as proof that **we** have received it.

8.17 Any **endorsements we** have issued will remain in force at each **annual renewal date**.

8.18 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.

8.19 This policy is written in English and all other information and communications to **you** relating to this policy will also be in English.

Saga Health Information Line

9.1 The Saga Health Information Line is a telephone-based multi-clinic information service, so **you** will have the reassurance of immediate access to a qualified and experienced team of healthcare professionals, 24 hours a day, 365 days a year.

The team of nurses, pharmacists, counsellors and midwives is on hand to give **you** the benefit of their expertise.

They will also answer **your** questions and give **you** all the latest information on specific illnesses, **treatments** and medications as well as details of local and national organisations. They can also send **you** free fact sheets and leaflets on a wide range of medical issues, conditions and **treatments**, and will happily phone **you** back afterwards to discuss any further questions **you** may have from what **you** have read.

The Saga Health Information Line does not diagnose or prescribe and is not designed to take the place of **your** GP. However, it can provide **you** with valuable

information to help put **your** mind at rest. As the Saga Health Information Line is a confidential service, any information **you** discuss is not shared with the claims personal advisory team.

The Saga Health Information Line can help **you** make informed choices day or night. Whether **you** are calling because **you** have late-night worries about a child's health or **you** have some questions that **you** forgot to ask **your** GP, it is likely that the Saga Health Information Line will be able to provide **you** with the help **you** need. Here are just a few examples of the range of topics **you** can discuss at each of the clinics:

Care and Counselling Clinic - stress, addiction, depression or bereavement.

Healthy Living Clinic - exercise, diet, drinking, smoking and cholesterol control.

Travel Clinic - inoculations, taking children abroad and medical advice by country.

Pills and Prescriptions Clinic - medicines, side effects and pain relief.

Women's Health Clinic - fertility, screenings, menopause and osteoporosis.

Men's Health Clinic - prostate issues, testicular cancer, impotence and fertility.

Family Clinic - babies, toddlers, teenage trouble, pregnancy or retirement.

The Saga Health Information Line - 0800 17 40 17

The Saga Health Information Line is free and is available to **you** any time - day or night, 365 days a year.

Definitions

10.1 Accidental injury

An injury directly caused by something accidental, outside the body, violent and visible. It does not include sickness, disease or any naturally occurring or deteriorating condition.

10.2 Acupuncturist

A medical practitioner with full registration under the Medical Acts, who specialises in acupuncture who is registered under the relevant Act; and who, in all cases, meets **our** criteria for **acupuncturist** recognition for benefit purposes in their field of practice, and who **we** have told in writing that **we** currently recognise them as an **acupuncturist** 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.

10.3 Acute condition

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

10.4 Annual renewal date

The date 12 months after the **policy start date** and each anniversary after that date.

10.5 Appointed doctor

A medical practitioner chosen by **us** to advise **us** on **your** medical condition and need for the evacuation or repatriation service.

10.6 Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

10.7 Capped practitioner

A **specialist, physiotherapist, acupuncturist, chiropractor, homeopath, osteopath, nurse** or **care assistant** whose fees **we** will reimburse only at the average amount charged for the **treatment** (or the actual amount of the fees if lower), subject always to the other terms of **your** policy.

10.8 Care assistant

A person attached to a registered nursing agency who is approved by that nursing agency as a carer or nursing auxiliary.

10.9 Checkup

A consultation with, or a visit to, any medical practitioner about any medical condition or any signs and symptoms of a medical condition.

10.10 Chiropractor

A medical practitioner with full registration under the Medical Acts, who specialises in chiropractics who is registered under the relevant Act; and who, in all cases, meets **our** criteria for **chiropractor** recognition for benefit purposes in their field of practice, and who **we** have told in writing that **we** currently recognise them as a **chiropractor** 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.

10.11 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, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires **your** rehabilitation or for **you** to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

10.12 Claim

The amount of benefit **we** agree is paid, after taking off any **excess**, for providing **treatment** for one medical condition of one of the **insured persons** covered under this policy. If **treatment** has gone on for more than a year, **we** will treat it as a new claim for any further **treatment** after that date. In this instance, **we** will

require an updated claim form or **specialist's** report. As a new claim it will also affect **your** No Claim Discount.

10.13 Cover start date

The date on which each **insured person's** cover starts.

10.14 Day-patient

A patient who is admitted to **hospital** or **day-patient** unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

10.15 Diagnostic tests

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

10.16 Drug abuse

The taking of any drug, substance or solvent unless it was as prescribed by a **general practitioner** or **specialist**.

10.17 Endorsement

A document that **we** issue to **you**, usually at **your annual renewal date**, containing any amendments to **your** policy.

10.18 Evacuation or repatriation service

Moving **you** to another hospital which has the necessary medical facilities either in the country where **you** are taken ill or in another nearby country (evacuation) or bringing **you** back to the **UK** (repatriation).

10.19 Excess

This is the amount of money shown on **your** Membership Statement which **you** have to pay before any benefit becomes payable.

If **you** have an **excess** on **your** policy, this is how it is applied:

- The **excess** (that is, the amount of money **you** have to pay towards the cost of eligible **treatment**) applies to every **insured person** in each **policy year**
- **We** will not pay any **claim** or part of a **claim** which is subject to an **excess**. In this case **we** will only pay the balance of the **claim** after **we** have deducted the **excess** amount
- The **excess** is deducted from any eligible **treatment** costs **you** incur
- The **excess** is a single deduction that is made regardless of the number of individual medical conditions claimed for in that **policy year**. Should **treatment** continue beyond **your** policy's renewal date then **we** will apply the **excess** once against the costs incurred before this date, and again against the costs incurred on or after the renewal date. **We** will do this irrespective of whether the costs relate to **treatment** for the same medical condition
- If the first **claim** relates to a benefit with a monetary limit, then **we** will reduce the monetary limit by the total cost incurred before **we** apply the **excess**. If **you** have a high **excess** then **you** may find that, within a reasonable period, **you**

will reach or exceed the limit of those benefits that have monetary limits

- **We** will not apply the **excess** against medical costs for **treatment** that **your** policy does not cover.

As a special allowance, **you** do not have to pay an **excess** on the following benefits:

Section E4 of the Benefit Table - NHS hospital cash benefit.

Section E6 - Major dental cash benefit.

10.20 Family member

- (1) **Your** (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**; and
- (2) any of their or the **policyholder's** children who must be unmarried and under 21, or under 25 if they are in full-time education, at the **cover start date** and at each **annual renewal date**.

10.21 General practitioner/Dental practitioner

A registered licensed medical or dental practitioner in general practice.

10.22 Home nursing

Skilled nursing care provided full-time (at least seven hours a day) by a **nurse**. Home nursing must be supervised by an **insured person's specialist**.

10.23 Homeopath

A medical practitioner with full registration under the Medical Acts, who specialises in homeopathy who is registered under the relevant Act; and who, in all cases, meets **our** criteria for **homeopath** recognition for benefit purposes in their field of practice, and who **we** have told in writing that we currently recognise them as a **homeopath** 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.

10.24 Hospital

Any **hospital** that is listed in the most recent Saga Directory of Hospitals **we** have issued to **you**.

10.25 In-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

10.26 Insured person

You and the other insured people as shown on **your** Membership Statement.

10.27 Medically underwritten/medical underwriting

This refers to the basis on which **you** have chosen to apply for cover, and to the process **we** use to decide the terms on which **we** will accept **you** and **your family members**, based on the medical information **we** receive when **you** make **your** application.

10.28 Nurse

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

10.29 Oro-surgical procedure/operation

A dental procedure listed in the Schedule of oro-surgical operations **we** publish.

10.30 Osteopath

A medical practitioner with full registration under the Medical Acts, who specialises in osteopathy who is registered under the relevant Act; and who, in all cases, meets **our** criteria for **osteopath** recognition for benefit purposes in their field of practice, and who **we** have told in writing that **we** currently recognise them as an **osteopath** 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.

10.31 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**.

10.32 Personal care services

The services of a **care assistant** to provide the following:
Household duties

- washing
- cooking
- cleaning
- general household chores
- shopping
- preparing meals.

Help with personal hygiene

- washing and bathing
- eating and drinking
- dressing and undressing
- using the toilet.

10.33 Physiotherapist

A medical practitioner who practises physiotherapy and who 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 **physiotherapist** for benefit purposes. When such persons provide such service to **you** as part of **your in-patient** or **day-patient treatment** those services will form part of the **private hospital** charges. A full explanation of the criteria **we** use to determine these matters is available on request.

10.34 Policyholder

The person who has the contract with **us** as shown on the Membership Statement.

10.35 Policy start date

The date on which the policy began.

10.36 Policy year

A period of 12 months from the **policy start date** or from any **annual renewal date**.

10.37 Private ambulance

A road vehicle built just to use as an ambulance and run by a registered private ambulance service.

10.38 Recuperative care

Secondary nursing services provided by a **nurse** or **care assistant**. It must be directed by an **insured person's specialist**.

10.39 Rehabilitation

Medical services aimed at restoring a person's independence following **treatment** of a disease, illness or injury.

10.40 Related condition

Any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.

10.41 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.

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 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.

10.42 Sports activities covered by the overseas evacuation or repatriation service

+Abseiling, Archery, Badminton, +Ballooning, Baseball, Basketball, Bowls, +Bungee Jumping, *Canoeing, *Catamaran Sailing, Clay Pigeon Shooting, Cricket, Cycling, Dinghy Sailing, Dry Skiing, Fell Running, Fell Walking, Fencing, Fishing, Football, Golf, Gymnastics, +Hang Gliding, +High Diving, Hiking, Horse Riding (but not hunting), Ice Skating, Lacrosse, Land Skiing, Marathon Running, *Mountain Biking, +Mountaineering (unless requiring ropes and guides or freestyle climbing), Orienteering, Paint Balling, +Parachute Jumping (except freefall), +Paragliding, +Parascending, Pony Trekking, Racquetball, Rambling, Roller Skating, Rounders, Rowing, Safari Trekking, *Sailing, Scuba Diving to a maximum depth of ten metres, Shooting, Skiing on Piste, Snorkelling, Squash, Surfing, Swimming, Tennis,

Trekking, Volleyball, War Games, Water Polo, *Water Skiing, +White Water Rafting if part of a tour operator's excursion, Windsurfing, *Yachting within coastal waters.

There is no cover for sports activities marked with a + when they constitute the main purpose of **your** trip.

There is no cover for sports activities marked with a * when **you** participate in the sport in any competitive capacity.

10.43 Treatment

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

This policy only covers **treatment of acute conditions**. It does not cover **treatment of chronic conditions**.

10.44 UK

Great Britain and Northern Ireland including the Channel Islands and the Isle of Man.

Cover for cancer treatment

Please note: certain words used in this section are shown in bold and have special meanings as shown in the 'Your policy details' section of this handbook.

Will my policy cover me for cancer treatment?

You are covered for **treatment** of a new **cancer** which arises after **you** join and for any recurrence of this **cancer**. If **you** have exclusions because of **your** past medical history which relate to a **cancer**, then **you** will not be covered for any recurrence of **cancer**. Please refer to the section 'How we deal with pre-existing medical conditions' for further information on your cover for pre-existing medical conditions.

Your policy covers the investigation and **treatment** intended to affect the growth of the **cancer** by shrinking it, stabilising it or slowing the spread of disease. This includes surgery, radiotherapy or chemotherapy, alone or in combination.

The policy does not cover the long-term management of **cancer** other than shown below and there is no cover for **treatment** given solely to relieve symptoms.

If **you** have Saga HealthPlan Super 4 please note that this cover is subject to the restrictions on this policy on:

- any urgent or emergency **treatment**
- **treatment** that is available under the NHS within four weeks after the date on which the required **treatment** should be undertaken.

NHS or private?

Whilst **you** are covered for eligible **cancer treatment** on this policy **you** may decide that **you** want to receive **treatment** on the NHS. Should **you** choose to receive **your treatment** as an NHS patient **you** will be eligible to receive the NHS hospital cash benefit shown in section E4 of the benefits table, when you receive eligible **in-patient treatment**.

The following table is a summary of the cover provided for **cancer** under this policy and should be read alongside the rest of the handbook, including the benefits table.

	Cover	
Where am I covered for treatment?	✓	Treatment of cancer at any hospital listed in the Saga Directory of Hospitals.
	✗	Charges made for the treatment of cancer at any hospital , not listed in the Saga Directory of Hospitals.
	✓	Home nursing and recuperative care received at home in the circumstances shown on the benefits table, section E2.
	✗	Treatment received at a hospice.
What cover do I have for diagnostic procedures?	✓	Consultations with a specialist, in-patient and out-patient diagnostic tests ordered by a specialist , CT, MRI and PET scans and surgical procedures, subject to any out-patient benefit limits.
	✓	Day-patient diagnostic tests when these are related to a surgical operation.
	✗	Genetic screening required to establish a genetic pre-disposition to certain forms of cancer .
What cover do I have for surgical treatment?	✓	Surgical procedures for the treatment or diagnosis of cancer , as shown above when that treatment has been established as being effective.
	Saga HealthPlan Super 4	At the time of going to print the NHS was commonly providing treatment of cancer within four weeks and therefore it is unlikely that there will be cover on this policy for such surgical treatment .
	✗	Experimental or unproven surgery. Please refer to section 2.2(12) for further information.

Am I covered for preventive treatment?	X	Preventive treatment , for example: <ul style="list-style-type: none"> • Screening undertaken as a preventive measure where there are no symptoms of cancer. For example, if you receive genetic screening, the result of which shows a genetic predisposition to breast cancer, you would not be covered for the screening or a prophylactic mastectomy to prevent the development of breast cancer in the future. • Vaccines to prevent the development or recurrence of cancer, for example vaccinations for the prevention of cervical cancer.
What cover do I have for drug therapy?	✓ ✓ X X	Chemotherapy where the drug has been licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and is used within the terms of that licence. Chemotherapy treatments that are given for prolonged periods of time. Such prolonged treatment normally falls outside benefit but in the case of cancer we make an exception (subject to the limits detailed below). This includes drugs, such as Herceptin for some types of breast cancer and Avastin for some types of colon cancer . These drug treatments will be covered for up to: <ul style="list-style-type: none"> • one year of such treatment; or • the period of the drug licence whichever is the shorter. The time limit starts from when you first started receiving that drug, however it may have been funded. In any event, these drugs will only be eligible for benefit when they are used within the terms of their licence and in circumstances where they are proven to be effective treatments . Drug treatment given to prevent a recurrence of cancer , for the maintenance of remission or where its use is continuing without a clear end date. Such ongoing treatments are not eligible although, if they are given by injection, we would pay for up to three months to allow the treatment to be established. Out-patient drugs and drugs prescribed by your GP. For example, hormone therapy tablets (such as Tamoxifen) are out-patient drugs and therefore are not covered by our policies.
Am I covered for radiotherapy?	✓	Radiotherapy, including when used to relieve pain.
Am I covered for terminal care?	X	There is no cover for terminal care, wherever carried out.
Am I covered for monitoring?	✓	Follow up consultations and reviews of cancer will be covered for 10 years from your last surgery, chemotherapy or radiotherapy for that cancer , subject to any out-patient benefit limits.
Am I covered for bone marrow or stem cell treatment?	✓ X	Stem cell treatment and bone marrow treatment , including the reasonable costs incurred for a live donor to donate bone marrow or stem cells provided that: <ul style="list-style-type: none"> • 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 by the policy; or • both the donor and the recipient are members of a private medical insurance policy underwritten by AXA PPP healthcare at the time both the operations are carried out and both have been members since before the recipient developed the medical condition requiring the transplant. Any related administration costs (such as, but not limited to, transport costs and the cost of a donor search).

Regulatory Protection

We 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 understanding of the financial system. The FSA has 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: www.fsa.gov.uk/register or by contacting the FSA on 0845 6061234.

AXA PPP healthcare 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. For non-compulsory insurance the scheme pays the first £2,000 of a valid claim in full and 90% of the remaining amount of your loss.

Further information about the operation of the scheme is available on the FSCS website at www.fscs.org.uk.

Comments and complaints

Saga aims to provide you with high levels of service at all times. However, there may be times when you feel that our service has fallen below the standard you expect. If this is the case and you want to make a complaint, we will do our best to try and resolve the issue. Whether you are phoning or writing, please remember to quote your name, address and membership number, as it will help us deal with your enquiry or complaint quickly.

For queries and complaints not related to a claim

If you have a query or complaint about private medical insurance that is not regarding a claim, please contact our customer care advisers on **0845 300 0867** and they will try to resolve your complaint.

If this does not resolve your complaint please write to the Customer Relations Department at the following address:
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**

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).

For queries and complaints related to a claim

If you have a query or complaint that is regarding a claim, please contact our claims personal advisory team on **0845 300 4459**

If this does not resolve your complaint, please contact:

**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 either of these responses does not satisfy you, please write with details of why you feel our decision is incorrect in relation to the terms and benefits of your policy, to:

**The Operations Director, AXA PPP healthcare,
PPP House, Vale Road, Tunbridge Wells, Kent TN1 1BJ.**

Again, your letter will be acknowledged upon receipt. The

Operations 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).

If you are not satisfied with the response you receive, you can ask the Financial Ombudsman Service to review your case. The Financial Ombudsman Service will resolve your dispute in an independent and fair way. You can contact them at:
**Financial Ombudsman Service, South Quay Plaza,
183 Marsh Wall, London E14 9SR.**

Lo-call enquiry Line Number: 0845 080 1800

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.

Personal information and how we use it

We have included this section in line with our commitment to keep our customers informed. Could you please ensure that any family members on the policy who are old enough to understand this information read it, as it also applies to them.

The Data Protection Act 1998 places a number of responsibilities upon people and organisations that use personal information and gives rights to individuals to control the use of their personal data and to obtain a copy of it. In particular, the Act sets out a number of principles which govern how information is obtained, stored, processed and disclosed. One of the Data Protection principles states that information must be obtained fairly and lawfully. We believe we can only do this if we tell you what your information might be used for and then you can decide whether or not you wish to give it.

What do we use your personal information for?

Much of the personal information Saga and the underwriter of your policy, AXA PPP healthcare, hold about you is obtained when you apply for a Saga HealthPlan, 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. We 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, for underwriting and pricing purposes and to maintain management information for business analysis. It may disclose this information to Saga

or service providers for these purposes. 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 - facsimile 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.

Marketing policy

Saga may share your personal information, but not your medical data, with other Saga Group companies. By providing us with your personal data and contact details, you consent to Saga Group using it for administrative purposes and to the Saga and Acromas groups of companies and their partners contacting you by post, telephone, e-mail, SMS or other electronic means, to inform you about any products and services which it considers may be of interest to you. We will do this unless you contact us or you make use of the regular opportunities that we provide you with, to confirm which channels and products you do and do not wish to use or hear about, or unless you tell us you prefer not to receive direct marketing.

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 practice 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 Saga Private Medical Insurance 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 private medical insurance 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 us know by calling 0845 300 0867.

Renewal process

You will be sent a renewal invitation approximately 21 days before your renewal date which will include your premium for the next year. If you choose to pay by Direct Debit, we will renew your policy each year using the payment details you have given us unless you notify us that you do not want to renew or that you want to renew using a different payment method, in which case you will need to cancel your Direct Debit mandate with the bank.



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

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