



Your Policy Book
Motor Insurance
Accident Healthcare

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

Welcome to Accident Healthcare

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

Please read the Policy Book carefully, together with your policy Schedule, to make sure the cover you have chosen is the most appropriate for you. You will also find information about the GP advice line, which is available to use at any time.

If you need to make a claim on the policy, you can find details of how to do so on [pages 9-11](#).

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

Section 1 - Introduction

What is the purpose of this Policy Book?

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

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

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

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

Glossary

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

Benefits table The table applicable to this **policy** showing the maximum benefits we will pay you.

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

Complementary practitioner A medical practitioner with full registration under the Medical Acts, who specialises in homeopathy or acupuncture or a practitioner in osteopathy or chiropractic who is registered under the relevant Act; and who, in all cases, meets our criteria for complementary practitioner recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as a complementary practitioner for benefit purposes in that field for the provision of **out-patient treatment** only.
A full explanation of the criteria we use to decide these matters is available on request.

Data Protection Legislation The General Data Protection Regulation ((EU) 2016/679) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK.

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

Day-patient unit	A centre in which day-patient treatment is carried out.
Diagnostic tests ◇	Investigations, such as x-rays or blood tests, to find or to help find the cause of your symptoms.
Eligible	Those treatments and charges which are covered by your policy . In order to determine whether a treatment or charge is covered, all sections of your policy should be read together, and are subject to all the terms, benefits and exclusions set out in this policy .
Family member	The policyholder's current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the policyholder .
Hospital	Any establishment which is licensed as a medical or surgical hospital in the United Kingdom .
Injury	Physical injury to you caused by a road traffic accident involving a moving motor vehicle.
In-patient ◇	A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.
Medical condition	Any disease or illness, which is directly attributable to and is caused by an injury .
Out-patient ◇	A patient who attends a hospital , consulting room, or out-patient clinic and is not admitted as a day-patient or an in-patient .

Policy	The insurance contract between you and us. Its full terms are set out in the current versions of the following documents as sent to you from time to time: <ul style="list-style-type: none"> • these terms and the benefits table setting out your cover • your Saga Motor Insurance Schedule.
Policyholder	The first person named on the policy Schedule.
Road	A public highway, private road or car park to which the public has a normal right of access.
Scanning centre	A centre in which out-patient CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is performed.
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 surgical dentistry or podiatric surgery who is registered under the relevant Act; and who, in all cases, meets our criteria for limited specialist recognition for benefit

Specialist (continued)	<p>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.</p> <p>A full explanation of the criteria we use to decide these matters is available on request.</p>
Surgical procedure	An operation or other invasive surgical intervention listed in the Schedule of Procedures and Fees.
Treatment ◇	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury .
United Kingdom (UK)	Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.
Year	Twelve calendar months from when your policy began or was last renewed, as shown on your Saga Motor Insurance Schedule. However, if you did not join this policy on the same date as you joined Saga Motor Insurance, the term 'year' for the purposes of this policy will mean the remainder of the Saga Motor Insurance contract.

Section 2 - Your cover

The purpose of your policy

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

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

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

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

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

- 2.2.1** Any **treatment** which is not directly attributable to a physical **injury** sustained in a **road** traffic accident which involved a moving motor vehicle.

2.2.2 Any **treatment** of an **injury** sustained at any time before the date you joined this **policy**.

2.2.3 Any **treatment** unless such **treatment** (or the initial visit to the GP) began within 14 days of the date of the **road** traffic accident.

2.2.4 **Treatment** of an **injury** sustained as the driver or passenger in a vehicle taking part in racing or rallying of any kind or in any off-road activity.

2.2.5 **Treatment** received by the driver of any vehicle involved in a **road** traffic accident if, at the time of the **road** traffic accident, such driver:

- did not hold a valid licence to drive the vehicle; or
- was not insured to drive the vehicle; or
- had more than the maximum legally permitted limit of alcohol in the blood; or
- was under the influence of drugs or substances, other than in accordance with a doctor's prescription.

2.2.6 **Treatment** of any **injury** sustained outside the **United Kingdom**.

2.3 The full terms of the insurance contract between the **policyholder** and us are set out in the current versions of the following documents, which are sent to the **policyholder** from time to time:

- the terms set out in this Policy Book and the **benefits table** setting out your cover, and
- your Saga Motor Insurance Schedule.

2.4 We will consider your claims carefully against all the terms, benefits and exclusions set out in this **policy**, which should all be read together.

Section 3 - Receiving treatment and making a claim

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

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

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

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

If your GP refers you to a **specialist** for private **treatment**, contact the Saga Motor Insurance Claims Line on 0800 027 1339.

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

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

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

We will then:

- Check that we will pay the **specialist's** fees in full.
- Send you a claim form.
- Complete your section of the claim form and ask the **specialist** to complete it and return it to AXA PPP healthcare.

(Note: if you ask your GP to complete the claim form they may make a charge, which we will not refund.)

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

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

Please send any correspondence to:

Accident Healthcare Claims Team, AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL

What happens if I require emergency treatment?

Your **policy** does not cover you for **treatment** needed in the accident and emergency department of the **hospital** or for the immediate **treatment** needed in the intensive therapy unit of a **hospital**. However if you are admitted as an **in-patient** at an NHS **hospital**, please ask somebody to telephone us as you may be able to claim for the NHS cash benefit shown in the **benefits table** on [pages 25 and 26](#).

How are my medical bills settled?

We normally receive accounts for **treatment** directly from **specialists** or **hospitals**.

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

What must I provide when making a claim?

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

Do I need to provide any other information?

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

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

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

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

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

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

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

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

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

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

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

Section 4 - Type of treatment

What treatments are not covered?

There are a number of **treatments** (listed under 4.2) that your **policy** does not cover.

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

4.1 We pay for **eligible**:

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

- it is carried out by a **specialist** in rehabilitation;
- it is carried out in a recognised rehabilitation **hospital** or unit which we have written to confirming it is covered by the **policy**; and
- the costs have been agreed by us before the rehabilitation begins.

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

4.2 What we do not pay for:

- (a) **Diagnostic tests** ordered by anyone other than a **specialist**.
- (b) Any **treatment** which is not directly attributable to a physical **injury** sustained in a **road** traffic accident which involved a moving motor vehicle.
- (c) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).
- (d) Any **treatment** of an **injury** sustained at any time before the day you took out this **policy**.
- (e) **Out-patient** drugs or dressings.
- (f) The costs of providing or fitting any external prosthesis or appliance.
- (g) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**.
- (h) The cost of collecting donor organs or tissue or for any related administration costs (such as, but not limited to, the cost of a donor search).
- (i) **Treatment** which arises from or is directly or indirectly

caused by a deliberately self-inflicted injury or an attempt at suicide.

- (j) **Treatment** of any psychiatric illness – except neuropsychiatric **treatment** needed as the result of a head **injury** – even when such illness is directly attributable to a **road** traffic accident.
- (k) Any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with **treatment**.
- (l) Special nursing in **hospital** unless we have agreed beforehand that it is necessary and appropriate.
- (m) Any costs incurred as a consequence of **treatment** that is not **eligible** under your **policy**, including increased **treatment** costs.
- (n) Any **treatment** costs incurred as a result of your active involvement in criminal activity.

Will my policy cover me for dental treatment?

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

Will my policy cover me for new or experimental treatments?

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

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

4.3 We pay for **eligible**:

- (a) **Surgical procedures** listed in a technical document, called the Schedule of Procedures and Fees, which we make available to **specialists** and which lists the **surgical procedures** we pay benefits for. We will pay for **treatment**

not listed if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and we have agreed with the **specialist** and the **hospital** what the fees will be. If you would like a copy of the Schedule of Procedures and Fees please contact the Accident Healthcare Claims Personal Advisory Team.

4.4 What we do not pay for:

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

Section 5 - Recurrent, continuing and long-term treatment

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

Section 6 - Where you are covered for treatment

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

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

- 6.1 We pay for **eligible**:
- (a) Charges made by, or incurred in, a **hospital, day-patient unit** or **scanning centre** in the **UK**.
- 6.2 What we do not pay for:
- (a) **Treatment** in an accident and emergency department of any **hospital** (except the cash benefit).
 - (b) Immediate **treatment** needed in the intensive therapy unit of a **hospital** (except the cash benefit).
 - (c) Any **treatment** received outside the **United Kingdom**.
 - (d) Ancillary charges such as, but not limited to, newspapers, telephone calls and visitors' meals, incurred in a **hospital, day-patient unit** or **scanning centre**.
 - (e) Transportation by taxi.

Section 7 - Who we pay for treatment

Your **policy** provides benefit for **eligible treatment** provided by **specialists, complementary practitioners** and **clinical practitioners**. (You will find our definitions of **specialist, complementary practitioner** and **clinical practitioner** in the glossary on [pages 5 to 7](#))

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

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

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

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

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

Complementary practitioners' and physiotherapists' charges for **treatment** are covered when you are referred to them by your GP for **eligible treatment** subject to any limits of this **policy**. We would then pay up to an overall maximum of ten sessions of **treatment** within 12 months from the date of your **road** traffic accident with a physiotherapist and/or a **complementary practitioner**. If you require more than the overall maximum for your cover level, such **treatment**

must be under the control of a **specialist**. The **specialist** will then be able to establish whether the **treatment** you are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

Will treatment charges be met in full?

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

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

What if an anaesthetist becomes involved in my treatment?

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

every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full.

7.1 We pay for **eligible**:

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

7.2 What we do not pay for:

- (a) Charges made by **specialists** or **complementary practitioners** unless you have been referred to one by a GP or dentist.
- (b) Charges made by a **specialist** or **complementary practitioner** when you have been referred to them by a member of your family or if that **specialist** or **complementary practitioner** is a member of your family.
- (c) Charges made by anyone other than a **specialist**, **complementary practitioner** or **clinical practitioner** including charges for primary care services, such as any services of a GP or dentist.
- (d) Charges made by a **clinical practitioner** unless referred by a **specialist**. We will pay for GP referred physiotherapy as set out in the **benefits table** and 7.1(b).
- (e) **Treatment** charges made when they are above the level set out in our Schedule of Procedures and Fees.
- (f) **Treatment** charges made by a **specialist** or

complementary practitioner or **clinical practitioner** (not referred to in 7.1(c)) who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.

- (g) Any charges made for written reports or any other administrative costs.

Section 8 - Additional information

When can I add other family members or change my cover?

You can apply to add a **family member** to your **policy** at any time. Also, you may be able to change your cover at your renewal. Call Saga on 0800 056 9167 to discuss the options open to you and they will send you any relevant forms to complete. You must keep Saga fully informed of any changes which take place between sending in any form and receiving written confirmation that the change has been made.

How can I pay my premium?

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

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

Will you make changes to my premiums?

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

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

What we do with your personal data

Here is a summary of the data privacy notices that you can find on our websites at: saga.co.uk/privacy-policy.aspx and axapphealthcare.co.uk/privacynotice.

Please make sure that everyone covered by this **policy** reads this

summary and the full data privacy notices on our websites. If you would like a copy of either of our full notices call us on the contact numbers contained in this Policy Book and we'll send you one.

We want to reassure you we never sell your personal information to third parties. We will only use your information in ways we are allowed to by law, which includes collecting only as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

Where use of your information by us relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your **policy** properly.

Much of the personal information Saga and the underwriter of your **policy**, AXA PPP healthcare Limited, hold about you is obtained when you apply for a Saga Accident Healthcare **policy**, and when a claim is made. This may include medical information we obtain from medical practitioners and other health consultants. We may also obtain information from third party suppliers of information such as credit reference agencies.

Saga will keep your information securely and use it to provide the highest standard of service in the administration of this **policy** and other products that you hold with Saga. Saga will also use it for audit, 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, to maintain management information for business analysis, for research and to find out more about you. They will disclose your information, including your health information, to Saga only to the extent necessary for the purposes of audit,

managing your **policy** and claims. Saga may also use the health information shared with them for other purposes but they will only do so in line with **Data Protection Legislation**.

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 AXA PPP healthcare may also disclose information to a representative you/your named **family member** have chosen.

The fact that a **family member** has claimed (but not the full details of the claim) may be disclosed to the **policyholder** in order for Saga to properly manage the **policy**.

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. We may, at our discretion, appoint third parties to service the **policy** and claims, including other companies based outside the European Economic Area, and which may be in a country that does not offer the same level of data protection as within the European Economic Area. We will always use every reasonable effort to ensure sufficient protections are in place to safeguard your personal information.

Marketing policy

Saga may share your personal information, and your medical data, with other Saga Group (Saga plc and its subsidiaries) companies. Saga uses the data they collect from you, including special categories of personal data, to contact you and personalise their communication. Saga and AXA PPP healthcare also use it for administrative purposes to provide the service you requested and for preparing quotations. If Saga has obtained your permission to do so, they will also contact you by post, telephone, email or other means to tell you about offers, products and services that may be of interest to you. At any time you can opt out of receiving

such information, revise the products you would like to hear about or change the method they use to communicate with you. You can update these preferences by calling 0800 056 9271. For further information about how the Saga Group uses your personal information, please visit www.saga.co.uk/privacy-policy.aspx or contact the Saga Group Data Protection Officer by email: data.protection@saga.co.uk or post: The Saga Building, Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE.

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. 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.

In some cases you also have the right to ask us to stop processing your information, and you can ask us to correct any information that is wrong.

If you want to contact Saga or AXA PPP healthcare to exercise any of your rights just call 0800 056 9271 (for Saga) or 0800 027 1331 (for AXA PPP healthcare). Alternatively you can write to Saga at: The Saga Building, Enbrook Park, Sandgate, Folkestone, Kent, CT20 3SE or AXA PPP healthcare at: Data Protection Officer, AXA PPP healthcare Ltd, Jubilee House, Vale Road, Tunbridge Wells, Kent TN1 1BJ.

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. Saga and 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 will investigate possible medical malpractice and is obliged to notify the General Medical Council or other relevant regulatory body about any issue where they have reason to believe a medical practitioner's fitness to practise may be impaired.

Keeping information

Saga and AXA PPP healthcare will hold your personal information in accordance with the principles of the General Data Protection Regulation (and associated legislation) and in line with our Data Retention Policies. We are entitled and permitted by law and regulation to retain certain types of data for a reasonable period of time. We will then dispose of your information in a responsible way.

Future underwriter changes

Your Saga Accident Healthcare **policy** is currently provided and underwritten by AXA PPP healthcare Limited. 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 cover to replace your current **policy**. If this is the case, Saga will write to you to confirm the details of the new provider and give you details of any changes to the Terms and Conditions of your **policy**. At this stage you will be given the option to refuse transferral to the new provider. For further information, please see Saga's Privacy Policy at www.saga.co.uk/privacy-policy.

What regulatory protection do I have?

AXA PPP healthcare is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority.

The FCA have set out rules which regulate the sale and administration of general insurance, which we must follow when we deal with you.

Our registered number is 202947. This information can be checked on the FCA website: register.fca.org.uk

The Financial Services Compensation Scheme (FSCS)

We 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). The scheme may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

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

Complaints

Our customer service commitment to you

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

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

What should I do if I have a reason to complain?

For a complaint not related to a claim

If you have a complaint about Accident Healthcare that is not regarding a claim, please contact:

Customer Relations Department
Saga Services Limited
Middelburg Square
Folkestone, Kent CT20 1AZ

Alternatively, call **0800 092 3700**, fax **01303 771347**
or e-mail services.customer-relations@saga.co.uk

For a complaint related to a claim

If you have a complaint about an Accident Healthcare claim, please contact:

AXA PPP healthcare
Phillips House, Crescent Road
Tunbridge Wells, Kent TN1 2PL
Alternatively, call **01892 772163**

To help us resolve your complaint, we'll need the following:

- Your name and policy details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have seen already.

We will generally issue our final response within eight weeks from when you originally contacted us. However, we will respond sooner than this, if we are able.

For a complaint related to the GP Telephone Consultation Service

If you are dissatisfied with any matter relating to the GP Telephone Consultation Service, please contact **Medical Solutions** on **0800 027 1351**

Taking your complaint further

If we cannot respond fully to your complaint within eight weeks, or you are unhappy with our final response, you can refer your complaint to the Financial Ombudsman Service for an independent review.

The Financial Ombudsman Service resolves disputes in an independent and fair way and can be contacted at:

The Financial Ombudsman Service,

Exchange Tower,

Harbour Exchange Square,

London E14 9SR.

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

Telephone: 0300 123 9123 or 0800 023 4567

Important note

The Financial Ombudsman Service will only consider your complaint if you have already given us the opportunity to resolve the matter. However, if we have not provided a final response within eight weeks you can refer your complaint straight to the Financial Ombudsman Service.

If you follow this complaint procedure, it does not affect your legal rights.

Legal rights and responsibilities

8.1 Your rights and responsibilities

- (a) Your policy is for one **year**. Prior to the end of any **policy year** Saga will write to the **policyholder** to advise on what terms the **policy** will continue, provided the **policy** you are on is still available. If Saga does not hear from the **policyholder** in response they will renew your **policy** on the new terms. Where you have opted to pay premiums by Direct Debit or continuous credit card payments, Saga may continue to collect premiums by such method for the new **policy year**. Please note that if Saga does not receive your premium, you will not be covered.

- (b) You must make sure that whenever you are required to give any information, all the information you give AXA PPP healthcare and Saga is sufficiently true, accurate and complete so as to give us a fair presentation of the risk we are taking on. If we discover later it is not then we can cancel the **policy** or apply different terms of cover in line with the terms we would have applied had the information been presented to us fairly in the first place.
- (c) You and we are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply.
- (d) You must write and tell Saga if you change your address.
- (e) Only the **policyholder** and we have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any **family member**.
- (f) You must pay your premium when it is due.
- (g) The **policyholder** may cancel this **policy** by contacting us during the 14 day cooling off period. The 14 day cooling off period commences on the day the contract is concluded or the day that full **policy** terms and conditions are received, whichever is the later. The 14 day cooling off period also applies from each renewal date. If the **policy** is cancelled before cover has commenced we will return any premium paid for the **policy**. If the **policy** is cancelled during the 14 day cooling off period and cover has commenced we will give you a pro-rata refund of premium based on the cover you have had. If you incur **eligible** claims costs within that period of cover we reserve the right to require the **policyholder** to pay for the services we have actually provided in connection with the **policy** to the extent permitted by law and return of any premium is subject to this. If the **policyholder** does not cancel the **policy** during the cooling off period the **policy** will continue

on the terms described in this handbook for the remainder of the **policy year**.

(h) If for any reason you decide to cancel your **policy** let Saga know by calling 0800 056 9167. If you require **eligible treatment** as the result of a **road** traffic accident which occurred prior to cancelling the **policy**, you are **eligible** to receive **treatment** for up to 12 months after the date of the **road** traffic accident, regardless of whether the **policy** has been cancelled.

8.2 Saga and AXA PPP healthcare's rights and responsibilities

(a) Saga will tell the **policyholder** in writing the date the **policy** starts and any special terms which apply to it.

(b) We can refuse to add a **family member** to the **policy** and we will tell the **policyholder** if we do.

(c) We will pay for **eligible treatment** costs incurred for a period of 12 months from the date of the **road** traffic accident provided the premium has been paid for the period when the **road** traffic accident occurred.

(d) If you break any of the terms of the **policy** which we reasonably consider to be fundamental, we may (subject to 8.2 (e)) do one or more of the following:

- refuse to make any benefit payment or if we have already paid benefits we can recover from you any loss to us caused by the break; and
- refuse to renew your **policy**; or
- impose different terms to any cover we are prepared to provide; or
- end your **policy** and all cover under it immediately.

(e) If you (or anyone acting on your behalf) make a claim under your **policy** knowing it to be false or fraudulent, we can refuse to make benefit payments for that claim and may declare the **policy** void, as if it never existed. If we have already paid benefit we can recover those sums from you. Where we have paid a claim later found to be fraudulent, (whether in whole, or in part), we will be able to

recover those sums from you.

(f) We can change all or any part of the **policy** from any renewal date. We will give you reasonable notice of changes to your **policy** terms.

(g) We may cancel, refuse to renew, or vary your **policy** at any time if Saga:

- chooses to cancel the Accident Healthcare scheme, or it offers an alternative plan to the same insured person covered under this **policy** as well as or in place of this **policy**; or
- refuses or fails to keep its duties under the **policy**; or
- enters into a composition with its creditors, winds up or goes into liquidation unless it is a genuine reconstruction takeover or amalgamation; or
- has given us incomplete or untruthful answers in any information we have asked them to give.

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

(i) We and other service providers will not provide cover or pay claims under this **policy** if doing so would expose us or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, **United Kingdom**, United States of America or under a United Nations resolution. If a potential breach is discovered, where possible we will advise you in writing as soon as we can.

Section 9 - Saga GP Service

The Saga GP Service is available any time you would like to speak to a GP. The advice does not need to be linked to a road traffic accident.

Some GP surgeries are unable to provide appointments immediately or at a time that fits in with busy lives. Maybe it's difficult to get to the surgery during their opening hours or perhaps appointments are not readily available for several days, causing an unwanted delay. If this is the case for you, then you may find that the Saga GP Service can help.

The Saga GP Service is available 24 hours a day, 365 days a year and allows you to speak, in confidence, with a qualified, practising GP at a time convenient for you. You may call as often as you need, knowing that the information you receive is given by GPs who are in touch with the latest advances in medical care.

There are many things that the doctors are able to talk to you about. Some of them are:

- Your symptoms – a persistent ache or pain – giving you advice and discussing possible treatments
- Explanations of diagnosis or treatment that you may already have been prescribed
- Sensitive or confidential concerns
- Side effects of any medication you are taking
- Possible after-effects of surgery
- Vaccinations you may need when you're travelling abroad and other health precautions relevant to your own medical history.

Your call will be answered by a specially trained operator. The operator will take some details from you and arrange for a GP to call you back at a convenient time.

Many callers find that they receive the advice, reassurance and, where appropriate, the diagnosis they need from the Saga GP Service without having to go to their own GP. The service is

completely confidential. However, in some cases the doctor may think it is advisable, subject to your agreement, that a record of your consultation is sent to your own NHS GP in order to keep him/her informed and allow your NHS records to be updated.

The doctors on the Saga GP Service can give advice and, if appropriate, provide you with an open referral to a specialist. At their discretion, they may also be able to arrange for a private prescription to be fulfilled and the medication delivered direct to your door. But if you have symptoms that mean you need a physical examination, you may need to see a GP in person.

Saga GP Service – 0800 027 1351

The Saga GP Service is available to you any time – day or night, 365 days a year.

If calling from outside the UK please dial +44 845 300 0892 – international call rates apply.

Please remember to have your **policy** number to hand before you call.

Please note: In an emergency situation, you should contact your own NHS GP or the emergency services directly so as not to delay the appropriate treatment.

Access to the Saga GP Service is provided in addition to your **policy**. This service is provided to you by a third party, Medical Solutions UK Limited, whose registered address is 10 Upper Berkeley Street, London W1H 7PE.

Section 10 - Benefits table

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

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

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

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

Benefits	Benefit level	Where can I find more information?
Policy benefit limit: We will pay up to the maximum shown for each person covered by the policy for the 12 month period following the date of the accident.	£1,000,000	
In-patient and day-patient treatment		
1. Hospital charges: including charges for accommodation, diagnostic tests , operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the specialist during surgery.	Paid in full in any hospital or day-patient unit within your policy benefit limit	Page 15
2. Specialists' fees (Surgeons', anaesthetists' and physicians').	Covered within your policy benefit limit	Pages 16-17
3. In-patient consultations – benefit for a consultation with a second specialist arranged by the treating specialist .	Covered within your policy benefit limit	Pages 16-17

Benefits	Benefit level	Where can I find more information?
Out-patient treatment		
4. Surgical procedures.	Covered within your policy benefit limit	Pages 13-17
5. Specialist consultations.	Covered within your policy benefit limit	Pages 16-17
6. Clinical practitioner charges (including physiotherapy). 7. Complementary practitioner charges.	Covered within your policy benefit limit. We will pay for up to an overall maximum of ten sessions of treatment within 12 months from the date of your road traffic accident, for GP referred physiotherapy and/or complementary practitioner treatment	Pages 16-17
8. Diagnostic tests on specialist referral.	Paid in full within your policy benefit limit	Page 16
9. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	Paid in full within your policy benefit limit	Page 15
Other benefits		
10. Ambulance transport – when you are receiving private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility.	Paid in full within your policy benefit limit	
11. NHS cash benefit. This benefit is paid for each night you receive free treatment under the NHS and only if: (i) you are admitted for in-patient treatment before midnight for treatment of an injury caused by a road traffic accident (ii) the treatment you receive under the NHS would have been eligible for benefit privately under this policy . (This benefit is also paid for each night you receive treatment in an accident and emergency ward or intensive therapy unit.)	£100 a night up to £2,000 for each accident	Page 15
12. Saga GP Service Access to the confidential GP helpline is available in addition to your policy and can be used whenever you would like to speak to a GP.	Immediate access 24 hours a day, 365 days a year in any circumstances (not just in relation to a road traffic accident)	Page 24

Notes

A series of horizontal dotted lines for taking notes.

Helplines Please have your policy number to hand when calling

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

Customer service

For questions about your Accident Healthcare policy

from the UK **0800 056 9167**

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

How to make a claim

For claims

from the UK **0800 027 1339**

from abroad **+44 1303 772 154**

24 hours a day, 7 days a week.

Saga GP Service

(operated by Medical Solutions UK Limited)

from the UK **0800 027 1351**

Available day or night, 365 days a year.



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

AXA PPP healthcare Limited. Registered Office: 5 Old Broad Street, London EC2N 1AD, United Kingdom. Registered in England No. 3148119. AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Saga Services Limited is a wholly owned subsidiary of Saga plc and is registered in England and Wales (Company No. 732602). Registered Office: Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE. Authorised and regulated by the Financial Conduct Authority.