



HEALTH INSURANCE

**GET BACK TO
WHAT YOU ENJOY**

SAGA



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WELCOME TO SAGA HEALTH INSURANCE

You might be surprised to learn that Saga Health Insurance has been providing healthcare cover for over 50s for more than 30 years. In that time, we've gained plenty of insight into what our customers want, need and expect from private healthcare.

We've been there for our customers for over three decades, so you know that we'll be there for you too – and get you back to being you again sooner.

If you're new to private healthcare, we'll outline exactly what it offers in the next page or two and then you can read on to discover exactly what you can get from Saga. If you've already got health insurance, take a look at just how impressive our cover is and why it is well worth the switch.

“During my recent illness, I had exceptional service. I appreciated the help getting quick care and the several calls I had to check how I was.”

Mrs Broekmann, London

WHAT IS PRIVATE HEALTHCARE?

Here in the UK we're fortunate to have the NHS to turn to for our healthcare, and it's the best and only provider of the nation's emergency treatment. But we all know, perhaps from personal experience, word of mouth or media reports, that it faces certain pressures.

Private healthcare can help by offering you a streamlined alternative. 'Going private' for eligible treatment isn't just about the operation, it's the whole process. Here's how it works...

DIAGNOSIS SPEEDY FROM THE START

If your GP says you need to see a specialist, you don't need to go through the NHS system. Instead, your consultations – along with any tests, scans and, crucially, results – can all take place more quickly. This in itself can save many weeks of waiting and uncertainty.

TREATMENT FOCUS IS ALL ON YOU

If you need treatment, it will take place in a private hospital. You'll usually be in your own peaceful room with en suite facilities. It will have a TV, phone and internet access and you'll choose your meals from a well-prepared menu.

RECOVERY RECUPERATE IN COMFORT

Your comfortable room, nutritious food and fewer restrictions on visitors and parking all contribute to a relaxing recuperation to get you back home as soon as possible. With private healthcare, once you're home it can offer even more to help you on the road to a full recovery, from follow-up appointments to physiotherapy.



WHY COME TO SAGA

FOR PRIVATE HEALTHCARE COVER?

Saga Health Insurance is a unique product designed by us specifically for our customers, and it's available only from us. Together with our underwriter, AXA PPP healthcare Limited, we are committed to providing high levels of quality, service and choice. Among the many aspects of our cover that bring customers to Saga, there are three clear reasons that really stand out.



CHOICE OF HEALTHPLANS

COVER TO SUIT YOU

Everyone's different, which is why our cover has four different levels, presented as Saga HealthPlans. The range, from Super to Support, provides a breadth of cover, depending on your budget and requirements. And each Saga HealthPlan can be tweaked with extra options to create something that's right for you. See the Saga HealthPlans in detail on pages 9 to 12.

COMPARE PRICES

COULD YOU SAVE MONEY?

82% of new customers saved money when they switched to us from other providers, based on 278 customers surveyed between February 2021 and January 2022 (including offer periods).

CUSTOMER SERVICE

HIGHLY RATED SERVICE

You can rely on exemplary service from our experienced and friendly team. Our customer service was rated 9.1/10, on average, based on 503 new customers surveyed between February 2021 and January 2022.

THE TIME-SAVING EXTRAS

WE OFFER

We know that one of the main reasons our customers opt for private healthcare is to speed up treatment. You can get on with things even quicker thanks to these valuable services we offer.

SPEAK TO A GP

ANY TIME

Regardless of whether or not it's related to a claim, you and your family can ring the Saga GP Service any time or book an appointment online, 24 hours a day, 365 days a year. A GP will call you back at an agreed time and you can discuss any aspect of your health – all without leaving the comfort of home or waiting for an available appointment at your local surgery. The convenience is invaluable, being able to arrange to speak to a doctor at any time and, if necessary, our GPs can even arrange specialist referrals or the delivery of a private prescription.

ACCESS TO PHYSIO

WITHOUT A GP REFERRAL

Our Working Body Service gets you straight to the right care without having to go to your local GP first. Ring to have a physiotherapist call back to assess you and then advise what to do next – from exercises to arranging a course of treatment with a physio near you, if this forms part of your cover.

SEE A SPECIALIST

EVEN FASTER

With the Saga Fast Track Appointments Service, if your GP wants you to see a specialist and you're covered for the condition, we can source a selection of appointments for you. This means you can choose one at the right time and place for you with an appropriate consultant – and you'll normally be seen quicker than customers who obtain a named referral from their GP.

SAGA GP SERVICE ONLINE

To complement the Saga GP Service telephone consultations, there is now the option to book an appointment instantly online via www.saga.co.uk/GPService

- You can talk to our GPs face to face by video call
- Use your PC, laptop, smartphone or tablet
- Less urgent query? Use the online messaging tool to message our GPs and they'll get back to you.

SAGA HEALTHPLANS

EXPLAINED

We offer a choice of four health plans, each providing cover for hospital in-patient and day-patient treatment and care. The out-patient cover varies significantly between plans, as you'll see in the comparison table on page 8. There's a quick overview of the Saga HealthPlans below and you'll see the different benefits each of them offers on the next few pages. And, once you've chosen a plan, you can personalise it – find out more on pages 14 to 16.

SAGA HEALTHPLAN SUPER

Our top-of-the-range cover is rated 5 Star by Defaqto and is our most popular plan for new customers. It has unlimited eligible out-patient cover for consultations, diagnostic tests, CT, MRI and PET scans, physiotherapy and more, to support you from diagnosis through to recuperation.



SAGA HEALTHPLAN SECURE

A great alternative to HealthPlan Super, this offers up to £2,000 towards eligible out-patient consultations, diagnostic tests, CT, MRI and PET scans and physiotherapy to help you on the road to recovery.

SAGA HEALTHPLAN SAVER PLUS

Get the main advantages of health insurance at a value-for-money price. This plan provides good all-round cover, including £1,000 for eligible out-patient consultations and diagnostic tests, plus unlimited follow-up CT, MRI and PET scans performed within eight months after related, eligible in-patient or day-patient treatment, or after a related eligible out-patient surgical procedure.

SAGA HEALTHPLAN SUPPORT

This basic plan focuses on the core cover, but still gives you prompt access to private hospital treatment. It concentrates on eligible hospital in-patient and day-patient treatment, plus out-patient surgical procedures, which keeps costs very low.

COMPARE THE BENEFITS

OF SAGA HEALTHPLANS

In-patient and day-patient treatment	Saga HealthPlan Super	Saga HealthPlan Secure	Saga HealthPlan Saver Plus	Saga HealthPlan Support
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List	✓	✓	✓	✓
Specialist fees and diagnostic tests	✓	✓	✓	✓
Treatment of mental health conditions	Up to a total of 28 days per year	Up to a total of 28 days per year	Up to a total of 28 days per year	✗
Out-patient treatment				
Surgical procedures	✓	✓	✓	✓
Consultations with a specialist and diagnostic tests	No annual maximum	These benefits have a combined limit of £2,000 per year Additional £400 per year for post-operative therapist, physiotherapist, homeopath and acupuncturist charges	These benefits have a combined limit of £1,000 per year	✗
Practitioner and physiotherapy charges	No annual maximum			
Therapist, homeopath and acupuncturist charges	Up to £2,000 per year			
CT, MRI and PET scans in a scanning centre listed in the Saga Countrywide Hospital List	No annual maximum	No annual maximum	One scan, plus unlimited CT, MRI and PET scans within 8 months of related eligible in-patient or day-patient treatment or a related eligible out-patient surgical procedure	✗
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible out-patient cancer treatment following diagnosis	✓	✓	✓	✗
Treatment of mental health conditions	Up to £2,500 per year	Up to £2,000 per year	Up to £1,500 per year	✗

For a full explanation of the terms we use, including in-patient, day-patient and out-patient treatment, please turn to pages 21-22.

SAGA HEALTHPLAN SUPER

Saga HealthPlan Super is our ‘top-of-the-range’ plan and the most popular with new customers. For those wanting the reassurance of our most comprehensive cover, it gives our best level of protection for eligible in-patient and day-patient cover, and offers unlimited cover for eligible out-patient treatment. It also comes with additional benefits such as mental health cover, counselling sessions, recuperative care, nursing at home and even a cash payment for major dental work.

Key Benefits	What you get
In-patient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List	✓
Specialist fees and diagnostic tests	✓
Treatment of mental health conditions	Up to 28 days per year
Out-patient treatment	
Surgical procedures	✓
Consultations with a specialist, diagnostic tests, practitioner and physiotherapy charges	No annual maximum
CT, MRI and PET scans	No annual maximum
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible out-patient cancer treatment following diagnosis	No annual maximum
Treatment of mental health conditions	Up to £2,500 per year
Therapist, homeopath and acupuncturist charges	Up to £2,000 per year

Key Benefits	What you get
Plus...	
NHS cash benefit	£150 per night, up to £3,000 per year
Second Opinion Service	✓
Nursing at home	Up to 13 weeks per year
Private ambulance	✓
Cancer Care Team support	✓
Major dental cash benefit	Up to £1,500 per year
Recuperative care	Up to £2,000 per year
Working Body Service	✓
Stronger Minds counselling sessions	✓
Saga GP Service	✓
Saga Health Information Line	✓
Fast Track Appointments Service	✓

Please see the policy comparison chart on page 8 for further details.



We have been awarded a Defaqto 5 Star Rating for Saga HealthPlan Super.

SAGA HEALTHPLAN SECURE

Saga HealthPlan Secure provides great all-round cover, including prompt access to a private hospital when eligible in-patient or day-patient treatment is required, and unlimited scans. You'll also get an out-patient benefit of up to £2,000. It also comes with additional benefits such as mental health cover, counselling sessions, recuperative care and nursing at home.

Key Benefits	What you get
In-patient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List	✓
Specialist fees and diagnostic tests	✓
Treatment of mental health conditions	Up to 28 days per year
Out-patient treatment	
Surgical procedures	✓
Consultations with a specialist, diagnostic tests, practitioner, therapist, physiotherapist, acupuncturist and homeopath charges	Up to £2,000 per year
Additional post-operative out-patient physiotherapist, therapist, acupuncturist and homeopath charges for treatment received after related eligible in-patient and day-patient treatment or a related eligible out-patient surgical procedure.	Up to £400 per year
CT, MRI and PET scans	No annual maximum
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible out-patient cancer treatment following diagnosis	No annual maximum
Treatment of mental health conditions	Up to £2,000 per year

Key Benefits	What you get
Plus...	
NHS cash benefit	£100 per night, up to £2,000 per year
Second Opinion Service	✓
Nursing at home	Up to 13 weeks per year
Private ambulance	✓
Cancer Care Team support	✓
Recuperative care	Up to £1,000 per year
Working Body Service	✓
Stronger Minds counselling sessions	✓
Saga GP Service	✓
Saga Health Information Line	✓
Fast Track Appointments Service	✓

Please see the policy comparison chart on page 8 for further details.

SAGA HEALTHPLAN SAVER PLUS

Saga HealthPlan Saver Plus provides a good level of cover for private hospital care. Should you need in-patient or day-patient treatment, it will meet all your eligible costs, while up to £1,000 towards out-patient treatment, one out-patient scan and unlimited scans following eligible treatment (see table), make it a good all-round plan. It also comes with additional benefits such as mental health cover, counselling sessions and nursing at home.

Key Benefits	What you get
In-patient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List	✓
Specialist fees and diagnostic tests	✓
Treatment of mental health conditions	Up to 28 days per year
Out-patient treatment	
Surgical procedures	✓
Consultations with a specialist, diagnostic tests, practitioner, therapist, physiotherapist, acupuncturist and homeopath charges	Up to £1,000 per year
CT, MRI and PET scans	One scan per year
CT, MRI and PET scans within 8 months following related eligible in-patient or day-patient treatment, and related eligible out-patient surgical procedures	No annual maximum
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible out-patient cancer treatment following diagnosis	No annual maximum
Treatment of mental health conditions	Up to £1,500 per year

Key Benefits	What you get
Plus...	
NHS cash benefit	£100 per night, up to £2,000 per year
Second Opinion Service	✓
Nursing at home	Up to 2 weeks per year
Cancer Care Team support	✓
Working Body Service	✓
Stronger Minds counselling sessions	✓
Saga GP Service	✓
Saga Health Information Line	✓
Fast Track Appointments Service	✓

Please see the policy comparison chart on page 8 for further details.

SAGA HEALTHPLAN SUPPORT

Saga HealthPlan Support keeps costs as low as possible by focusing on eligible hospital in-patient and day-patient treatment. When it comes to out-patient consultations, tests and scans, you can either use the NHS or pay for them yourself. But, you have the peace of mind that you have cover in place if you need to be admitted to hospital for eligible in-patient treatment, day-patient treatment or an out-patient surgical procedure.

Key Benefits	What you get
In-patient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List	✓
Specialist fees and diagnostic tests	✓
Out-patient treatment	
Surgical procedures	✓
Surgical treatment of cancer	✓



Key Benefits	What you get
Plus...	
NHS cash benefit	£100 per night, up to £2,000 per year
Cancer Care Team support	✓
Saga GP Service	✓
Saga Health Information Line	✓
Fast Track Appointments Service	✓

Please see the policy comparison chart on page 8 for further details.

CHOOSE WHERE AND HOW YOU'RE SEEN

When you take out a policy you can choose from one of the following three options:

FIXED FAST TRACK

The quickest way to see a specialist to find out what's wrong is to choose our Fixed Fast Track option – it's convenient and you'll normally be seen quicker than customers who obtain a named referral from their GP. Here's how it works:

Step 1: If a GP wants you to see a specialist, ask for an open referral (which states the type of specialist you need to see rather than naming a particular specialist).

Step 2: You can contact our dedicated claims team on-line or by phone. We'll check that your claim's eligible, then find a choice of appropriate specialists near you.

Step 3: You choose the specialist that suits you best and we arrange an appointment at a time and place that's convenient for you. Or, if you prefer, you can make the appointment yourself.

THE SAGA COUNTRYWIDE HOSPITAL LIST

You'll be able to choose where you're treated from an extensive nationwide list of hospitals, day-patient units and scanning centres. Any private treatment covered by your policy and advised by your specialist will be carried out at a centre on this list and the full directory is available in a separate booklet.

THE SAGA LONDON UPGRADE

If you would like to be able to use a select group of private hospitals in central London, you can choose the Saga London Upgrade for an additional cost.



OPTIONS TO IMPROVE YOUR COVER

Once you've chosen your Saga HealthPlan, you can tailor your policy with one or more of the following options, so you have the cover that's right for you.

EXTENDED CANCER COVER

All Saga HealthPlans offer cover for the surgical treatment of cancer, and all, except Support, cover radiotherapy and chemotherapy too. However, for greater reassurance Extended Cancer Cover can be added to all health plans except Support, subject to two simple qualifying questions. With this cover, you have access to drugs for the treatment of cancer where the drug has been licensed for use and is being used within the terms of that licence. This includes medical treatment to help prevent the recurrence of cancer or maintain remission.

HEALTH CASH BENEFITS COVER

It's important to us that we offer you benefits with real value. So, although health insurance is not normally designed to provide cover for day-to-day health expenses, we have developed Health Cash Benefits Cover to give you additional protection. This lets you claim for the following treatments without paying an excess or affecting your No Claim Discount.

WITH HEALTH CASH BENEFITS COVER

YOU CAN CLAIM FOR ALL THESE ELEMENTS:

- **Dental care** up to £200 per person a year
- **Optical care** up to £150 per person a year
- **Health assessment** up to £150 per person a year
- **Dental emergency** up to £200 per person a year
- **Dental accident** up to £200 per person a year



COVER FOR PRE-EXISTING HYPERTENSION

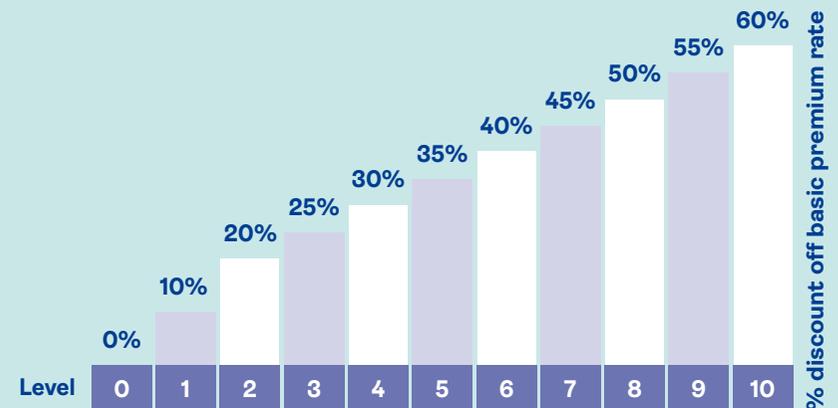
Hypertension, or persistently raised blood pressure, can lead to serious medical problems such as stroke or heart attack. Many insurers don't cover hypertension or associated conditions if you already have hypertension when you join. However, because our medical insurance is designed for the over 50s, for an additional cost and subject to two simple qualifying questions, we can provide you with full cover if you currently have this condition.



PROTECTING YOUR NO CLAIM DISCOUNT

When you take out a Saga HealthPlan you'll usually start with a 35% No Claim Discount and this rises annually by one level to a maximum of 60% if no claims are made. If you make a claim you just move back two levels on the scale, but you'll never fall below level 0, no matter how many claims you make.

Available for an additional payment, Saga's No Claim Discount protection allows you to make one claim without it reducing your No Claim Discount. No Claim Discount protection is only an option after two claim-free years. When this option becomes available, it'll be shown in your renewal policy schedule.



OPTIONS TO REDUCE YOUR COSTS

We also offer three ways for you to reduce the amount you pay – choose from the following:

4-WEEK WAIT

One way to reduce the cost of your policy is to choose our 4-week wait option, where you agree to use the NHS in certain circumstances.

Here's how it works:

- If NHS waiting times are more than four weeks, you'll be seen promptly in a private hospital for any eligible cover.
- If your specialist confirms that the NHS can treat you locally within four weeks of the date they advise it is needed, you'll use the NHS but can claim £100 cash benefit for each night you're in hospital up to £2,000 per year (for Super this is £150 a night up to £3,000 per year).
- Plus, we'll always provide cover for immediate private treatment for eligible radiotherapy or chemotherapy performed as day-patient or out-patient treatment, and for the following common conditions, even if the NHS can treat you within four weeks:
 - varicose veins surgery
 - correction of squint
 - removal of gall bladder
 - insertion of grommets
 - haemorrhoidectomy
 - tonsillectomy
 - removal of bunions
 - adenoidectomy

Some insurers offer a similar option to this, but with a six-week wait, so private treatment is more likely with Saga.

EXCESS OPTIONS

As with other insurance, adding an excess to your policy reduces the cost. This is the amount you agree to pay towards eligible treatment, before any benefit is payable. Choose from £100, £250, £500, £750 or £1,000 optional excesses, which are payable once per person per policy year, regardless of the number of claims made.

FIXED FAST TRACK

Opting for Fixed Fast Track also reduces the cost of your health plan. See page 13 for more information.

CHOOSE YOUR UNDERWRITING METHOD

When you take out a Saga HealthPlan you can choose from three different underwriting methods, depending on whether you're taking out a policy for the first time, or switching from another insurer or an employer's scheme. These are the three options:

MORATORIUM METHOD

The ease and simplicity of this underwriting method makes it the most popular choice with our customers. It doesn't need a medical declaration – we'll simply exclude treatment for any medical condition you or anyone on your policy has experienced in the last three years (many other insurers insist on a longer period of five years) and, in some cases, certain specified conditions. If you remain free from any advice, medication or treatment for an excluded pre-existing condition for a continuous period of two years any time after your policy starts, we may be able to offer cover for it then, subject to a review by the claims team.

FULL MEDICAL HISTORY UNDERWRITING

This option is similar to Moratorium in that we provide cover for new medical conditions that arise after the policy begins. However, when it comes to exclusions for pre-existing and specified conditions, we will base these on the answers you provide in response to our full medical history assessment. The benefit of this option is that we will state, in writing, which medical conditions we will exclude.

As with the Moratorium option, we may later cover a pre-existing medical condition if you ask us to review the exclusion and we agree to remove it.

When you choose this underwriting method, it's important to note that, if necessary, we may ask your doctor for any further information required

to help us determine which medical conditions we should exclude from your policy.

CONTINUED PERSONAL MEDICAL EXCLUSIONS

This option is available if you wish to switch from your current insurer and retain cover for your existing medical conditions. It depends on your recent medical and claims histories and the terms and conditions of your new policy, but could suit you if you are leaving an employer's scheme or moving from another health insurance plan.



UNDERWRITING METHODS

IN PRACTICE

To help you understand how the different underwriting methods work, here are answers to our most frequently asked questions...

Sometime after my cover starts, I go to my doctor for a routine visit. A heart condition is diagnosed that must have started to develop before my policy started. What is the position?

Full Medical History Underwriting and Moratorium:

You'd be covered provided there weren't any symptoms evident when your policy started, and it's not a specified condition (see definition on page 22) or a pre-existing condition.

Continued Personal Medical Exclusions:

You'd be covered provided the routine visit was for a general check-up and not related to any symptoms or pre-existing conditions, and you have no exclusions carried over from your previous insurer in respect of this.

How do regular check-ups affect my cover?

Full Medical History Underwriting and Moratorium:

It depends what the check-ups are for. For example: 1) If you have a medical condition before your policy starts and your doctor, or specialist, recommends that you continue to have check-ups for that medical condition, then we will not cover the cost of private treatment received for that medical condition for a period of two years from the time your policy started. If the medical condition is a specified condition (see definition on page 22), you wouldn't be covered for it either. Cover



will only be available once you have been discharged from care and have no further treatment, medication or advice for a continuous period of two years after joining. 2) In the same situation, if you choose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for the condition (but not the routine check-ups) if, after joining, you are trouble-free for a continuous period of two years from your last appointment prior to discharge. 3) If you have general check-ups simply to maintain good health, and not for any particular medical condition, we ignore them when applying the restrictions for treatment of pre-existing conditions.

Continued Personal Medical Exclusions:

It depends what the check-ups are for and who they are with. 1) If you have only seen your GP for an annual monitoring review of an ongoing condition, then this will not affect your cover. If, however, the GP is still actively investigating or stabilising a condition or a flare up of new symptoms then this would need to be declared when you take out a policy and an exclusion for this condition may apply. 2) If you have seen a specialist in the last year or plan to see a specialist, an exclusion for this condition may apply. Any exclusions applied would be reviewable in two years after the start date of your policy, subject to a medical report confirming you being two years free of any medication, treatment, investigations or consultations for this condition.

Please note: We do not pay for check-ups in any of the circumstances described above.

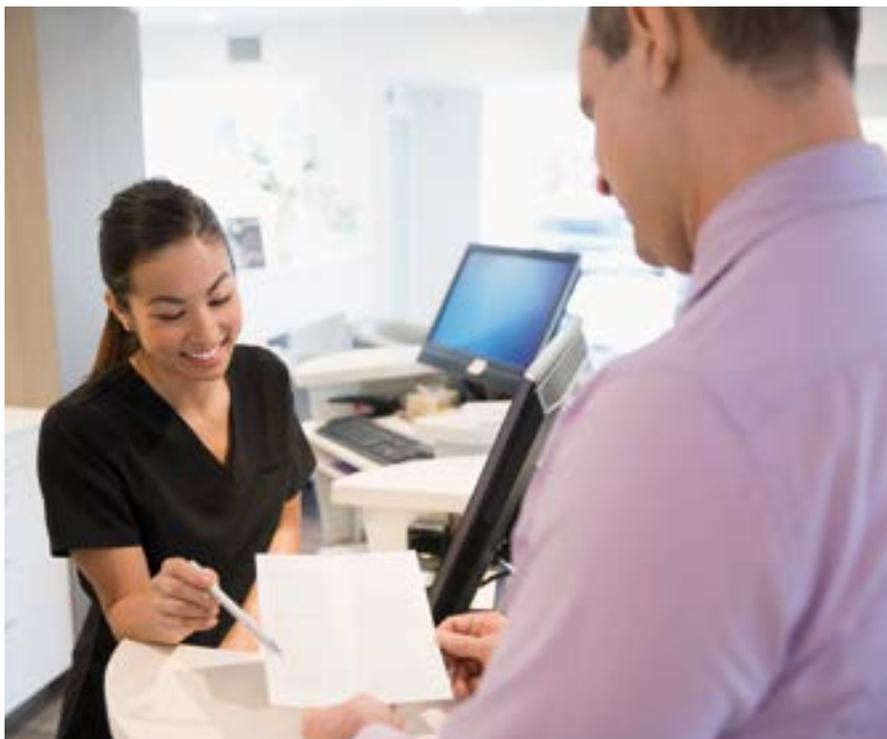
Will my choice of underwriting method affect my premium?

Choosing between Moratorium and Full Medical History Underwriting will not affect your premium. However, if you choose Continued Personal Medical Exclusions, your premium will increase. However, selecting the Full Medical History Underwriting method enables you to declare your medical history up-front making any exclusions clear at the start of your cover.



What if I suspect I am suffering from a condition (for example, I have abdominal pain) but have not seen a doctor about it, nor received any firm diagnosis before my cover starts. Will I be covered if I need to have any investigations or treatment for the condition once my policy has started?

You would not be covered with either Moratorium or Full Medical History Underwriting for any treatment you would have to have because of the abdominal pain. This is because symptoms were evident when you took out the policy – making it a pre-existing condition. In respect of Continued Personal Medical Exclusions, if you planned to see a medical practitioner about this condition when you took out your policy with us, an exclusion may apply. We may need to seek further medical information about this condition before we advise about eligibility.



I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?

Full Medical History Underwriting and Moratorium:

During your first two years of continuous cover with us you would not be covered for any further treatment relating to your knee operation, or the condition for which it was performed. After that time, provided you have been trouble-free (see definition on page 22) for a consecutive two-year period in relation to your knee problem, you would be covered for any further eligible treatment. Please note: If you choose the Full Medical Underwriting method and ask us to review an exclusion, you would need to contact us to request a review of terms before we offer any cover for the knee condition.

Continued Medical Exclusions:

If you had treatment in hospital or consulted a specialist in the last 12 months, or had any treatment, consultations, investigations or diagnostic tests planned or pending at the start of cover, then an exclusion is likely to apply for this condition and it would not be eligible for at least two years on the policy. If not and it does not fall under any of the underwriting carried over from your previous insurer, then it would be eligible.

FURTHER INFORMATION

WHAT ISN'T COVERED

You should be aware that there are a number of things that are not normally covered by health insurance policies. Things such as pre-existing conditions, the treatment of long-term illnesses (chronic conditions), routine dentistry (unless you select Health Cash Benefits Cover or HealthPlan Super), cosmetic surgery and professional sport injuries won't be covered. In addition, there are specific exclusions and limitations depending on your health plan. Further details of these exclusions can be found in the Insurance Product Information Document and the ABI guide 'Are You Buying Private Medical Insurance?'. You can download these leaflets and the Saga HealthPlan Policy Books at saga.co.uk/insurance/health-insurance/policy-documents or call 0800 056 9273 for a copy.

THE TERMS WE USE

Chronic condition: A disease, illness or injury, which 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.

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.

Excess: The amount of money you pay towards your claim before any benefit becomes available.

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

No Claim Discount (NCD): The discount awarded annually to a policyholder based on their claims history.

No Claim Discount Protection: This enables you to make one claim without affecting your NCD.

Open referral: Where your GP states that treatment is necessary and which type of specialist you require that treatment from, but does not specify the specialist's name.

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.

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 as a physiotherapist for benefit purposes. When you see a physiotherapist as part of your in-patient or day-patient treatment, it will form part of the private hospital charges.

Practitioner: A practising member of certain professions allied to medicine who, in all cases, meets our recognition criteria for benefit purposes in their field of practice and who we have told in writing that we currently recognise as a practitioner for benefit purposes.

The professions concerned are dieticians, nurses, orthoptists, speech therapists, audiologists, psychologists and psychotherapists.

Pre-existing condition: A medical condition which you already have when your policy starts or have had in the recent past.

Specialist: A medical practitioner with particular training in an area of medicine with full registration under the Medical Acts who is currently recognised as a specialist for benefit purposes in their field of practice.

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

Specified condition: Medical conditions that are associated with the following pre-existing conditions: diabetes, raised blood pressure (hypertension) or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test.

Therapist: A medical practitioner with full registration under the Medical Acts, who is a practitioner in osteopathy or chiropractic, is registered under the relevant Act and who, in all cases, meets our criteria for therapist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise as a therapist 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.

Trouble free: When you:

- have not had any medical opinion from a medical practitioner including GPs or specialists; or
 - have not taken any medication (including over the counter drugs) or followed a special diet; or
 - have not had any medical treatment; or
 - have not visited a practitioner, physiotherapist, therapist, homeopath, acupuncturist, optician or dentist;
- for the medical condition.

“ The customer service staff are always helpful, particularly in exploring with me ways to keep costs down but provide the cover we require. ”

Mrs Mawson, Hampshire





GET IN TOUCH TODAY

To take out Saga Health Insurance simply call our UK-based team today. There are no push-button menus and we will be happy to answer any questions you may have.

0800 904 7409

Lines are open 8.30am-7pm weekdays and 9am-1pm Saturday.

[saga.co.uk/health-insurance](https://www.saga.co.uk/health-insurance)

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