Hospital Treatment Plans

PATIENT CHOICE

Document Contents

Introduction

This booklet sets out everything you need to know about how your Hospital Treatment Plan works. Please read this booklet carefully and keep it in a safe place for future reference. If you have any questions, please call us on **0114 250 2000** and we will be happy to help.

PatientChoice Hospital Treatment Plans Benefit Table

Please refer to the separate Rate Sheets for pricing information.

COVER	PROCEDURES	ESSENTIAL	ACCESS	PREMIER
Out Patient Events – Private	*Specialist Consultations*	–	*Up to £300 per Policy Year**	*Up to £1,000 per Policy Year**
	Diagnostic Tests	–	–	
	MRI and CT Scans	–	*Up to £750 per Policy Year**	*Up to £1,500 per Policy Year**
	PET Scans	–	*Up to £1,500 per Policy Year**	*Up to £1,500 per Policy Year**
Out Patient Events – NHS	*Specialist Consultations*	–	*£50***	*£50***
	Diagnostic Tests	–	–	
	MRI and CT Scans	–	*£75***	*£75***
	PET Scans	–	*£100***	*£100***
In-Patient Benefits	*Medical Procedures*	*£850 (Band 1) up to £25,000 (Band 12)****	*£850 (Band 1) up to £25,000 (Band 12)****	*£850 (Band 1) up to £25,000 (Band 12)****
	Chemotherapy and Radiotherapy (following a Medical Procedure)	*£15,000****	*£15,000****	*£15,000****
Cash Reimbursement For Medical Procedures	*Private*	*Residual amount paid in cash*****	*Residual amount paid in cash*****	*Residual amount paid in cash*****
	NHS	*£200 (Band 1) up to £5,000 (Band 12)*	*£200 (Band 1) up to £5,000 (Band 12)*	*£200 (Band 1) up to £5,000 (Band 12)*

* Excess £100 per Insured Person per Policy Year
** One claim per NHS Patient Band A, B or C per Policy Year (see section 7, Policy Benefits)
*** Per Medical Procedure
**** Reimbursement made to policyholder

Essential

The aim of this insurance

- To provide you with monetary benefits to purchase private treatment for defined Medical Procedures
- To provide cash benefits if you have treatment in the NHS for defined Medical Procedures

How it works

How the benefits work

- Each Medical Procedure is categorised into one of twelve bands depending on the complexity of the procedure
- Each of the twelve bands has a benefit allowance for Private Treatment and a benefit for NHS Treatment
- A full list of benefits is available on our website at www.patientchoice.co.uk or on request from our Helpline
- Benefits are payable only whilst cover remains in force and your premium is paid up to date
- Examples of how the benefits work in practice are given on our website at www.patientchoice.co.uk
- Each Insured Person can claim for up to three Medical Procedures per Policy Year
- During the life-time of their cover each Insured Person can claim a maximum of £250,000

How the private hospital benefits work

- If you choose to receive treatment in a private hospital, the PatientChoice Hospital Treatment Plan will pay your hospital costs as well as any related costs up to the amount specified in the PatientChoice Schedule of Procedures
- As soon as all bills for your treatment have been settled, any unused surplus benefit amount will be paid to you
- Any bills not covered by the amount payable specified in the PatientChoice Schedule of Procedures will need to be paid out of your own funds
- You can choose whether we source the Medical Procedure with a hospital on your behalf or you can negotiate directly with a hospital yourself
- You can keep any surplus that is not spent from the allowance specified for your private Medical Procedure

How the NHS benefits work

- If you choose to receive your medical care from the NHS, or private treatment is not available for you, we will pay you (or your employer if they are providing the cover) a cash benefit appropriate for that procedure according to the PatientChoice Schedule of Procedures

Access

The aim of this insurance

- To provide you with monetary benefits to purchase medical consultations and scans
- To provide cash benefits if you have medical consultations and scans in the NHS
- To provide you with monetary benefits to purchase private treatment for defined Medical Procedures
- To provide cash benefits if you have treatment for defined Medical Procedures in the NHS

How it works

How the specialist consultation and scans benefits work

- Specialist consultations and scans are classified into three bands – A, B and C
- Each of the three bands has a benefit allowance for Private Treatment and a benefit for NHS Treatment
- You can claim up to the amount stated in each band each Policy Year for Private Out Patient Events
- There is an excess each Policy Year for each Insured Person applicable to Private Out Patient benefit

How the specialist consultation and scans private benefits work

- If you choose to receive treatment privately, PatientChoice will pay your costs up to the amount specified in the PatientChoice Access Out Patient Table of Benefits
- Any bills not covered by the amount payable specified in the Table of Benefits will need to be paid out of your own funds

How the specialist consultation and scans NHS benefits work

- If you choose to receive your medical care from the NHS, we will pay you (or your employer if they are providing the cover) the cash benefit appropriate for the procedure according to the PatientChoice Out Patient Table of Benefits
- You (or your employer) can claim once per band for NHS Out Patient benefits per Policy Year

How the Medical Procedure benefits work

- Each Medical Procedure is categorised into one of twelve bands depending on the complexity of the procedure
- Each of the twelve bands has a benefit allowance for Private Treatment and a benefit for NHS Treatment
- A full list of benefits is available on our website at www.patientchoice.co.uk or on request from our Helpline
- Benefits are payable only whilst cover remains in force and your premium is paid up to date
- Examples of how the benefits work in practice are given on our website at www.patientchoice.co.uk
- Each Insured Person can claim for up to three Medical Procedures per Policy Year

How the Medical Procedure private hospital benefits work

- If you choose to receive treatment in a private hospital, the PatientChoice Hospital Treatment Plan will pay your hospital costs as well as any related costs up to the amount specified in the PatientChoice Hospital Treatment Plan Schedule of Procedures
- As soon as all bills for your treatment have been settled, any unused surplus benefit amount will be paid to you

- Any bills not covered by the amount payable specified in the PatientChoice Hospital Treatment Plan Schedule of Procedures will need to be paid out of your own funds
- You can choose whether we source the Medical Procedure with a hospital on your behalf or you can negotiate directly with a hospital yourself
- You can keep any surplus that is not spent from the allowance specified for your private Medical Procedure

How the In-Patient NHS benefits work

- If you choose to receive your medical care from the NHS, or private treatment is not available for you, we will pay you (or your employer if they are providing the cover) a cash benefit appropriate for that procedure according to the PatientChoice Schedule of Procedures

Premier

The aim of this insurance

- To provide you with monetary benefits to purchase medical consultations, scans and diagnostic tests
- To provide cash benefits if you have medical consultations, scans and diagnostic tests in the NHS
- To provide you with monetary benefits to purchase private treatment for defined Medical Procedures
- To provide cash benefits if you have treatment for defined Medical Procedures in the NHS

How it works

How the specialist consultation, scans and diagnostic test benefits work

- Specialist consultations, scans and diagnostic tests are classified into three bands – A, B and C
- Each of the three bands has a benefit allowance for Private Treatment and a benefit for NHS Treatment
- You can claim up to the amount stated in each band each Policy Year for private Out Patient Events
- There is an excess each Policy Year for each Insured Person applicable to Private Out Patient benefit

How the specialist consultation, scans and diagnostic test private benefits work

- If you choose to receive treatment privately, PatientChoice will pay your costs up to the amount specified in the PatientChoice Premier Out Patient Table of Benefits
- Any bills not covered by the amount payable specified in the Table of Benefits will need to be paid out of your own funds

How the specialist consultation, scans and diagnostic test NHS benefits work

- If you choose to receive your medical care from the NHS, we will pay you (or your employer if they are providing the cover) the cash benefit appropriate for the procedure according to the PatientChoice Out Patient Table of Benefits
- You (or your employer) can claim once per band for NHS Out Patient benefits per Policy Year

How the Medical Procedure benefits work

- Each Medical Procedure is categorised into one of twelve bands depending on the complexity of the procedure
- Each of the twelve bands has a benefit allowance for Private Treatment and a benefit for NHS Treatment
- A full list of benefits is available on our website at www.patientchoice.co.uk or on request from our Helpline
- Benefits are payable only whilst cover remains in force and your premium is paid up to date
- Examples of how the benefits work in practice are given on our website at www.patientchoice.co.uk
- Each Insured Person can claim for up to three Medical Procedures per Policy Year

How the Medical Procedure private hospital benefits work

- If you choose to receive treatment in a private hospital, PatientChoice will pay your hospital costs as well as any related costs up to the amount specified in the PatientChoice Hospital Treatment Plan Schedule of Procedures
- As soon as all bills for your treatment have been settled, any unused surplus benefit amount will be paid to you
- Any bills not covered by the amount payable specified in the PatientChoice Hospital Treatment Plan Schedule of Procedures will need to be paid out of your own funds
- You can choose whether we source the Medical Procedure with a hospital on your behalf or you can negotiate directly with a hospital yourself
- You can keep any surplus that is not spent from the allowance specified for your private Medical Procedure

How the In-Patient NHS benefits work

- If you choose to receive your medical care from the NHS, or private treatment is not available for you, we will pay you (or your employer if they are providing the cover) a cash benefit appropriate for that procedure according to the PatientChoice Schedule of Procedures

Who can be covered by PatientChoice Hospital Treatment Plans?

- PatientChoice Hospital Treatment Plans are available to any individual resident in the UK for a minimum of 180 days who are 18 years old and over and join before their 80th birthday
- An applicant's children may be covered providing they are between 1 and 21 years old (or 25 years if they are in full time education)
- Newborn children can be added to the policy on their first birthday

What underwriting options are available?

Moratorium

- Unless otherwise specified in the policy certificate, you will not be covered for procedures relating to pre existing conditions that you have suffered from in the 3 year period prior to becoming insured on the PatientChoice Hospital Treatment Plan
- You will be covered for procedures related to these conditions once you have been free of symptoms, treatment and advice for 2 continuous years from the date your cover commenced

Continued Personal Medical Exclusions (CPME)

- If you are currently insured with another company and are seeking to transfer to the PatientChoice Hospital Treatment Plan then we may agree to accept you on a CPME basis
- You will need to complete our CPME application form, which will ask you some questions about your medical history
- If we agree to accept you on a CPME transfer basis then any exclusions or moratorium provisions on your current policy will be transferred to your PatientChoice policy, together with any other exclusions that we require

How to apply

- Choose which plan suits your needs
- Complete the application form selecting your chosen plan and underwriting option (be sure that you understand the implications of your chosen type of underwriting)
- Post your application form to:

  Westfield Health (HTI Team)
  Westfield House
  87 Division Street
  Sheffield
  S1 1HT

Moratorium applications – please ensure that the Moratorium declaration is signed. PatientChoice will process correctly presented applications and send out your policy documents within 4 working days.

CPME applications – please complete the four medical questions and enclose a copy of your previous insurer's certificate. PatientChoice will contact you within 2 working days of receipt of your application to notify you of the terms that we are offering to accept you for cover on. We may need to ask you additional medical information before an offer decision can be reached.

Duty of disclosure

Benefits may not be paid if information requested in the application is not fully disclosed. There is a duty to disclose to the insurer any changes to the information given in the application form before your PatientChoice Hospital Treatment Plan contract commences.

Renewing your policy

At least 21 days before each policy renewal date, you, or the company if they are paying the premiums, will be advised of the premium and terms and conditions that will apply for the following year. Premiums may increase at annual renewal and your terms and conditions may change. We will notify you of any changes to your terms and conditions.

Policy Summary keyfacts®

PatientChoice Hospital Treatment Plans provide you with access to monetary benefits to purchase private treatment for defined Medical Procedures, or cash benefits if you have treatment in the NHS for defined Medical Procedures. Access and Premier cover also provide you with monetary benefits to purchase medical consultations and scans, or cash benefits if you have medical consultations and scans in the NHS. Premier cover additionally provides you with monetary benefits to purchase diagnostic tests, or cash benefits if you have diagnostic tests in the NHS.

NAME OF THE INSURER

- The insurer and administrator is Westfield Contributory Health Scheme Ltd.

KEY FEATURES

- Your PatientChoice Hospital Treatment Plan provides you with access to funds to spend on your medical care if you need a specified Medical Procedure. All covered procedures are graded into one of twelve Bands of Benefit in accordance with the PatientChoice Hospital Treatment Plan Schedule of Procedures which can be found on our website at www.patientchoice.co.uk or can be requested from PatientChoice
- Your PatientChoice Hospital Treatment Plan covers you for Medical Procedures (In-Patient benefits). These are generally defined as one of the following:
  - Medical Procedures requiring a general anaesthetic
  - Medical Procedures requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife
  - Endoscopic (fibre optic) procedures
  - Angiography and angioplasty (treatment of blood vessels)
  - Chemotherapy and radiotherapy (following a Medical Procedure)
- Access and Premier provide cover for certain Out Patient Benefits. These are defined as:
  - Medical Consultations
  - CT, MRI and PET Scans
- Premier also provides cover for Diagnostic Tests as an Out Patient Benefit

KEY LIMITATIONS AND EXCLUSIONS

- Unless otherwise stated in your Policy Certificate, Out Patient Private Benefits are subject to an excess of £100 for each Insured Person per Policy Year (see Benefit Table page 3 and section 7, Policy Benefits)
- PatientChoice Hospital Treatment Plans do not cover Accident and Emergency Care, pregnancy-related procedures, organ transplants or the cost of cosmetic surgery (see section 8, Policy Exclusions)
- Medical Procedures include Chemotherapy or Radiotherapy received within 180 days of cancer related surgery (see section 7, Policy Benefit; section 2 General Policy Definitions)
- There can be no absolute guarantee that the benefits offered by PatientChoice Hospital Treatment Plans will cover the cost of every insured Out Patient Event or insured Medical Procedure although the benefits have been designed to do so (see section 7, Policy Benefits)
- Extended medical treatment due to unforeseen complications, which are not covered by a fixed price treatment package for a Medical Procedure, may result in the total bill exceeding the amount of cover (see section 7, Policy Benefits)
- If the cost of an Out Patient Event or Medical Procedure is more than the benefit entitlement then you will be responsible for paying any top up required yourself (see section 7, Policy Benefits)
- Essential cover does not include any Out Patient Events – Diagnostic Tests, Specialist Consultations or MRI, CT and PET scans (see section 3, Making a Claim Under This Policy)

- Access cover does not include Diagnostic Tests (see section 3, Making a Claim Under This Policy)
- The maximum amount that can be claimed over all Policy Years is limited to £250,000 per Insured Person (see section 10, General Policy Conditions)
- You or your employer must pay regular monthly or annual premiums for the duration of the insurance. If premiums are not paid this insurance will end and you will no longer be covered (see section 1, About This Policy)
- Policyholders are responsible for ensuring that the application form is completed accurately. Failure to do so may lead to the policy being cancelled or claims not being paid (see section 1, About this Policy)
- Unless otherwise specified in your policy certificate you will not be covered for procedures relating to pre existing conditions that you have suffered from in the 3 year period prior to becoming insured under your PatientChoice Hospital Treatment Plan. You will be covered for procedures related to these conditions once you have been free of symptoms, treatment and advice for 2 continuous years from your commencement date (see section 1, About This Policy; section 8, Policy Exclusions)
- Benefit is limited to a maximum of three Medical Procedures in any Policy Year for each person insured under this Policy (see section 7, Policy Benefits)
- For Access and Premier Hospital Treatment Plans you (or your employer if they pay the premium) can claim once per band for NHS Out Patient Benefits per Policy Year (see section 7, Policy Benefits)
- Consultations, Scans and Treatment relating to Chronic Conditions are not covered on the Hospital Treatment Plan (see section 8, Policy Exclusions)
- Premiums may increase at the annual renewal (see section 10, General Policy Conditions)
- The Policy contains other specific and standard exclusions which you should read (see section 8, Policy Exclusions)

DURATION OF INSURANCE

- The period of insurance will be for 12 months
- If you have cover as part of a Group Scheme your cover will be subject to the Company's annual renewal date
- The period of insurance will be shown on the Policy Certificate

CANCELLATION RIGHTS

You have 14 days from the receipt of your policy documents or 14 days from the Annual Renewal date to cancel the contract if you do not wish to go ahead with it. Providing we have not paid a claim in the current period of cover, we will make a refund in full of any premium paid for that policy year. At any other time, and provided we have been notified at least 10 working days in advance of the required cancellation date, you, or the company (if they are paying the premiums), may cancel this policy. In the event of cancellation, if premiums are paid annually, premiums will be refunded on a pro rata basis (if applicable) for the remainder of the current policy year). If premiums are paid on a monthly basis by Direct Debit, premium payments will cease from the next instalment date, providing that 10 working days notice has been given. However, if a claim has been made during the current period of cover we will not return any premium to the policyholder and the policyholder must pay us the balance of the full annual premium if they are paying the premium by instalments.

MAKING A CLAIM

Should you need to make a claim under this policy, you can do so by calling us on

0114 250 2000 between the hours of 9am and 5pm, Monday to Friday (except for Christmas Eve and Bank Holidays).

In the interest of continuously improving our service to customers and for training purposes your call to PatientChoice will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

IF YOU WISH TO COMPLAIN

We are committed to providing the highest possible level of service to our customers. However, if the services provided do not meet your expectations, please contact us at:

Westfield Health (HTI Team)
Westfield House
87 Division Street
Sheffield
S1 1HT

Telephone number: **0114 250 2000**

Our complaints procedure will be sent to you on request.

If you remain dissatisfied with our final response you can write to the:

Financial Ombudsman Service
Insurance Enquiries Division
South Quay Plaza
183 Marshall Wall
London
E14 9SR

The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

FINANCIAL SERVICES COMPENSATION SCHEME

Westfield Contributory Health Scheme Ltd. is covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that we are unable to meet our obligations you may be able to claim compensation.

Further information is available from the Financial Services Compensation Scheme,
10th Floor, Beaufort House,
15 St Botolph Street,
London EC3A 7QU.

The information provided in this Policy Summary is key information you should read. This summary does NOT contain the full terms, conditions and exclusions. These are detailed in the Policy Terms and Conditions and on the Policy Certificate.

1. About this Policy

The information contained within this leaflet is effective from 1st May 2013 and replaces all previously published information.

The *Policy Certificate* details *Your* scale of cover and any special provisions relating to *Your* insurance. Please read these terms and conditions in conjunction with the *Policy Certificate*.

If there is anything about these terms and conditions that *You* do not understand please contact the PatientChoice Customer Helpline on 0114 250 2000 and *We* will be happy to help.

What *You* need to know

Various provisions in this *Policy* restrict coverage. Please read the entire *Policy* carefully to determine *Your* rights, duties and what is and what is not covered.

Throughout this *Policy* the words '*You*' and '*Your*' refer to the *Insured Person(s)* named on the *Policy Certificate*. The words '*We*', '*Us*' and '*Our*' refer to Westfield Contributory Health Scheme Ltd. who are the *Underwriters* providing this insurance.

Other words and phrases that appear in italics have special meaning. Please refer to GENERAL POLICY DEFINITIONS for their meaning.

The EXCLUSIONS section lists groups of procedures and situations that are not covered under this *Policy*.

Who can be covered by the PatientChoice Hospital Treatment Plan?

- To be eligible for cover *You* must be resident in the UK for a minimum of 180 days a year.
- The *Policyholder* must be aged between 18 and 79 (not yet 80 years old) on the *Policy Commencement Date*.
- If the *Policyholder's* partner is included on the *Policy* they must be aged between 18 and 79 (not yet 80 years old) on their *Commencement Date*.
- *You* can continue to be covered when *You* reach 80 years of age, providing the *Policy* is continuously renewed.
- Premiums are based on the age of the oldest *Insured Person*.
- A *Policyholder's* children may be covered providing they are between the ages of 1 year and 21 years old. Children up to 25 years old may be covered if they are in full time education (see definition *Dependant*).
- Newborn children can be added to the *Policy* on their first birthday.
- *Policyholders* who are required to complete an *Application Form* are responsible for ensuring that the *Application Form* is completed accurately. Any failure to complete the *Application Form* accurately may lead to the *Policy* being cancelled or claims not being paid.
- *You* must satisfy *Yourself* that this *Policy* is right for *You*. *We* will not provide any advice in this regard but *You* are of course free to seek information or advice from a professional advisor.
- *We* like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a *Policy* or a request to upgrade cover. If *Your* application is not accepted *We* will refund any premium paid for the cover that *We* have declined to offer (providing that *We* have not paid a claim under that cover).

When will *Your* cover cease?

Your cover will cease:

- At the end of the *Policy* term specified on the *Policy Certificate* (unless cover is renewed).
- If the *Policyholder* dies.
- If the premium has not been paid within 30 days of the normal due date.
- If *You* are part of a Group Scheme and the agreement between Westfield Contributory Health Scheme Ltd. and the *Company* comes to an end.
- If the *Employee* leaves their employment, or otherwise loses their entitlement to cover as part of a Group Scheme.
- If *We* notify the *Policyholder* or the *Company* that *We* are cancelling the *Policy*.

What Underwriting Options are available?

Moratorium

- Unless otherwise specified in the *Policy Certificate*, *You* will not be covered for *Pre Existing Conditions* (or *Related Medical Conditions*) that *You* have suffered from in the 3 year period prior to *Your Commencement Date*.
- *You* will be covered for claims related to these *Pre Existing Conditions* and *Related Medical Conditions* once *You* have been free of symptoms, treatment and *Advice* for 2 continuous years from *Your Commencement Date*.

Continued Personal Medical Exclusions (CPME)

- If you are currently insured with another company and are seeking to transfer to the PatientChoice Hospital Treatment Plan then *We* may agree to accept *You* on a CPME basis.
- The *Policyholder* will need to complete *Our* CPME *Application Form*, which asks some questions about *Your* medical history.
- If we agree to accept *You* on a CPME transfer basis then any exclusions or moratorium provisions on *Your* current private medical insurance policy will be transferred to *Your* PatientChoice Hospital Treatment Plan cover, along with any other exclusions that *We* require.

What this *Policy* covers

The PatientChoice Hospital Treatment Plan is an insurance *Policy* that provides benefits for:

	Essential	Access	Premier
Specialist Consultations	–	✓	✓
CT, MRI, PET Scans	–	✓	✓
Diagnostic Tests	–	–	✓
Medical Procedures	✓	✓	✓

✓ *Cover included*
– *No cover*

Specialist Consultations, Scans and *Diagnostic Tests** (Out Patient Benefits) – Premier and Access cover

Out Patient Benefits provide cover for usual and customary charges for *Specialist Consultations*, *CT, MRI & PET Scans* and *Diagnostic Tests** (known as *Out Patient Events)*. The *Policy* will pay for the costs of the these *Out Patient Events* up to the amount as shown in the POLICY BENEFITS section under the TABLE OF BENEFITS Section 1 Out Patient Benefits (PRIVATE BENEFITS).

Claims are paid when *You* have an *Out Patient Event*. *You* can choose where *You* wish to have these *Out Patient Events* and the *PatientChoice* Customer Helpline (**0114 250 2000**) will assist *You* with *Your* claim.

Should *You* choose to use the *NHS* for *Out Patient Events,* the *Policy* will pay *You,* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf), the applicable *NHS* cash benefit as shown in the POLICY BENEFITS Section 1 Out Patient Benefits under the TABLE OF BENEFITS (NHS BENEFITS).

* *Diagnostic Tests* are included in Premier cover ONLY.

What *Your* responsibilities are (Out Patient Benefits)

In order to make a claim for a *Specialist Consultation* under the Out Patient section of this *Policy,* it is *Your* responsibility to obtain confirmation from *Your General Practitioner* that a *Specialist Consultation* is required.

In order to make a claim for a *CT, MRI, PET Scan* or *Diagnostic Test** under the Out Patient section of this *Policy,* it is *Your* responsibility to obtain confirmation from the *Medical Specialist* that a *CT, MRI, PET Scan* or a *Diagnostic Test** *is* required.

Should *You* choose to undertake *Specialist Consultations, CT, MRI, PET Scans* or *Diagnostic Tests** which cost more than the amount payable as specified in the *Table of Benefits*, it is *Your* responsibility to pay for any difference (See MAKING A CLAIM UNDER THIS POLICY).

If *You* or *Your* employer stops paying premiums for this insurance, the *Policy* will be cancelled 30 days from the date on which the last premium was due and *Your* entitlement to benefits will cease on the date that *Your* cover has been paid up to.

* *Diagnostic Tests* are included in Premier cover ONLY.

Medical Procedures (In-Patient Benefits) – Premier, Access and Essential cover

In-Patient Benefits are designed to enable *You* to purchase *Treatment* at most *Private Hospitals* for conditions that are short term and curable. The *Policy* will pay for the costs of the *Treatment* up to the amount as shown in the POLICY BENEFITS section under the TABLE OF BENEFITS Section 2 In-Patient Benefits (PRIVATE HOSPITAL BENEFITS).

Claims are paid when *You* receive *Treatment* in a *Hospital*. *You* can choose where *You* wish to have *Treatment* and the *PatientChoice* Customer Helpline (**0114 250 2000**) will assist *You* with *Your* claim depending on *Your* circumstances.

Should *You* choose to use the *NHS* rather than a *Private Hospital;* the *Policy* will pay *You* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf), the applicable *NHS* cash benefit as shown in the POLICY BENEFITS Section 2 In-Patient Benefits under the TABLE OF BENEFITS (NHS BENEFITS).

What *Your* responsibilities are (In-Patient Benefits)

In order to make a claim under the In-Patient section of this *Policy,* it is *Your* responsibility to obtain confirmation from a *Medical Specialist* that *Treatment* is required.

Should *You* choose to obtain *Treatment* at a *Hospital* which costs more than the amount payable as specified in the Table of Benefits, it is *Your* responsibility to pay for any difference (See MAKING A CLAIM UNDER THIS POLICY).

If *You* or *Your* employer stops paying premiums for this insurance, the *Policy* will be cancelled 30 days from the date on which the last premium was due and *Your* entitlement to benefits will cease.

2. General Policy Definitions

Words or phrases that appear in italics have the special meaning detailed below.

Definition	Meaning
£	United Kingdom pounds sterling.
Administrator	Westfield Contributory Health Scheme Ltd. trading as *PatientChoice* or any other such firm *We* notify to the *Policyholder* or the *Company* in writing.
Advice	Any consultation regarding a *Pre Existing Condition* or *Related Medical Condition* from a *General Practitioner*, *Medical Specialist* or therapist including the issue of any prescription or repeat prescription.
Agreement	The contract between Westfield Contributory Health Scheme Ltd. and *You* for the provision of the PatientChoice Hospital Treatment Plan governed by the terms and conditions set out in this leaflet.
Angiography	A method of assessing the patency and characteristics of selected blood vessels by the injection of contrast medium.
Angioplasty	A method of attempting to alter the blood flow through a blood vessel by using either, or a combination of, a balloon, stent or laser.
Annual Renewal Date	The anniversary of the *Policyholder's Commencement Date*. or For Group Schemes (where the *Company* pays *Your* premium): the anniversary of the date that the *Company's* PatientChoice Hospital Treatment Plan contract commenced.
Application Form	The *Application Form* for this *Policy*.
Bands	The *Bands* numbered 1 to 12 relate to claim benefits payable in accordance with the PatientChoice *Schedule of Procedures*.
Bilateral Procedures	The identical *Medical Procedure* occurring on different sides of the body.
Cancer	A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	A *Course* of intra venous, intra thecal, intravesical or intra peritoneal cytoxic agents for the treatment of *Cancer,* used as an adjuvant therapy not more than 180 days after *Cancer* related surgery. Oral medication is excluded.

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.
Classification of Medical Procedure	Means either *Band* 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12 as listed in the *Table Of Benefits* and *Schedule of Procedures.*
Commencement Date	The date that *You* first become insured under this *Policy* or the date that *You* rejoin in the event that *Your Policy* is cancelled or not renewed.
Company	An organisation that has contracted with *Us* to provide cover under this *Policy* to all or a selected group of its *Employees*.
Course (of Chemotherapy or Radiotherapy)	A sequence of medical treatment sessions prescribed for a defined period of time following a *Diagnosis* of *Cancer*. Any treatment session occurring within 90 days of another session is deemed to be part of the same *Course.*
CT Scan(s)	Computed tomography (also known as *CT*, *CT* scan, CAT, computerised axial tomography) scan using X rays to produce precise cross sectional images of anatomical structures, including the interpretation of that scan by a *Medical Specialist.*
Dependant(s)	Any of the following: • The Spouse or partner residing with the *Policyholder*. • The *Policyholder's* children who are older than 1 year of age until the *Annual Renewal Date* following their 21st Birthday. • Dependent children undergoing full time education may continue on the *Policy* until either such time that their education is complete; the *Annual Renewal Date* following their 25th Birthday; marriage or they cease to be financially dependent on the *Policyholder*, whichever is earlier.
Diagnosed/Diagnoses/Diagnosis	The unequivocal discovery and identification of a medical condition from the examination of symptoms using investigations such as X rays or blood tests, by a *Medical Specialist*.
Diagnostic Test(s)	Investigations, such as X-rays or blood tests, to find or to help find the cause of *Your* symptoms.

Emergency Procedures	Procedures usually carried out in an Accident and Emergency Department or procedures carried out following admission into a *Hospital* via an Accident and Emergency Department or procedures carried out following same day referral to the *Hospital* by a *General Practitioner* or *Medical Specialist* or any other person.
Employee(s)	An *Employee* (or an ex *Employee*) of the *Company* who is considered by the *Company* to be eligible for inclusion.
Endoscopic Procedures	Procedures using an illuminated optical instrument used for internal investigations or for assistance with procedures associated with body cavities or organs. Some *Endoscopic Procedures* not carried out under General Anaesthetic are not covered (see Section 8. Exclusions).
Fee per Service (Treatment)	Medical *Treatment* which is charged as incurred, with the cost of care not fixed in advance.
Fixed Price (Package)	*Treatment* in a *Private Hospital* and for which the costs have been negotiated by *Yourself*, by *Us*, or by a third party nominated by *Us*.
General Practitioner	A medical doctor in general practice who is registered with the General Medical Council and who is not a *Medical Specialist*.
Hospital(s)	An independent *Hospital* or nursing home registered in accordance with the Registered Homes Act 1984 or a *NHS Hospital* in the United Kingdom with specialist facilities for medical and surgical procedures. *Hospitals* in other countries may be included in this definition at *Our* discretion.
Insured Person(s)	The *Policyholder* and any *Dependants* covered under this *Policy* as listed in the *Policy Certificate*.
Medical Condition(s)	Any disease, illness or injury.
Medical Procedure	An intervention carried out by a *Medical Specialist* in a *Hospital* involving one of the following: • A general anaesthetic. • A regional or local anaesthetic in conjunction with an incision involving a surgical knife. • *Endoscopic Procedures*. • *Angiography* and *Angioplasty* (treatment of blood vessels). • *Chemotherapy* and *Radiotherapy* used as an adjuvant therapy not more than 180 days after (the same) *Cancer* related surgery.
Medical Specialist	A Doctor who: • Holds an *NHS* Consultant post and; • Is on the Specialist Register held by the General Medical Council and; • Is under the age of 70 when *Treatment* is provided; or • who is otherwise approved by *Us* prior to any *Treatment* being administered.

MRI Scan(s)	Magnetic resonance imaging scan producing images of anatomical structures, including the interpretation of that scan by a *Medical Specialist*.
NHS	Means the free to use public health service. For the purposes of this *Policy,* patients who undergo *NHS* subsidised procedures at either independent *Hospitals* or Independent Sector Treatment Centres (ISTCs) will be deemed to have received *NHS* treatment.
Out Patient Event(s)	1. A visit to a Consultant who is a *Medical Specialist* or 2. A *MRI Scan* or 3. A *CT Scan* or 4. A *PET Scan* or 5. A *Diagnostic Test* (Premier cover ONLY)
PatientChoice	The *Administrator* for this *Policy: PatientChoice* is a trading name of Westfield Contributory Health Scheme Ltd.
Period of Cover	The duration of this *Policy* as detailed in the *Policy Certificate*.
PET Scan(s)	Positron emission tomography producing images of anatomical structures, including the interpretation of that scan by a *Medical Specialist*.
Policy	The contract between the *Company*, or *Yourself,* and *Us* and which comprises the *Policy Certificate* and the *Policy* Terms and Conditions referred to therein.
Policy Certificate	The document accompanying this *Policy* which lists the persons covered, the *Commencement Date* and any special provisions relating to *Your* insurance.
Policy Year	12 Calendar months from the *Commencement Date* or *Annual Renewal Date* of this *Policy*.
Policyholder	The person who is named as the *Policyholder* on the *Policy Certificate*.
Pre Existing Condition(s)	Any disease, illness or injury for which: *You* have received medication, *Advice* or treatment; or *You* have experienced symptoms; whether the condition has been *Diagnosed* or not in the 3 years before *Your Commencement Date*.
Private Hospital(s)	An independent *Hospital* or *NHS* pay bed, or any other establishment which *We* may decide to treat as a *Private Hospital* for the purpose of this *Policy*.

Radiotherapy	A *Course* of high energy radiation from X rays, gamma rays, neutrons and other radioactive sources for the treatment of *Cancer*, used as adjuvant therapy not more than 180 days after *Cancer* related surgery.
Related Medical Condition	Any symptom, disease, illness or injury, which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.
Schedule of Procedures	The PatientChoice Hospital Treatment Plan *Schedule of Procedures* classifying *Medical Procedures* according to their complexity. *Band* 1 is the least complicated procedure and *Band* 12 the most. The PatientChoice Hospital Treatment Plan *Schedule of Procedures* can be found on *Our* website at www.patientchoice.co.uk or can be requested from *PatientChoice*.
Self Pay (Treatment)	Medical treatment that is entirely paid for by *You* with a view to *You* claiming *Your* benefit entitlement after the event.
Specialist Consultation	An assessment of *Your* health by a *Medical Specialist* in the form of a medical history and, if required, manual examination.
Surgical Complication	An unexpected and unforeseen event that is the result of the original *Medical Procedure* or complaint or which arises after admission to *Hospital*.
Table Of Benefits	The benefits which are payable by *Us* under this *Policy*.
Terrorism	An act of *Terrorism* means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Treatment	The provision of a *Medical Procedure* as defined in the *Policy*.
Underwriters	Westfield Contributory Health Scheme Ltd.
We/Us/Our	Westfield Contributory Health Scheme Ltd.
You/Your/Yourself	Persons covered (*Insured Persons*) under this *Policy* as listed in the *Policy Certificate*.

3. Making a Claim Under This Policy

Should *You* wish to make a claim on *Your Policy* or have any queries whether a condition is covered by this *Policy*, please call the *PatientChoice* Helpline on **0114 250 2000** between 9am to 5pm Monday to Friday.

In the interest of continuously improving *Our* service to customers and for training purposes *Your* call will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

When calling the Helpline please be aware *We* will need to ask certain questions so that *We* can confirm cover.

It will help *Us* if *You* have the following information ready:

- *Your Policy* Number.
- The *Policyholder's* name and details of the person making the claim.
- What *Medical Condition* the person claiming is suffering from and when symptoms began.

In some cases, it may be necessary to obtain additional medical information to enable *Us* to confirm the benefit available to *You*. *You* will be asked to give *Your* permission on the claim form in accordance with the Access to Medical Records Act (1988). Any costs associated with obtaining this information will be paid by *Us*. No benefit will be payable until such additional information has been obtained.

Note: To avoid disappointment at the time of a claim, it is vital *You* telephone the *PatientChoice* Helpline (0114 250 2000) prior to any *Specialist Consultations*; *CT*, *MRI*, *PET Scans*; *Diagnostic Tests* or *Treatment* to ensure that *You* have a valid claim and can be made aware of what level of assistance *You* will be entitled to.

Please remember that:

- Essential cover does not include any *Out Patient Events*.
- Access cover does not include *Diagnostic Tests*.
- The *Policy* does not cover some *Specialist Consultations; CT, MRI, PET Scans; Diagnostic Tests* and certain kinds of *Treatment*.
- Any charges that a *Medical Specialist* or any other person makes for filling in a claim form will not be covered and must be paid for by *You*.
- *We* must receive claims for *NHS Out Patient Events* or *NHS Treatment* within 6 months of the date of *Your Specialist Consultation*; *CT, MRI, PET Scan*; *Diagnostic Tests* or *Treatment*.

Failure to contact the *PatientChoice* Customer Helpline may result in *You* incurring personal costs.

In particular *You* should note that *CT, MRI, PET Scans, Diagnostic Tests* and *Treatment* must be requested by a *Medical Specialist* and *You* must have been referred to this *Medical Specialist* by *Your General Practitioner*. Please refer to section 8 POLICY EXCLUSIONS for full details of exclusions.

How to make a claim for Private *Out Patient Events* – Premier and Access cover

If *You* believe that *You* have a claim under this *Policy* for a *Specialist Consultation* in a *Private Hospital:*

1. *You* must contact *Us* as soon as reasonably possible by telephone on **0114 250 2000** and before any *Specialist Consultation* takes place.

2. *We* will then send *You* a claim form. The claim form has 3 sections. *You* must complete Section 1 and the *Medical Specialist* must complete Section 2. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. Section 3 does not need to be completed unless *You* are having a *Medical Procedure*. Section 1 and 2 of the claim form need to be returned to *Us*.

3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your Specialist Consultation* is covered.

4. If *Your* claim is approved *We* will pay for the cost of the *Specialist Consultation* after the deduction of any excess up to the applicable limit to the *Medical Specialist*. On some occasions, if *We* do not have enough information or time to process *Your* claim prior to *Your Specialist Consultation* taking place, it may be necessary for *You* to pay for the *Specialist Consultation Yourself* and claim back the cost after the deduction of any excess up to the applicable limit. In such cases *We* will pay for the cost of the *Specialist Consultation* up to the applicable limit after the deduction of any excess to *You* within 10 days of *Our* receiving the fully completed claim form.

If *You* believe that *You* have a claim under this *Policy* for a *CT, MRI, PET Scan* or *Diagnostic Test in a *Private Hospital:***

1. *You* must contact *Us* as soon as reasonably possible by telephone on **0114 250 2000** and before any *CT, MRI, PET Scans* or *Diagnostic Tests** take place.
2. If *You* have already been sent a claim form and returned Section 1 and Section 2 as part of a claim under this *Policy* for a *Specialist Consultation* then *We* may be able to assess *Your* claim without requesting any further information. Otherwise *We* will send *You* a claim form. The claim form has 3 sections. *You* must complete Section 1 and the *Medical Specialist* must complete Section 2. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. Section 3 does not need to be completed unless *You* are having a *Medical Procedure*. Section 1 and 2 of the claim form need to be returned to *Us*.
3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your CT, MRI, PET Scan* or *Diagnostic Test** is covered.
4. If *Your* claim is approved *We* will pay for the cost of the *CT, MRI, PET Scan* or *Diagnostic Test** after the deduction of any excess up to the applicable limit to the *Private Hospital*. On some occasions if *We* do not have enough information or time to process *Your* claim prior to *Your CT, MRI, PET Scan* or *Diagnostic Test** taking place, it may be necessary for *You* to pay for the *CT, MRI* or *PET Scan Yourself* and claim back the cost after the deduction of any excess up to the applicable limit. In such cases *We* will pay for the cost of the *CT, MRI, PET Scan* or *Diagnostic Test** up to the applicable limit after the deduction of any excess to *You* within 10 days of *Our* receiving the fully completed claim form.

**Diagnostic Tests* are included in Premier cover ONLY.*

How to make a claim for *Out Patient Events* in the *NHS* – Premier and Access cover

1. *You* must contact *Us* as soon as reasonably possible by telephone on **0114 250 2000** and before any *Specialist Consultations, CT, MRI, PET Scans* or *Diagnostic Tests** take place.
2. *We* will then send *You* a claim form. The claim form has 3 sections. *You* must complete Section 1 and the *Medical Specialist* must complete Section 2. Both Section 1 and Section 2 need to be returned to *Us*. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner*. Section 3 does not need to be completed unless *You* are having a *Medical Procedure*.
3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your Specialist Consultation, CT, MRI, PET Scan* or *Diagnostic Test** is covered.
4. If *Your* claim is approved payment will be made directly to *You* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf), within 10 working days of *Our* receiving the fully completed claim form.

**Diagnostic Tests* are included in Premier cover ONLY.*

How to make a claim for a *Medical Procedure* – Premier, Access and Essential cover

If *You* believe that *You* have a claim under this *Policy* for a *Medical Procedure*;

1. *You* must contact *Us* as soon as reasonably possible by telephone on **0114 250 2000** and before any *Medical Procedure* takes place. *You* will need to tell *Us* whether *You* wish to seek *Treatment* privately or under the *NHS*.

2. If *You* have Premier or Access cover and have already been sent a claim form and returned Section 1 and Section 2 as part of a claim under this *Policy* for a *Specialist Consultation, CT, MRI, PET Scan* or *Diagnostic Test* then *We* only require the *Medical Specialist* to complete Section 3 of the claim form. Otherwise *We* will send *You* a claim form. The claim form has 3 sections. *You* must complete the first section and the *Medical Specialist* must complete Section 2 and Section 3. The *Medical Specialist* must attach a copy of the referral letter written to the *Medical Specialist* by *Your General Practitioner.* All sections of the claim form need to be returned to *Us.*

3. One of *Our* Customer Services Representatives will assist *You* in determining whether *Your* condition is covered and should *You* wish, help *You* locate a suitable *Hospital* for *Your Treatment.*

What if I choose to be treated in a *Private Hospital*?

As soon as *Your* claim has been approved, *You* will be notified what level of benefit *You* are entitled to.

If *You* decide to be treated in a *Private Hospital,* then *You* have several choices about how to use the benefit level to which *You* are entitled.

- ***Fixed Price Package*** – many *Hospitals* are now offering *Fixed Price Packages* whereby the cost of the *Medical Procedure* and all associated costs are fixed. The cost of *Treatment* may vary depending on *Your* individual circumstances but *You* will know how much it will cost before *You* go into *Hospital.* Should *You* wish to take advantage of a *Fixed Price Package We* can arrange *Treatment* on *Your* behalf (*We* may use a third party *Treatment* sourcing service nominated by *Us*) or *You* can negotiate a *Fixed Price Package* directly with a *Hospital Yourself.* If *You* negotiate directly then *You* must tell *Us* as well so that *We* can arrange to make payment to the *Hospital* on *Your* behalf before *You* have the *Medical Procedure.* If the cost of *Treatment* is lower than the benefit level to which *You* are entitled, then *You* will be able to keep the surplus, which *We* will pay to *You* after *You* have received the *Treatment.* Once *You* have received any surplus *You* will be responsible for paying any further invoices that *You* receive.

- ***Fee per service*** – some *Hospitals* may decline to offer a *Fixed Price Package* if either *You* are having an unusual procedure or if *Your* medical circumstances make it difficult to know how much the medical care will cost. In these cases *We* will be able to settle bills sent to *You* after *Your Treatment* providing *You* send *Us* the invoices and providing *Your* total benefit entitlement is not exceeded. If the total cost of *Treatment* is lower than the benefit level to which *You* are entitled, then *You* will be able to keep the surplus, which *We* will pay to *You* when *Your* Treatment is complete. Once *You* have received any surplus *You* will be responsible for paying any further invoices that *You* receive.

- ***Self pay*** – *You* may wish to pay for all *Treatment Yourself* before claiming the benefit entitlement after the event. In this case *We* would simply provide the benefit entitlement to *You* directly on presentation of relevant invoices and proof that *You* have made payment. Please be sure to always contact the *PatientChoice* helpline (**0114 250 2000**) before *You* have *Your Medical Procedure*, even if *You* intend to claim *Your* entitlement afterwards.

What happens if I choose to be treated in the *NHS*?

Once the claim has been approved by *Us* and *We* have been presented with evidence of *You* having undergone the *Medical Procedure* within the *NHS, We* will pay the appropriate benefit applicable to the *Classification* of *Medical Procedure* as shown in the *Table of Benefits.* Payment will be made directly to *You* or *Your* employer (if *Your* Employer has purchased this cover on *Your* behalf) within 10 working days.

4. Premiums

The first premium is payable at the *Commencement Date* of this *Policy* and thereafter as specified in the *Policy Certificate*. The amount of the premium is reviewable at the *Annual Renewal Date*.

For *Company* paid groups the *Company* is responsible for paying the premium for its *Employee(s)* and their *Dependants* (if eligible).

If *You* or *Your* employer stops paying premiums for this insurance, benefits will end when the period covered by the premium payment has expired or when any premium has not been paid by or within 30 days of the normal due date.

There will be no premium refund in the event of the death of any *Policyholder* and/or *Dependant(s)* covered under this *Policy,* although valid claims will still be paid in accordance with the *Policy* terms and conditions.

All premiums must be made payable to Westfield Contributory Health Scheme Ltd.

Premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.

Consumer Credit Agreement

Policyholders who have selected to pay the annual premium by monthly Direct Debit instalments are agreeing to enter into a Credit Agreement. *We* will provide the *Policyholder* with the terms of the Credit Agreement when *We* welcome them as a *Policyholder* and at each *Annual Renewal*.

5. Reviews and Changes to This Policy

We may review the premiums at each *Annual Renewal Date* of this *Policy*. (See GENERAL POLICY CONDITIONS PARAGRAPH 9). At each *Annual Renewal Date* of this *Policy We* will notify the *Policyholder* and/or the *Company* of any changes to the premiums payable for continuance of this *Policy*. Any such notification will be made in writing at least 21 days before each *Annual Renewal Date*.

Occasionally *We* may vary the *Table of Benefits* to reflect any changes in medical technology and inflation of medical costs. *We* reserve the right from time to time, to review and adjust the allocated banding of individual procedures under the *Schedule of Procedures* either up or down to reflect changes in technology or the cost of *Treatment*. *We* will notify the *Policyholder* and/or the *Company* in advance of any such changes which shall become effective during this *Policy* and any such review will pay due regard to the original aims and intentions of this *Policy* and to the interests of all PatientChoice Hospital Treatment Plan *Policyholders*. The *Schedule of Procedures* can be found on *Our* website at www.patientchoice.co.uk or is available on request from *PatientChoice*.

The *Policyholder* may add a *Dependant* to this *Policy* providing *We* are informed by telephone or in writing in advance of the *Dependant's Commencement Date*. Upon acceptance *We* will advise the *Policyholder* of any changes to the premium which shall be applicable from the *Dependant's Commencement Date*.

For Group Schemes please refer to Section 9.

6. Cooling off Period and Cancellations

Cooling off Period

Policyholders have 14 days from the receipt of the *Policy* documents or 14 days from the *Annual Renewal* date to cancel the contract if they do not wish to go ahead with it.

If the *Policyholder* or the *Company* (if they are paying the premiums) wishes to cancel the *Policy* the *Policy* documents must be returned to *Us* within 14 days. Please send them to: Westfield Health (HTI Team), Westfield House, 87 Division Street, Sheffield S1 1HT. Providing *We* have not paid a claim in the current *Period of Cover*, *We* will make a refund in full of any premium paid for that *Policy Year*.

Cancellations

At any other time, and provided *We* have been notified at least 10 working days in advance of the required cancellation date, the *Policyholder,* or the *Company* (if they are paying the premiums), may cancel this *Policy.* In the event of cancellation, if premiums are paid annually, premiums will be refunded on a pro rata basis (if applicable) for the remainder of the current *Policy Year*.

If premiums are paid on a monthly basis by Direct Debit, premium payments will cease from the next instalment date, providing that 10 working days notice has been given.

However, if a claim has been made during the current *Period of Cover:*

- *We* will not refund any premium.
- The *Policyholder* or the *Company* must pay *Us* the balance of the full annual premium if they are paying the premium by instalments.

For adding or deleting *Employees* and *Dependants* to Group Schemes please also refer to Section 9.

Terminating a *Policy*

We reserve the right to refuse to renew or to cancel this *Policy* at any time despite any other terms of this contract if:

1. Under the terms and conditions of the PatientChoice Hospital Treatment Plan the *Policyholder* is not eligible to hold a *Policy*.
2. *You* or the *Company* provided false information and/or failed to disclose all the relevant required information with an application for cover.
3. *You* provided false information and/or failed to disclose all the relevant required information when *You* submitted a claim.
4. *You* fail to comply with *Our* request for information relating to a claim or an application for cover.
5. *You* submit a claim that is fraudulent or that *We* reasonably believe to be intentionally false, and/or misleading, and/or exaggerated.
6. *You* act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of *Our* organisation, or one of *Our* suppliers.
7. *You* fail to abide by any of the terms and conditions of the PatientChoice Hospital Treatment Plan.
8. *We* have not received payment of premiums due and payable to *Us* within 30 days of the normal due date.

If *We* cancel the *Policy You*/the *Company* will not have any right to make any further claim on the plan. In addition, *We* may also seek to recover any monies from *You*/the *Company* that have been paid to *You*/the *Company* that *You*/the *Company* were not due to under the Terms and Conditions of this plan.

If premiums for *Your* cover have been paid in advance *We* may refund premiums paid beyond the date for which *You* have had the benefit of cover. However, *We* retain the right to withhold such premiums if *You*/the *Company* owes *Us* money.

We will notify the *Policyholder* and/or the *Company* in writing of *Our* reason for cancelling *Your* cover and the *Policyholder* has the right to appeal to *Us* through *Our* published Complaints Procedure, which is available on request.

If the *Policy* is terminated *We* will not accept *You* for cover with *Us* again on any Westfield Contributory Health Scheme plan.

7. Policy Benefits

Important please note that:

- There can be no absolute guarantee that the benefits offered by the PatientChoice Hospital Treatment Plan will cover the cost of every insured *Out Patient Event* or insured *Medical Procedure*, although the benefits have been designed to do so.
- If the cost of an *Out Patient Event* or *Medical Procedure* is more than the benefit entitlement then *You* will be responsible for paying any top up required *Yourself*.
- Extended medical treatment due to unforeseen complications, which are not covered by a *Fixed Price* package for a *Medical Procedure*, may result in the total bill exceeding the amount of cover.

Section 1 – Out Patient Benefits: Premier and Access cover

What this *Policy* covers

If *You* have Premier or Access cover this section covers *You* for certain defined *Out Patient Events* except when the *Out Patient Event* is specifically excluded by this *Policy*. Please refer to Section 8. Policy Exclusions.

Out Patient *Table of Benefits*

PRIVATE OUT PATIENT BENEFITS

If *You* choose to have an *Out Patient Event* privately, once *We* have received all the necessary paperwork, *We* will pay *Your* costs up to the amount specified in the table to the right.

This section is subject to an excess as defined below.

Excess

Unless otherwise stated in *Your Policy Certificate*, Out Patient PRIVATE BENEFITS are subject to an **excess of *£100* for each *Insured Person* per *Policy Year***. This excess is the amount of money that *You* have to pay towards the cost of private *Out Patient Events* that are covered under this *Policy* and will be deducted from the benefit that *We* will pay *You* for the first private *Out Patient Event* in each *Policy Year*.

Please note that:

- *You* must be referred by *Your General Practitioner* for a *Specialist Consultation*.
- *You* must be referred by *Your Medical Specialist* for a *CT, MRI* or *PET Scan*.
- *You* must be referred by *Your Medical Specialist* for a *Diagnostic Test**.
- there is an annual excess applicable to the Out Patient section (see above).

* Diagnostic Tests are included in Premier cover ONLY.

Band	Out Patient *Event* Description	PREMIER Private Out Patient Benefit
Band A	*Specialist Consultations and Diagnostic Tests*	Up to *£1,000* per *Policy Year*
Band B	*CT* and *MRI Scans*	Up to *£1,500* per *Policy Year*
Band C	*PET Scans*	Up to *£1,500* per *Policy Year*

Band	Out Patient *Event* Description	ACCESS Private Out patient Benefit
Band A	*Specialist Consultations*	Up to *£300* per *Policy Year*
Band B	*CT* and *MRI Scans*	Up to *£750* per *Policy Year*
Band C	*PET Scans*	Up to *£1,500* per *Policy Year*

NHS OUT PATIENT BENEFITS

If *You* choose to have an *Out Patient Event* within the *NHS*, once *We* have received all the necessary paperwork, *We* will send *You* or *Your* employer (if *Your* employer has purchased this cover on *Your* behalf) a payment for the amount stated in the NHS benefit section.

Please note that:

- You or *Your* employer can only claim once per Band (A, B or C) per *Policy Year* for NHS Benefits

Band	Out Patient *Event* Description	PREMIER NHS Out Patient Benefit
Band A	*Specialist Consultations* and *Diagnostic Tests*	*£50* per *Policy Year*
Band B	*CT* and *MRI Scans*	*£75* per *Policy Year*
Band C	*PET Scans*	*£100* per *Policy Year*

Band	Out Patient *Event* Description	ACCESS NHS Out Patient Benefit
Band A	*Specialist Consultations*	*£50* per *Policy Year*
Band B	*CT* and *MRI Scans*	*£75* per *Policy Year*
Band C	*PET Scans*	*£100* per *Policy Year*

Section 2 – In-Patient Benefits: Premier, Access and Essential cover

What this *Policy* covers

This section covers *You* for *Medical Procedures* which are not specifically excluded by this *Policy*.

Medical Procedures are defined as an intervention carried out by a *Medical Specialist* in a *Hospital* involving one of the following:

1. A general anaesthetic.
2. A regional or local anaesthetic in conjunction with an incision involving a surgical knife.
3. *Endoscopic* (fibre optic) procedures.
4. *Angiography* and *Angioplasty*.
5. *Chemotherapy* and *Radiotherapy* when used as adjuvant therapy not more than 180 days after *Cancer* related surgery.

Medical Procedures are allocated a *Classification of Medical Procedure* according to their complexity.

Band 1 is the least complicated procedure and *Band 12* the most. The *Schedule of Procedures* contains a full listing of the category allocations and is available at www.patientchoice.co.uk or upon request from *PatientChoice*.

***You* may claim for up to 3 *Medical Procedures* in any *Policy Year* for each *Insured Person*.**

You may submit a claim after *Treatment* has been received providing that a claim form is received by *Us* within 6 months of the *Treatment* date and provided that *You* have had prior approval from *Us*.

If *You* undergo more than one planned *Medical Procedure* at the same time, *We* will pay for the procedure in the highest *Band* only. Exceptions to this are *Bilateral Procedures* where *We* will pay one *Band* higher than the cost of the procedure performed on a single side unless otherwise indicated.

If, at the time of *Your* initial *Medical Procedure*, *You* suffer a *Surgical Complication* and require a more serious procedure, *We* will pay the cost of the higher banded procedure in accordance with the *Schedule of Procedures*, unless *Your Treatment* is part of a *Fixed Price* package.

The *Policy* does not cover *You* for complications which exceed the applicable benefit limit unless the complications are a separate *Medical Procedure* as determined by the *Schedule of Procedures*.

Any further *Medical Procedures* after the initial *Treatment* will be treated as a separate claim.

In-Patient *Table of Benefits*

PRIVATE HOSPITAL BENEFITS

If *You* choose to receive *Treatment* in a *Private Hospital*, once *We* have received all the necessary paperwork, *We* will pay *Your Hospital* costs as well as any related costs up to the amount specified in the table below and in accordance with the *Classification of Medical Procedure*.

Classification of Medical Procedure	**PREMIER, ACCESS AND ESSENTIAL Private Hospital Benefits per *Medical Procedure***
Chemotherapy and *Radiotherapy*	*£15,000*
Band 1	*£850*
Band 2	*£1,500*
Band 3	*£2,500*
Band 4	*£3,500*
Band 5	*£4,500*
Band 6	*£6,000*
Band 7	*£7,500*
Band 8	*£10,000*
Band 9	*£12,500*
Band 10	*£15,000*
Band 11	*£20,000*
Band 12	*£25,000*

NHS HOSPITAL BENEFITS

If *You* choose to receive *Treatment* within the *NHS*, once *We* have received all the necessary paperwork, *We* will send *You* or *Your* employer (if *Your* Employer has purchased this cover on *Your* behalf) a payment according to the *Classification of Medical Procedure* as stated in the following table:

Classification of Medical Procedure	**PREMIER, ACCESS AND ESSENTIAL NHS Hospital Benefits per *Medical Procedure***
Chemotherapy and *Radiotherapy*	*£3,500*
Band 1	*£200*
Band 2	*£350*
Band 3	*£650*
Band 4	*£850*
Band 5	*£1,200*
Band 6	*£1,500*
Band 7	*£2,000*
Band 8	*£2,500*
Band 9	*£3,000*
Band 10	*£3,500*
Band 11	*£4,000*
Band 12	*£5,000*

8. Policy Exclusions

Specific Exclusions

The *Policy* will not pay claims which are, or arise from any of the following:

Premier cover only

1. Any out patient investigations that are not *CT, MRI*, *PET Scans* or *Diagnostic Tests* as defined by this *Policy*.

Access cover only

2. Any out patient investigations that are not *CT*, *MRI* or *PET Scans*: including but not limited to blood tests, X rays, ultrasound scans, urodynamics and DEXA scans.

Essential cover only

3. Procedures which solely involve needle injections, needle biopsies, or needle procedures for *Diagnostic* or therapeutic reasons with or without radiographic guidance.
4. *CT*, *MRI* or Ultrasound scans or procedures requiring *CT*, *MRI* or Ultrasound scans for guidance, such as *CT* guided needle biopsies.
5. *Treatment* relating to *Chronic Conditions*.

Premier and Access cover

6. Physiotherapy, psychiatry and specialist consultations relating to mental health.
7. Consultations, Scans and *Treatments* relating to *Chronic Conditions*.
8. Procedures which solely involve needle injections, needle biopsies or needle procedures for *Diagnostic* or therapeutic reasons, unless occurring as part of a *CT or MRI Scan* as an out patient benefit.

Premier, Access and Essential cover

9. *Pre Existing Conditions* – Unless otherwise specified, *Pre Existing Conditions* and *Related Medical Conditions* that *You* have suffered from in the 3 year period prior to becoming insured under this *Policy* will not be covered. These may become covered once *You* have been free of symptoms, treatment or *Advice* for 2 continuous years from *Your Commencement Date*. Eligible new conditions will be covered under this *Policy* if first *Diagnosed* after *Your Commencement Date*.
10. *Emergency Procedures*.
11. *Procedures* which are not one of the following:
    - *Medical Procedures* requiring a general anaesthetic.
    - *Medical Procedures* requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife.
    - *Endoscopic Procedures*.
    - *Angiography* and *Angioplasty*.
    - *Chemotherapy* and *Radiotherapy* when used as adjuvant therapy not more than 180 days after *Cancer* related surgery.
12. Insertion of hormonal or therapeutic implants.
13. Correction of Congenital Abnormalities.
14. Procedures carried out on a person less than 12 months old.
15. Cosmetic Treatment – whether or not it is for psychological or religious purposes including following an accident, injury or illness.
16. Dental Conditions – any dental condition or dentistry, including gum conditions and wisdom tooth extraction.
17. Fertility or Infertility Treatment – or any treatment relating exclusively thereto.
18. Gender Reassignment or any treatment whether or not it is for psychological purposes.
19. Organ Transplants or Donations.
20. Pregnancy and/or Childbirth – or any treatment or investigations relating to pregnancy or childbirth including foetal operations.
21. Procedures relating to colposcopy other than knife cone biopsies.

22. Endoscopies – the following endoscopies are excluded unless they are carried out as part of an examination under general anaesthetic (GA):
    I. nasal sinus endoscopy;
    II. pharyngoscopy;
    III. laryngoscopy;
    IV. flexible and rigid sigmoidoscopy;
    V. hysteroscopy.
23. Renal Failure – supportive treatment including dialysis.
24. Vasectomy.
25. Services or treatment at any long term care facility, nursing home, spa hydro clinic or sanatorium that is not a *Hospital*.
26. Any other *Exclusion* as listed in *Your Policy Certificate*.

General Exclusions – Premier, Access and Essential cover

The *Policy* will not pay claims which are, or arise from, any of the following:

27. *Medical Conditions* either directly or indirectly arising from or associated with alcohol, solvent abuse, and/or drug dependency.
28. *Your* failure to seek and follow the medical advice of a *Medical Specialist* relating to the treatment of a specific condition.
29. Self inflicted injuries, illness, disease or any condition intentionally self inflicted or self infected or arising from suicide attempts, including treatment required as a result of attempted suicide.
30. Psychiatric treatment – *Treatment/Out Patient Events*, associated with psychiatric conditions and any *Related Medical Condition*.
31. *Treatment/Out Patient Events,* directly or indirectly arising from, or as a consequence of:
    I. War, riots, civil disturbances, *Terrorism* or acts against any foreign hostility, whether war has been declared or not.
    II. *Terrorism* whether or not this involves the use or release or threat thereof of any nuclear weapon or any chemical or biological agents.
    III. Natural perils and nuclear risks.
    IV. A pandemic illness.
    V. Any criminal action *You* have undertaken.
32. *Treatment/Out Patient Events*, directly or indirectly arising from or as a consequence of:
    I. Work that involves handling explosives, toxic chemicals, deep sea diving or outdoor activity at heights above 50 feet.
    II. Professional Sports where a fee is received for training or playing.
    III. Injury sustained whilst participating in dangerous or hazardous sporting activity including, but not limited to: mountaineering; rock climbing; motor sports including motor cycle sport; aviation other than as a fare paying passenger; ballooning; bungee jumping; hang gliding; microlighting; parachuting; paragliding or parascending; potholing or caving; power boat racing; white water rafting; competitive yachting or sailing; bobsleighing; competitive canoeing or kayaking; judo or martial arts; scuba diving or extreme sports such as free diving; base jumping, ski racing and ice climbing.
    IV. Development delay learning and/or language disabilities.
    V. Any sexually transmitted disease.

9. Adding and Deleting Company Employees and Dependants to the Policy (Group Schemes)

Adding *Company Employees* and *Dependants*

Cover for new eligible *Employees* and their *Dependant(s)* can be obtained by either writing to *Us* or if required by submitting a Group Membership *Application Form* to *PatientChoice* in advance of the required *Commencement Date*.

If premiums are paid annually, the premium for new *Employees* and their *Dependant(s)* that join mid term will be calculated on a pro rata basis.

If premiums are paid on a monthly basis by Direct Debit, the premium for new *Employee(s)* and their *Dependant(s)* that join mid term will be one monthly premium for each month and part month that they are covered under this *Policy*.

Deleting *Company Employees* and *Dependants*

Employee(s) and their *Dependant(s)* may be deleted from the *Policy* providing that 10 working days notice is received in advance of the required cancellation date.

If premiums are paid annually, *Employee(s)* and their *Dependant(s)* may be deleted mid term with the premium refunded on a pro rata basis.

If premiums are paid on a monthly basis by Direct Debit, *Employee(s)* and their *Dependants(s)* may be deleted mid term and the premium will be recalculated as one monthly premium for each month and part month that they are covered under this *Policy*.

10. General Policy Conditions

1. Who is Covered?
   - Any individual named as an *Insured Person* on the *Policy Certificate*, but only if they reside in the United Kingdom for 180 days or more per year;
   - *Dependants* who are detailed in the *Policy Certificate;*
   - Newborn children may only be covered under this *Policy* from the date that they become one year old and providing a written application is made to and accepted by *Us*.
2. Claims – This *Policy* provides cover for *Treatment/Out Patient Events* received while *You* are covered under this *Policy*.
3. All operations and covered *Medical Conditions* under this *Policy* are graded into 12 *Bands* in accordance with the *Schedule of Procedures*, which is available at www.patientchoice.co.uk or upon request from *PatientChoice*.
4. *You* can claim for up to 3 separate *Medical Procedures* in any *Policy Year* per *Insured Person* under the In-Patient Section of this *Policy*.
5. The maximum amount that *You* may claim under this *Policy*, over all *Policy Years* (the life-time of *Your* cover on a PatientChoice Hospital Treatment Plan), is limited to *£250,000* per *Insured Person*.
6. Payment of cash sums will be made to either *Yourself*, a legally appointed nominee or in the event of the death of the *Policyholder*, legal representatives of the deceased's estate. *NHS* cash benefit will be paid to the *Company* if they are paying the premium for *Your* cover.
7. Premiums – *Your* premium together with the Insurance Premium Tax (IPT) is payable by the *Policyholder* or the *Company* at the *Commencement Date* of this *Policy* and in monthly or annual instalments thereafter. *We* reserve the right to cancel this *Policy* should the premium not be paid within 30 days of the normal due date.

8. Moratorium – Unless otherwise specified, *Pre Existing Conditions* (and *Related Medical Conditions*) that *You* have suffered from in the 3 year period prior to becoming insured under this Policy will not be covered but may become covered once *You* have been free of symptoms, treatment and *Advice* for 2 continuous years from *Your Commencement Date*. Eligible new conditions will be covered immediately.

9. Revision of terms – *We* may vary the *Table of Benefits* and *Schedule of Procedures* to reflect any changes in technology and the cost of treatment. Any such review will pay due regard to the original aims and intentions of this *Policy* and to the interests of all PatientChoice Hospital Treatment Plan policyholders. *We* will notify the *Policyholder* and/or the *Company* in writing in advance of any changes. *We* may vary the premiums from time to time to reflect the actual and expected claims experience of all PatientChoice Hospital Treatment Plan products. Group or affinity business and individual business will be considered separately. At each *Annual Renewal Date* of this *Policy, We* will notify the *Policyholder* and/or the *Company* of any changes to the premiums payable under this *Policy.* Any such notification will be made in writing.

10. *We* reserve the right to amend the *Administrator* to this scheme and any change will be notified in advance in writing.

11. *You* must inform *Us* at the time of making a claim whether the cost of *Treatment/Out Patient Events* are covered under another contract of insurance. *We* reserve the right to reduce benefits if payment is made by another insurer.

12. *You* must inform *Us* whether the cost of *Treatment/Out Patient Events* could be recovered from a Third Party. *We* may commence proceedings in *Your* name against a Third Party to recover benefits that have been paid under this *Policy* by *Us.*

13. This *Policy,* along with the *Policy Certificate, Application Form, Table of Benefits* and the *Schedule of Procedures* are evidence of the insurance contract. Once *Your* application to register for cover has been accepted by *Us*, this *Agreement* shall be governed by and construed in accordance with the Laws of England and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of England in respect of any dispute or difference between them arising out of this *Agreement*.

14. A person who is not a party to this *Agreement* shall not have any rights under or in connection with it by virtue of the Contracts (Rights of Third Parties) Act 1999 except where such rights are expressly granted in these terms and conditions but this does not affect any right or remedy of a third party which exists, or is available, apart from that Act. The rights of the parties to terminate, rescind or agree any variation, waiver or settlement under this *Agreement* is not subject to the consent of any person that is not a party to this *Agreement*.

15. In accordance with regulatory guidance *We* confirm the language *We* will use for communication purposes: It is English.

16. *We* are required to notify *You* that there may also be other taxes or costs which are not paid through, or imposed by, the insurance underwriter.

11. Data Protection/ Fair Processing Notice

Information provided to *Us* or collected concerning *Your* plan in the future will be used by *PatientChoice*, or selected third parties to:

- provide the benefits for which *You* have applied;
- maintain *Your* records;
- manage the underwriting and/or claims handling procedures (including *Your Dependants'* claims);
- prevent and detect fraud.

This will include the recording and monitoring of Sensitive Personal Data such as health and medical conditions for all claims processed under The PatientChoice Hospital Treatment Plan.

This information may be shared with:

- other insurance providers;
- police and enforcement agencies;
- the *Company* (if they are paying some or all of the premium for *Your* cover) where *We* have a reasonable belief that the claims activity is in serious breach of *Our* terms and conditions and/or may be fraudulent.

In the interests of continuously improving *Our* services to customers and for training purposes telephone calls to *PatientChoice* will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

Whenever the *Company* passes information about *You* to *PatientChoice We* will process the information in accordance with all applicable data protection and medical information laws and regulations. By collecting such information from the *Company PatientChoice* relies on the *Company's* compliance with all data protection legislation. The *Company* warrants that whenever they transfer personal data (including any medical or other sensitive personal data) to *PatientChoice* for the purposes set out in this *Policy* that they have full authority to do this, and do so in accordance with applicable laws and regulations.

Where *You* have provided information about another person *You* should ensure that *You* have their consent to do so. For a small fee *You* are entitled to a copy of the information which *We* hold about *You* by writing to the Data Subject Rights Officer, Westfield Contributory Health Scheme Limited, 87 Division Street, Sheffield S1 1HT, telephone **0114 250 2000**.

Marketing Preferences

We may occasionally use *Your* contact information to contact *You* by post, email, text or phone with marketing offers and details of *Our* other products and services. To opt out please contact *Us* at the above address. *We* may also share all contact details with other selected organisations who may contact *You* by post or phone about other products and services. To opt out please contact *Us* at the above address. If *You* are also happy to receive emails/ texts from these other selected organisations please contact *Us* at the above address.

Notes

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