Policy Document

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Exeter Friendly Society

Private Medical Insurance
UK & International

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Introduction

Thank you for choosing Exeter Friendly Society as your private medical insurer. This booklet sets out the private medical insurance cover available to you as a ***member*** of Interplan Expat. It also contains the full current rules, together with definitions of some of the terms used, and explains how to make a claim.

Please take a little time to read this booklet, together with your ***Policy Certificate***. If anything is unclear to you, please call Customer Support on +44 1392 35 35 00 (Monday to Friday 9am - 5pm GMT) or contact your local advisor, who will be happy to help you. The information in this Policy Document is valid only for cover from 1 January 2009. Amendments to its terms for renewals in subsequent ***years*** will be notified to ***policyholders*** with renewal documentation.

Definitions

Where the following words or expressions appear in this document, they have the specific meaning set out below. To help you identify these words or expressions, they are shown in ***bold italics*** throughout this document, and may be referred to in the singular and/or plural. Where a person is referred to in the masculine, it includes persons of both genders.

Accommodation

The charge made by a hospital for ***in-patient treatment*** or ***day-patient treatment***. The charge includes the cost of the bed, meals, routine nursing and housekeeping.

Acute Condition

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

Benefit

The amount that may be payable by ***us*** under the ***policy*** in respect of any eligible claim.

Cancer

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

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

Customary And/Or Reasonable Fees

By ***customary and/or reasonable fees we*** mean the expected fees charged for ***treatment***, facilities or equipment in the country or locality in which they are received, based on the fees charged to the majority of ***our members*** for those services in that location.

Day

A period of 24 hours.

Day-Patient

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

Diagnostic Tests

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

Emergency Admission

An unplanned admission to any hospital (either state run or private) including (but not limited to) any admission arising from, and within a ***day*** of, a consultation with a primary carer or ***specialist***.

Family Member

Your partner and ***your*** unmarried children (and those of ***your*** partner) under the age of 21 at the commencement of cover or any subsequent ***renewal date*** and who are included on ***your policy***. By partner, ***we*** mean ***your*** husband or wife or the person with whom ***you*** live permanently in a similar relationship. By children, ***we*** mean any child for whom ***you*** or ***your*** partner holds the position of a legal guardian.

Home Nursing

Skilled nursing by a qualified ***nurse*** at home immediately following ***in-patient treatment*** or ***day-patient treatment***. The nursing must be recommended and supervised by the ***specialist*** who treated the ***member***, and required for medical as opposed to domestic reasons.

In-Patient

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

Member

You and any ***family member*** included in ***your policy*** and named on ***your Policy Certificate***.

Oncology

The specialist ***treatment*** of ***cancer***, which includes radiotherapy and chemotherapy. The ***specialist*** is called an oncologist.

Orthoses

Additional equipment designed to be used externally, including but not limited to the following: shoe inserts, neck supports and wrist braces.

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***.

Plan

Any one of the private medical insurance schemes provided by the ***Society***.

Policy

The written agreement with the ***Society*** under which you are entitled to claim ***benefits*** contained in the documents listed in rule 1.1.

Policy Certificate

The document issued by the ***Society*** as evidence of your ***policy***.

Policyholder

The person who has taken out the ***policy***, and is identified as such on the ***Policy Certificate***.

Pre-admission Tests

A clinical assessment required to determine a patient's fitness and suitability for anaesthesia and surgery, which may also detect unsuspected conditions that might affect the patient’s surgery. These tests are not diagnostic.

Pre-existing Condition

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 five years before the start of your cover.

Premium

The amount payable to the ***Society*** for ***members*** to belong to a ***plan***.

Primary Care

Primary care physician consultations, plus ***diagnostic tests*** ordered by the ***primary care physician***.

Primary Care Physician

A General Practitioner (GP), Dentist or Optician.

Professional Sport

A sport where a fee or benefit in kind is received, paid or made available, either directly or indirectly, for playing, training or any other reason.

Prosthesis

An internal, permanent replacement of a missing body part but specifically excluding artificial limbs, artificial heart pumps or cochlear implants.

Qualified Nurse

A nurse who is on the Professional Register of Nursing in the country in which the ***treatment*** is received.

Reasonable And/Or Customary Fees

See ***Customary And/Or Reasonable Fees***.

Renewal Date

The anniversary of when your ***policy*** began, or any other date determined by the ***Society*** in writing.

Society

Exeter Friendly Society Limited.

Specialist

A healthcare professional to whom a ***member*** is referred by his medical practitioner or other ***primary care physician*** for secondary care. This person must have the appropriate qualifications and be on the GMC Specialist Register, or equivalent ***overseas*** and must belong to a recognised professional regulatory body.

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, Northern Ireland, Channel Islands and the Isle of Man.

We/Our/Us

Exeter Friendly Society Limited

Year

A period of twelve calendar months from the date the ***policy*** began or from any subsequent ***renewal date***.

You/Your

When printed in ***bold italics***, ***you/your*** refers to the ***policyholder***. When printed in plain type, you/your refers to any persons included on the ***policy.***

Language Used and Law Applicable

When providing services under your ***policy***, the language ***we*** will use will be English. In accepting ***our*** service you agree that the law of England and Wales will determine the establishment and performance of your ***policy***, subject to ***our*** compliance with any local regulation or legal requirements. In respect of performance and formation of this arrangement, you agree that the courts of England and Wales have exclusive jurisdiction.

Demands and Needs Statement

Interplan Expat is designed for persons living in Europe and who are looking to insure against the costs of private ***treatment***, received on an ***in-patient, day-patient*** or ***out-patient*** basis, for ***acute conditions*** that arise after joining the ***Society***.

In selecting Interplan Expat you acknowledge that cover is not available for the ***treatment*** of medical conditions that the ***Society*** deems as chronic in nature, nor for the conditions listed as not covered in Section 8 of the rules contained within this Policy Document.

You also recognise that cover is limited according to the level selected as detailed in the Table of ***Benefits*** and rules described in this Policy Document and that, therefore, in certain circumstances, the ***benefits*** available may not fully cover the costs of ***treatment***.

You have accepted that all ***premiums*** and ***benefits*** are calculated in sterling and, therefore, you may be affected by movements in exchange rates.

If taking one of the voluntary ***excess*** options in order to reduce the ***premium*** payable, you accept that the ***benefits*** which would otherwise be payable in respect of each person covered by your ***policy*** in any ***year***, will be subject to a deduction equal to the amount of ***excess*** taken.

Other Products

If your demands and needs have changed since you took out your current cover, or are no longer met by the terms of your ***policy***, please call ***us*** on +44 1392 35 35 00 and ask for the Policy Review Team or, if applicable, consult with the intermediary who arranged your ***policy***.

The ***Society*** has a range of Private Medical Insurance plans available that may be more suitable for you including the following:

Exeter Care - A traditional ***plan*** designed for persons resident in the ***United Kingdom***.

Shared Care - A flexible ***plan*** for residents of the ***United Kingdom*** where the insured agrees to cover a portion of eligible ***treatment*** costs in return for a significantly reduced ***premium***.

Interplan Euro - A ***plan*** designed for persons living in Europe, where all ***benefits*** and ***premiums*** are payable in euro.

Resident Health Plan - A ***plan*** designed for those persons living in Europe. ***Premiums*** and ***benefits*** are payable in euro. Unlike Interplan Euro this is not an age-at-entry plan and, therefore, ***premiums*** increase

every ***year*** because of both age and the main factors influencing ***premium*** rates. This ***plan*** includes a compulsory ***excess***.

Interplan Worldwide - A ***plan*** designed for persons predominantly resident outside Europe.

Our Policy Review Team will be happy to talk you through these options. ***We*** recognise that in re-assessing your insurance needs you may wish to consider the range of ***plans*** available across the private medical insurance market as well as the ***Society***. If so, ***we*** recommend that you consult the intermediary who arranged your ***policy***, if applicable. Alternatively, if you purchased your ***policy*** direct from the ***Society***, ***we*** are able to provide you with a list of intermediaries specialising in medical insurance who would be able to assist you with this.

Important Notes For New ***Policyholders***

Please bear in mind that utmost good faith is a very important principle in insurance. ***Your*** signed and dated application form is an integral part of your ***policy*** and the cover ***we*** provide. If it contains materially incorrect or incomplete facts ***we*** have the right to refuse payment of a claim or cancel your cover.

You should therefore have taken the greatest care to ensure that ***you*** completed the application form fully and accurately, and that you did not withhold any material facts that may affect the terms of acceptance.

Please Note - if any changes occur, or have occurred, in the facts given by you between the date on which you completed your application form and the date your ***policy*** becomes effective, you must inform the ***Society*** immediately.

Please check carefully all the documents sent to ***you*** by the ***Society*** to ensure that the insurance cover meets your requirements. Your ***policy*** will not be activated until ***we*** receive confirmation of your acceptance of the ***policy*** terms.

If you are not entirely satisfied with the terms of ***your policy*** with the ***Society*** and the extent of the ***benefits*** provided, ***you*** may cancel your cover.

We will cancel ***your policy*** if ***you*** advise ***us*** that ***you*** wish to cancel the cover not later than 14 days after ***we*** confirm ***your*** cover to ***you*** or 14 days after the commencement date of the ***policy*** if later.

We will refund ***premium*** payments made under the ***policy*** less a sum representing a fair ***premium*** for the period for which the ***policy*** was on risk, calculated on a pro rata basis.

Age At Entry Pricing Explained

Introduction

Many of the ***Society's*** products are priced on an "Age at Entry" basis; "The age you join is the age you stay". The purpose of this section is to explain:

- what this approach means for you in practice
- the assurances that are being offered
- what is guaranteed and what is not.

Brief summary

Put simply, the ***Society's*** approach means that your ***premium*** will not increase solely because you (as an individual) get older, provided that your cover remains unchanged. Your ***premium*** is determined by the age at which you joined the ***Society***, rather than your age at each renewal (see "Dependent children" on page 10 for an explanation of how this is applied to any children included on your ***policy***).

It does not mean that your ***premium*** will not increase at all. Indeed the expectation is that your ***premium*** is likely to increase ***year***-on-***year*** because of a variety of factors (see "Factors influencing ***premium*** rates" below) and generally at a rate greater than retail price inflation. However, the ***Society's*** policy means that your ***premium*** should rise more gradually as you get older because it will only move in line with the increases required to keep the ***plan*** as a whole on a sound financial footing and not because your age increases.

In general the cost of Private Medical Insurance increases significantly with age and with most insurers your ***premium*** would rise more rapidly as you got older.

What is guaranteed?

The ***Society*** guarantees that your ***premium*** in any future ***year*** will always be calculated with reference to the age at which you joined the ***Society***, for as long as you remain a ***member*** of the same ***plan*** with the same cover (including any optional ***excess***). This means that you will pay a lower ***premium*** than an otherwise identical ***member*** on the same ***plan*** and level of cover, provided you joined at an earlier age.

If your ***plan***, ***excess*** or level of cover is changed, the ***Society*** may change the age on which your ***premium*** is based.

What is not guaranteed?

The ***Society*** does not guarantee the level of ***premium*** that you will be charged in future ***years***. Within the constraints set out in the previous section, the ***Society*** has complete discretion to alter the ***premium*** rates for a particular ***plan*** and level of cover.

The ***Society*** does not guarantee the level or continuing existence of any discounts that may have been granted in the past.

The ***Society*** will be guided by the need to ensure its continued financial well-being and to meet statutory levels of solvency. This need will, if necessary, take precedence over the approach outlined in this section.

What if I change my cover?

In general, if the ***Society*** considers that the extent of your cover is reduced then you will be allowed to remain on your original age at entry (provided that the ***plan*** to which you are transferring is also age-at-entry). However, if the ***Society*** considers that the extent of your cover has been increased then you will normally be "re-age-rated", i.e. your new ***premium*** will be calculated with reference to your age at the time of the change. In this context the ***Society*** may consider any of the following to mean an increase in cover: a change to a ***plan***, or level within a ***plan***, that offers higher ***benefits***, and/or a reduction in the amount, or removal, of an optional ***excess***.

This is because the age-at-entry pricing structure that the ***Society*** operates relies on an element of pre-funding and cross-subsidy; i.e. some of the ***premiums*** that you and other ***members*** pay in the early ***years*** of your ***policies*** will contribute to the reserve set up to meet claims arising in the later years of those ***policies***. However, if you increase your level of cover then the ***premiums*** that you will have contributed to the reserve will not reflect the expected future claims under your increased level of cover. Therefore, in order to ensure fairness to other ***members***, the ***Society*** "re-age-rates" ***members*** when the extent of their cover is increased.

Factors influencing ***premium*** rates

Increases to ***premium*** rates are applied on each annual ***renewal date*** of your ***policy***. In general the ***Society*** will aim to ensure that ***premiums*** for each ***plan*** and ***plan*** level are at least sufficient to cover the expected claims and expenses over the long term. From time to time the ***Society*** may decide that ***premiums*** need to be lower or higher than this in order to use up or accumulate some of its reserves and to ensure fairness to its members.

The main factors which influence the ***premium*** increases are:

- the recent incidence of claims within your ***plan*** and level of cover
- the size (i.e. monetary amount) of those claims
- expected future changes in claim patterns
- changes to the ***benefits*** covered by your ***plan***
- expenses of running the business including Insurance Premium Tax and other government taxes and levies
- investment returns on the ***Society's*** reserves
- the current level of ***premiums*** relative to the above factors
- the impact of inflation
- changes in the membership profile within a ***plan*** or level of cover
- the level of reserves held by the ***Society***
- statutory solvency and other requirements.

Friendly society status

Because ***we*** are a friendly society all surpluses are retained for the benefit of members rather than being paid out to shareholders. This may lead to:

- improved security of ***benefits*** through the ***Society's*** increased financial strength
- more generous cover on the ***Society's plans***
- ***premiums*** being held at a lower level than would otherwise have been the case.

However, because ***we*** have no shareholders the ***Society's*** only source of capital is its members, so ***we*** have a duty to ensure that the ***Society*** remains financially strong at all times in order to protect members' ***benefits***. Therefore the ***Society's*** continued financial well-being will always be an overriding objective in the setting of ***premiums***.

Paying Your ***Premium***

The ***policyholder*** is responsible for ensuring that ***premiums*** are paid on time. Sometimes ***policyholders*** arrange for someone else to pay the ***premiums*** on their behalf. ***We*** will only send information about ***premiums*** and other correspondence about the administration of the ***plan*** to the ***policyholder*** and so the ***policyholder*** must pass this to the person who pays the ***premium***. The ***policyholder*** retains ultimate responsibility for all matters concerning the payment of the ***premium***.

Premiums for this ***plan*** must be paid using one of the following payment methods. Direct Debit payments must be from a ***United Kingdom*** bank account. Only annual Direct Debit (i.e. by one instalment) attracts a ***premium*** discount of 5%:

- annually by Direct Debit (5% discount)
- monthly by Direct Debit
- annually by credit card (Visa or Mastercard only)
- annually by cheque made payable to Exeter Friendly Society.

Please note: ***we*** do not accept payment by American Express.

Renewing Your ***Policy***

Your ***policy*** with the ***Society*** will run initially for a ***year*** from the date on which you first join. This means that you do not have to commit yourself to a long-term contract, and you can reconsider your position each ***year***.

Equally, ***we*** are not committed to remaining your medical insurer for more than one ***year*** at a time. However, ***we*** appreciate that you may wish to have some assurance that you will be able to renew your cover each ***year***. You can generally expect to be able to renew ***year*** after ***year*** at the ***premium*** ***we*** quote for the coming ***year*** for the ***plan*** (and the level of ***benefits***) to which you currently belong, as long as the ***plan*** is still being offered. By this, ***we*** mean that ***we*** will never arbitrarily or unreasonably refuse to renew your ***policy***. In rare cases, where ***we*** decide that the ***policy*** should not be renewed, ***we*** will always give you due notice of ***our*** intention to refuse renewal.

Some reassurance about renewal may also be of value for the following reason: although the ***Society*** does not normally cover ***pre-existing conditions***, if you continue your ***policy***, ***we*** will regard the date on which you joined the ***Society*** as the date for considering whether or not your condition is looked upon as pre-existing.

Where renewal is offered, ***we*** will write to ***you*** at least 21 days before your ***renewal date*** confirming the terms of your cover for the coming ***year***, including the revised ***premium*** to be paid. If you have a Direct Debit arrangement in place to pay your ***premium***, ***we*** will continue to apply that arrangement to your ***policy***, at the revised rate, unless ***we*** hear from you to the contrary.

Dependent children

If you include a child on your ***policy***, please note that they may continue to be covered until your first ***renewal date*** on or after their 21st birthday. At this date, they may continue their existing cover by taking out a ***policy*** in their own right and

their ***premium*** will initially be calculated by reference to the rate applicable to a 21 year-old ***policyholder***, and will remain calculated according to that age, unless of course they subsequently break and/or change their cover (see "Age At Entry Pricing Explained" on page 7).

Cancelling Your *Policy*

If you wish to cancel your ***policy***, please contact ***us***, and ***we*** will effect the cancellation as soon as is allowed under the rules of your ***plan***. If you notify ***us*** within 14 days of the commencement of your ***year***, ***we*** will refund any ***premiums*** already paid for that ***year***, less an amount of ***premium*** to cover the period your ***policy*** was on risk. This is your statutory right to cancel. If you do not exercise this right, you can only terminate by not renewing for the next ***year***. Cancellations at any other time are allowed at the sole discretion of the ***Society***, and any decision will take into account any ***premiums*** or claims already paid in the current ***year***. On no account will the ***Society*** refund a ***premium*** that relates to a period prior to the date ***we*** receive your request to cancel except as allowed upon joining and renewal, or in the event of the death of a ***member*** (please refer to rule 4.5).

Excesses

If ***you*** have chosen to take out an ***excess*** on your ***plan***, this will be shown on your ***Policy Certificate***. This means that ***you*** have agreed to waive entitlement to any ***benefits*** (including Hospital Cash ***Benefit***) to which you would otherwise have been entitled, up to the value of the ***excess***, for each ***member*** included on your ***policy***.

Any ***excess*** forms part of your claim and is applied against your ***benefits*** and not the expenses.

We apply any ***excess*** to each person on the ***policy*** each ***year*** if you claim. The ***excess*** starts again at your ***renewal date***, so if you have any ***treatment*** which spans two ***years***, the ***excess*** will be applied twice, once for each ***year***.

Any ***benefit*** entitlement waived because of an ***excess*** still counts towards your ***benefit*** limits as if ***we*** had paid the ***benefit*** in full.

When you have ***treatment*** for an eligible condition that you know will not be covered because of an ***excess***, you will still need to send the invoices or a claim for Hospital Cash ***Benefit*** to ***us*** so that ***we*** can take these into account when checking any future claims.

When ***we*** receive invoices for any ***treatment*** you have had or a Hospital Cash ***Benefit*** claim, ***we*** will:

- check the details to make sure that all the charges made are covered under your ***plan***
- apply any ***benefit*** limits on your ***plan*** to the invoices or Hospital Cash ***Benefit*** claim
- deduct the ***excess*** from any payments due
- write to ***you*** telling ***you*** how much ***we*** have paid, and let ***you*** know whether or not ***you*** need to pay anything to the ***specialist*** or hospital.

We currently offer discounts of:

- 7.5% for a £100 ***excess***
- 12.5% for a £250 ***excess***
- 17.5% for a £500 ***excess***

Occasionally ***we*** may decide to review either the levels of ***excess*** offered or the discounts that relate to them. If ***we*** do this, ***we*** will let ***you*** know before your ***renewal date***.

Here are some examples of how the ***excess*** works:

Example 1

Margaret has Level 3 cover with an ***excess*** of £100. Her ***policy*** runs from 1 March each ***year***. In July, she is referred to a ***specialist*** and her claim is approved by ***us***. The ***specialist*** charges her £80. This is her first eligible charge in this ***year***. As she has an ***excess*** of £100, she will need to pay this invoice herself, and send the invoice to ***us*** so that ***we*** can take this into account when paying any further claims this ***year***.

She has two further consultations in August and September, and the ***specialist*** charges £80 each time. ***We*** will pay £140 towards the cost of these charges. ***We*** will then write to Margaret to advise her that she needs to pay the remaining £20, because of the outstanding amount on her ***excess***.

In October, Margaret is referred to a ***specialist*** for a different medical condition, and sends ***us*** an invoice for a further £80. As the ***excess*** is applied to each person on the ***policy*** each ***year***, and not to each medical condition, ***we*** will pay this invoice in full.

Example 2

Steven has Level 3 cover with an ***excess*** of £250. His ***policy*** runs from 1 September each ***year***. On 30 August, he is admitted to hospital for surgery. He has already paid £160 of his ***excess*** for the ***year*** for previous eligible charges. He is discharged on 2 September so his ***treatment*** spans two ***years***.

The hospital sends ***us*** an invoice for £2,400. ***We*** then deduct £90 from the amount payable to cover the remaining ***excess*** for the first ***year***. However, ***we*** will then deduct a further £250 in order to cover the ***excess*** for the second ***year***. ***We*** will therefore pay £2,060 to the hospital and Steven will need to pay the outstanding amount of £340.

	Year 1 £	Year 2 £
Excess	250.00	250.00
Already paid	160.00	-
***Excess* still to pay**	**90.00**	**250.00**

Total of invoice for *treatment* 30 August - 2 September	£2,400.00
Remaining *excess* payable by Steven (Year 1)	£90.00
***Excess* payable by Steven (Year 2)**	£250.00
Total *excess* payable by Steven	**(£340.00)**
Remaining amount payable by *us*	**£2,060.00**

Example 3

Mary has Level 1 cover with an ***excess*** of £250. Her ***renewal date*** is 1 June. In January, she injures her ankle and is referred to a physiotherapist. She has ten sessions of physiotherapy at a cost of £35 per session, and sends the invoices to ***us***.

Initially, ***we*** apply the ***benefit*** limits of her chosen level of cover, which allows up to £150 per ***year*** towards costs such as physiotherapy. This means that only £150 of the £350 ***treatment*** costs is eligible for ***benefit***. However, as Mary also has an ***excess*** of £250 on her ***policy***, ***we*** will then deduct this from the £150, so ***we*** will not be liable for any of the costs and Mary will need to pay £350 herself.

The following shows what would have been payable had no *excess* been chosen, together with the amount payable with the *excess*.

	No *Excess*	**£250 *Excess***
	£	**£**
Total of Invoices	350.00	350.00
***Benefit* available**	150.00	150.00
***Excess* deductible**	0.00	150.00
Amount payable by *us*	**150.00**	**0.00**
Amount payable by Mary	**200.00**	**350.00**

Mary has also used all of her complementary treatment ***benefit*** until her next ***renewal date***.

Example 4

Catherine has taken out Level 2 cover with an ***excess*** of £500, and has included her daughter on her ***policy***. The ***policy*** runs from 17 September. In October, her daughter is admitted to hospital and her ***treatment*** costs £1,500. ***We*** will deduct £500 from this to cover the ***excess***, and will pay the remaining £1,000.

In March, Catherine is also admitted to hospital and the ***treatment*** costs £2,600. Because the ***excess*** is applied to each person on the ***policy*** each ***year*** they claim, ***we*** will deduct Catherine's ***excess*** of £500 and pay the remaining £2,100.

Example 5

David has Level 1 cover with an ***excess*** of £100. He sends ***us*** an invoice for ***out-patient*** drugs costing £20. Unfortunately, there is no ***benefit*** available for ***out-patient*** drugs under David's ***plan***, so ***we*** return the invoice to him and he needs to settle this himself.

We then receive an invoice for ***in-patient treatment***. As ***we*** were unable to deduct his ***excess*** from the invoice for the ***out-patient*** drugs, ***we*** deduct £100 from the amount due to the hospital. David must therefore pay £100 to the hospital himself.

Increasing or reducing your level of *excess*

You can only increase or reduce your level of ***excess*** with effect from your ***renewal date***. If ***you*** increase your level of ***excess***, ***we*** will apply your new higher ***excess*** to any claims you make after your ***renewal date***.

If ***you*** reduce your level of ***excess***, any claims for new conditions made after this change will have the new lower ***excess*** level applied. However, any medical conditions which began before your ***renewal date*** will have the old higher ***excess*** level applied to them.

Here are some examples of how this works:

Example 1

Sarah has an ***excess*** of £250. Her ***renewal date*** is 1 June, and after a ***year*** of having the ***policy*** she decides to increase this ***excess*** to £500. In September, she makes a claim. ***We*** will apply her new ***excess*** of £500.

Example 2

Tom has an ***excess*** of £500. His ***renewal date*** is 15 August and he decides to reduce his level of ***excess*** to £250. In December he begins to get pain in his hip and is referred to a ***specialist***. He has not had any previous problems with his hip. ***We*** will therefore apply his new ***excess*** of £250, as this is a new condition.

Example 3

Sheila has an ***excess*** of £500. Her ***renewal date*** is 1 February, and she decides to reduce her ***excess*** to £250. In January, she went to see her ***primary care physician*** about a medical condition and he referred her to a ***specialist***.

She sees the ***specialist*** on 3 February and is later admitted for hospital ***treatment***. ***We*** will therefore apply the original ***excess*** of £500, because the condition started before she changed to the new ***excess*** level.

A Guide To Making A Claim

When your ***primary care physician*** wants you to see a ***specialist*** or have special tests, and you intend to apply for ***benefit*** from the ***Society***, there are a few things you must do before you see anyone or have any tests. Any claim for ***benefit*** received within the first ***year*** of being a ***member*** is automatically referred to ***our*** Chief Medical Officer for assessment.

Contact us

Please telephone Customer Support on +44 1392 35 35 00 who will be able to answer your questions about your ***policy*** and ***benefit*** availability, and will send you a claim form so that ***we*** can fully assess your claim.

They will not normally be able to confirm cover over the phone. This can only be done when ***we*** have the fully completed claim form.

Complete a claim form

Please note that this form needs to be completed by you and your usual ***primary care physician***, as he or she has access to your full medical records.

Please ensure that your claim form is fully completed in order to avoid any delay in the assessment of your claim. This may be faxed and/or posted. Once ***we*** have received your completed form, ***we*** will assess whether or not your claim is

eligible for ***benefits***. Whether or not cover is confirmed, we aim to advise you of ***our*** decision within three working days of receipt of your full form.

Occasionally, ***we*** may require further information in order to reach a decision. ***We*** may need to contact or obtain reports from others involved in your ***treatment*** and will need your consent for this. If you do not consent ***we*** reserve the right to refuse the claim.

Arranging your ***treatment***

Please note that hospitals outside the ***UK*** may request a pre-payment from you prior to your admission.

Once you have received ***our*** written confirmation that your claim has been approved, you can arrange your consultation or ***treatment***.

However, please ensure that you check your ***benefit*** limits, the rules in this Policy Document and your ***Policy Certificate***, to ensure that any ***treatment*** that you are arranging is covered under the terms of your particular ***plan***.

If you are visiting a ***specialist***, ***we*** also suggest that you take these documents with you, in case further ***treatment*** is required. You should request an estimate from your ***specialist*** for his or her professional fees in advance of any ***treatment*** and you must either forward a copy of any estimate you receive to the ***Society*** or contact Customer Support on +44 1392 35 35 00, so ***we*** can check that the charges are ***customary and reasonable*** and eligible for ***benefit*** before any fees are incurred, to assist ***us*** in confirming the cover for you.

If you have any doubts about whether your ***treatment*** is eligible, please telephone Customer Support on +44 1392 35 35 00 for further information.

Payment of invoices

We are able to settle invoices directly with hospitals and ***specialists***. They can forward invoices directly to ***us*** and ***we*** will deal with them for you, which can save you time and expense.

If you wish ***us*** to settle invoices directly for you, please tell the provider your ***policy*** number and claim number, both of which will be shown on ***our*** letter of approval. This will help ***us*** to avoid any delays in settling the invoices.

When ***we*** have settled an invoice for you, ***we*** will write to ***you*** and confirm how much ***we*** have paid. ***We*** will also advise ***you*** if you need to pay any of the costs because they are not eligible under your ***plan***, or you have an outstanding ***excess*** on your ***policy***, or because you have reached a ***benefit*** maximum.

If you do have to settle an invoice yourself and wish ***us*** to reimburse ***you***, ***we*** will require the original itemised invoice, together with ***your*** request for reimbursement quoting your ***policy*** number and claim number. Wherever possible ***we*** will reimburse you by direct credit transfer to the bank account from which ***we*** collect your ***premiums***.

We strongly recommend you check any invoices you receive and inform the provider or ***us*** of any discrepancies. Please note: ***we*** are unable to accept photocopied or e-mailed invoices.

Interplan Expat Table of *Benefits*

This table shows the ***benefits*** which apply to each person covered under these ***plans*** each *y*
rules and the particular terms of your own ***policy***. These ***benefits*** are available for ***treatment***

	Level 3	Level 2	
Overall Annual Maximum *Benefit*	No Annual Maximum	£60,000 per ***year***	£25,0
In-Patient & Day-Patient Benefits			
Hospital Charges	Paid up to £40,000 per condition, per ***year*** subject to currency conversion adjustments	Paid up to £22,500 per condition, per ***year*** subject to currency conversion adjustments	Paid up condition to curre ac
Specialist Services	Paid subject to currency conversion adjustments	Paid subject to currency conversion adjustments	Paid sub convers
Pre-Admission Tests	Paid subject to currency conversion adjustments	Paid subject to currency conversion adjustments	Paid sub convers
Parental Accommodation (for children under the age of 12 years) † See Notes	Paid subject to currency conversion adjustments	Paid subject to currency conversion adjustments	Paid sub convers
Out-Patient Benefits	**Level 3**	**Level 2**	
Out-Patient Services	£2,000 per ***year***	£1,000 per ***year***	£75
Out-Patient Surgery	Paid subject to currency conversion adjustments	Paid subject to currency conversion adjustments	Paid sub convers
Complementary Treatment (such as physiotherapy, osteopathy & chiropractic)	£500 per ***year***	£250 per ***year***	£15
Additional *Benefits*	**Level 3**	**Level 2**	
Oncology	£27,500 per ***year***	£16,500 per ***year***	£11,0
Home Nursing	£750 per ***year***	£500 per ***year***	£25
Private Ambulance	£300 per ***year***	£250 per ***year***	£20
Primary Care	£175 per ***year***	£125 per ***year***	£75
GP Helpline	Unlimited Access to 24/7 Private General Praction		

Important Note: The payment of all benefits, including when expressed as paid in full, n
deemed by the ***Society*** to be ***reasonable and customary*** for the ***treatment*** received. Curr
of ***treatment***.

All ***benefits*** are still subject to the overall ***benefit*** maximums within the ***plan***.

ear. Please remember that your being able to claim these ***benefits*** will depend on ***our***
t received in Europe (see rule 6.6).

Level 1	Notes
000 per ***year***	The total ***benefit*** available per ***year*** for each person included on the ***policy***.
to £10,000 per , per ***year*** subject ency conversion djustments	Includes ***accommodation***, nursing, theatre fees and consumables, surgical drugs and dressings, ***diagnostic tests***, scans, physiotherapy, pathology and eligible ***prostheses*** for ***in-patient treatment*** and ***day-patient treatment***. (Please note that drugs or dressings to take home with you are not covered, see Rule 8(j).)
oject to currency sion adjustments	Surgeon's, anæthetist's and physician's fees for ***in-patient treatment*** or ***day-patient treatment***.
oject to currency sion adjustments	These will be included as part of your ***in-patient/day-patient*** hospital charges providing they are carried out within the two weeks prior to your admission & will be counted towards the overall ***benefit*** maximum for Hospital Charges. These are limited to pre-operative blood tests, electrocardiograms (ECGs) and a chest x-ray.
oject to currency sion adjustments	For one parent/guardian accompanying a child named on the ***Policy Certificate*** who is admitted as an ***in-patient***. This ***benefit*** is payable towards accommodation only. Visitors' meals, telephone calls, newspapers etc are not included. † This ***benefit*** is not payable where the hospital provides a relative's bed free of charge.
Level 1	**Notes**
0 per ***year***	Available for pathology, ***diagnostic tests***, x-rays and ***specialist*** consultations, including follow-ups.
oject to currency sion adjustments	A surgical procedure when performed by a ***specialist***.
0 per ***year***	***Treatment*** must be carried out by a doctor or practitioner who holds a certificate of specialist training recognised by the ***Society***.
Level 1	**Notes**
000 per ***year***	Includes radiotherapy and chemotherapy under the management of an oncologist. To include monitoring required during each fraction or cycle of ***treatment***. ***Cancer*** surgery is paid out of the ***In-Patient & Day-Patient Benefits***.
0 per ***year***	Payable for medical as opposed to domestic reasons and must be undertaken under the supervision of the attending ***specialist***.
0 per ***year***	Payable towards the cost of a private road ambulance to, from or between hospitals. The use of the ambulance must be medically essential and required in connection with eligible ***in-patient treatment*** or ***day-patient treatment***.
5 per ***year***	For home and surgery visits and ***diagnostic tests***, but excluding the costs of drugs and dressings.
er Helpline	See page 24 for further information and access details.

nust be eligible and necessarily incurred and will be paid in accordance with those fees
ency conversion calculations may result in ***benefit*** payments not fully covering the cost

Chronic Conditions

Introduction

The following information is designed to explain what a ***chronic condition*** is, and how ***we*** would deal with any claims you make for a condition which ***we*** consider to be chronic.

Q. What is a *chronic condition*?

A. A ***chronic condition*** is a disease, illness or injury that has at least one of the following characteristics:

- it continues indefinitely and has no known cure
- it comes back or is likely to come back
- it is permanent
- you need to be rehabilitated or specially trained to cope with it
- it needs long-term monitoring, consultations, check-ups, examinations or tests.

We will not cover ***chronic conditions*** following the initial diagnosis and therapy. Please note, however, that ***we*** do not consider ***cancer*** to be a ***chronic condition***.

Q. What does this mean in practice?

A. When you are referred to a ***specialist*** by your medical practitioner or ***primary care physician***, ***we*** will request some information about the condition for which you wish to claim ***benefits***. ***We*** will check this (and any supporting information) to make sure that ***we*** can cover your claim.

If ***we*** consider the condition for which you need ***treatment*** to be chronic, ***we*** will only cover the initial investigations leading to a confirmed diagnosis, and the initial ***treatment*** needed to stabilise the condition (providing the ***treatment*** is covered under your ***plan***).

We will not pay for any ***treatment*** once the diagnosis has been made and the condition has been stabilised.

Q. What if your condition gets worse?

A. In some cases, ***we*** will pay for further ***treatment*** if your condition gets worse. ***We*** may pay for ***treatment*** relating to an acute episode of a ***chronic condition***.

For example, ***we*** consider asthma to be a ***chronic condition*** and do not pay for any ongoing ***treatment*** or monitoring. However, an asthma attack would be classed as an acute episode.

We may consider paying for ***treatment*** to stabilise the condition providing that the particular ***treatment*** is covered under the ***plan*** and there is ***benefit*** available. In order to consider this ***we*** usually request a medical report or ask for additional information.

Examples of *chronic conditions*

Example 1 - Angina and Heart Pain

Alan has been with the Exeter Friendly Society for many ***years***. He develops chest pain and is referred by his medical practitioner to a ***specialist***. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.

We do not consider angina to be a ***chronic condition***. This means that as long as Alan's claim has been approved by ***us***, and the investigations are covered under the ***benefit*** limits of the ***plan***, ***we*** will pay ***benefits*** for these investigations. ***We*** will not, however, pay for the medication.

Two years later, Alan's chest pain recurs more severely and his ***specialist*** recommends that he has a heart by-pass operation.

We will pay for the operation and any follow-ups needed, as long as ***benefits*** are available for these under the terms of Alan's particular level of cover.

Example 2 - Asthma

Eve has been with the Exeter Friendly Society for five ***years*** when she develops breathing difficulties. Her medical practitioner refers her to a ***specialist*** who arranges for a number of tests. These reveal that Eve has asthma. Her ***specialist*** puts her on medication and recommends a follow-up consultation in three months to see if her condition has improved. At that consultation Eve states her breathing has been much better. So the ***specialist*** suggests she has check-ups every four months.

Providing the claim is approved by ***us***, ***we*** will pay for the initial consultation and tests, up to the ***benefit*** limits of the ***plan***. Once the condition has been stabilised, ***we*** will not pay for the check-ups.

Eighteen months later, Eve has a bad asthma attack.

We may consider this to be an acute episode and, therefore, consider paying for further ***treatment*** for this providing ***benefits*** are available under her chosen ***plan*** and the ***treatment*** recommended is covered. ***We*** would usually request a medical report or ask for further information in order to consider this.

Example 3 - Diabetes

Deidre has been with the Exeter Friendly Society for two ***years*** when she develops symptoms that indicate she may have diabetes. Her medical practitioner refers her to an endocrinology ***specialist*** who organises a series of investigations to confirm the diagnosis, and then she starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments to the medication regime, the ***specialist*** confirms that the condition is now well controlled and explains that he would like to see her every four months to review the condition.

We consider diabetes to be a ***chronic condition***. Providing the claim is approved by ***us***, ***we*** will pay for the initial consultation and investigations, up to the ***benefit*** limits of the ***plan***. ***We*** will pay for follow-up consultations until the condition has been stabilised providing Deidre has not reached her ***benefit*** limit. However, ***we*** will not pay for the medication prescribed.

One ***yea***r later, Deidre's diabetes becomes unstable and her medical practitioner arranges for her to go into hospital for ***treatment***.

We may consider this to be an acute episode and, therefore, pay ***benefits*** providing the ***treatment*** is covered under Deirdre's chosen level. ***We*** would usually request a medical report or ask for further information in order to consider this.

Example 4 - Hip pain

Bob has been with the Exeter Friendly Society for three ***years*** when he develops hip pain. His medical practitioner refers him to an osteopath who treats him every other day for two weeks and then recommends that he return once a month for additional ***treatment*** to prevent a recurrence of his original symptoms.

Once ***we*** have approved the claim, ***we*** will pay for the cost of the osteopathy ***treatment*** providing Bob has ***benefit*** for osteopathy under his chosen ***plan*** and he has not reached his ***benefit*** limit.

An Explanation of *Cancer* Cover

This section will explain the cover available to you for ***cancer***, and how and under which ***benefit*** each item is assessed.

There are no time limits on the cover for ***cancer***. However, there are ***benefit*** limits for most categories, as indicated, and therefore the following details must be read in conjunction with the Table of ***Benefits*** for your chosen ***plan***.

You are not covered for any conditions for which you have specific exclusions on your ***policy***, nor for the recurrence of any such exclusions.

The following table is a summary of what is and isn't covered for ***cancer*** and the second table overleaf shows from which ***benefit*** each category of ***treatment*** is paid.

A summary of *Cancer* Care

Please note that the ***chronic condition*** rule does not apply to ***cancer*** claims and ***benefit*** is available for medical expenses that are eligible, ***reasonable***, and ***customary*** and subject to the ***benefits*** available under your chosen ***plan***.

	Cover	
Place of ***Treatment***	✓	Hospital or clinic as an ***in-patient***, ***day-patient*** or ***out-patient***, or at home
Diagnostic	✓	Consultations with ***specialist***, ***diagnostic tests*** and scans to enable a diagnosis to be made, subject to the ***out-patient benefit*** limits
Surgery	✓	Received prior to the start of an ***oncology*** treatment regime, subject to the ***in-patient*** or ***day-patient benefit*** limits
Drug Therapy	✓	Chemotherapy - intravenous or oral and associated medication (e.g. anti-sickness drugs) Biological therapy This is paid from the ***Oncology benefit***
	✗	You are not covered for drugs which are given to maintain remission as these are usually prescribed by a GP
Radiotherapy	✓	Sessions of radiotherapy including when given for pain relief and is paid from the ***Oncology benefit***
Palliative care	✓	If recommended by the Oncologist for the control of the ***cancer*** and paid from the ***Oncology benefit***
Monitoring	✓	For the first 3 months after completion of the treatment regime - follow up consultations, blood tests and scans – paid from the ***Oncology benefit*** Further follow up consultations and tests after the above 3 month period – paid from normal ***benefits***
NHS Treatment	✓	If you are treated as an NHS ***in-patient***, you may be entitled to a daily cash ***benefit***, depending on your chosen ***plan***

Treatment outside Europe	✓	Providing pre-authorised by the ***Society*** before the ***treatment*** commences
Hospice	✗	You are not covered for ***treatment*** in a ***hospice***
Preventative	✗	You are not covered for preventative ***treatment***, screening procedures and tests, including those because of a poor personal or family history, or surveillance investigations, such as a colonoscopy, or vaccinations and immunisations.
Experimental / unproven treatment	✗	You are not covered for any experimental or unproven ***treatment*** such as stem cell treatment
Clinical trials	✗	***We*** are very supportive of clinical trials, and your ***policy*** remains fully valid throughout the trial. However, the experimental ***treatment*** and any complications arising from it remain the responsibility of the research team and are not covered under your ***policy***.
Terminal care	✗	Where the ***treatment*** is no longer primarily for the control of the ***cancer***, but the focus is to improve the quality of life for the patient who is approaching the end of their life – for example in a hospice

Here are some examples of how the *cancer* cover works.

Example 1

Carole develops a lump in her left breast which is diagnosed as breast ***cancer***. Her ***specialist*** recommends that she has a mastectomy (breast removal) followed by a course of chemotherapy and radiotherapy.

Providing this is a new condition, and the claim has been approved by ***us***, ***we*** will pay for the initial consultation and ***diagnostic tests***, from her ***out-patient benefits*** of, £2,000 on Level 3, £1,000 on Level 2 and £750 on Level 1, the operation from her ***In-Patient*** and ***Day-Patient benefit***, of up to £40,000 per condition per ***year*** on Level 3, £22,500 per condition per ***year*** on Level 2 and £10,000 per condition per ***year*** on Level 1 and her chemotherapy and radiotherapy, up to the ***benefit*** limits of either £27,500 on Level 3, £16,500 on Level 2 and £11,000 on Level 1.

Once Carole's course of ***treatment*** has been completed, her ***specialist*** recommends that she has regular check-ups to ensure that she remains free from a recurrence of the disease.

Providing Carole still has ***out-patient benefit*** available under her chosen level of cover, ***we*** will pay for these check-ups.

Example 2

Beverley has been with the Exeter Friendly Society for five ***years*** when she is diagnosed with breast ***cancer***. Following discussion with her ***specialist*** she decides to have the breast removed followed by breast reconstruction. Her specialist also recommends a course of radiotherapy and chemotherapy. In addition she is to have hormone therapy tablets for several years.

Will her insurance cover this ***treatment*** plan and are there any limits to the cover?

Once the claim has been approved by ***us***, ***we*** will pay for the consultations, operation and breast reconstruction up to the ***benefit*** limits of her chosen ***plan***. ***We*** will also pay for the radiotherapy and chemotherapy up to the ***benefit*** limits of either £27,500 on Level 3, £16,500 on Level 2 or £11,000 on Level 1. Hormone therapy to treat the ***cancer*** is covered under the Oncology ***Benefit*** and is therefore subject to the £27,500, £16,500 or £11,000 ***benefit*** limits.

Example 3

Cara has previously had a breast ***cancer*** which was previously treated by lumpectomy, radiotherapy and chemotherapy under her existing ***policy***. She now has a recurrence in her other breast and has decided to have a mastectomy, radiotherapy and chemotherapy.

Will her insurance cover this and are there any limits to the cover?

We do not consider ***cancer*** to be a ***chronic condition***. As this is a new condition, once the claim has been approved by ***us, we*** will pay for the consultations and operation up to the ***benefit*** limits of her chosen ***plan***. ***We*** will also pay for the radiotherapy and chemotherapy up to the ***benefit*** limits of either £27,500 on Level 3, £16,500 on Level 2 or £11,000 on Level 1.

Example 4

Monica, who was previously treated for breast ***cancer*** under her existing ***policy***, has a recurrence which has unfortunately spread to other parts of the body. Her ***specialist*** has recommended the following ***treatment*** plan:

- A course of six cycles of chemotherapy aimed at destroying ***cancer*** cells to be given over the next six months.
- Monthly infusions of a drug to help protect the bones against pain and fracture. This infusion is to be given for as long as it is working.
- Weekly infusions of a drug to suppress the growth of the ***cancer***. These infusions are to be given for as long as they are working (hopefully years).

Will her insurance cover this ***treatment*** plan and are there any limits to the cover?

We do not consider ***cancer*** to be a ***chronic condition***. The whole of the recommended treatment plan is eligible but payable under the ***Oncology Benefit*** and therefore subject to the £27,500, £16,500 or £11,000 ***benefit*** limits.

Example 5

Sharon would like to be admitted to a ***hospice*** for care aimed solely at relieving symptoms.

Will her insurance cover this and are there any limits to the cover?

We do not pay for any admissions to a ***hospice***.

Cancer care, how it is assessed and the ***benefit*** it is paid from

Treatment / service		Benefit paid from
GP Appointment	→	NO ***BENEFIT***
Consultations with ***Specialist*** ***Diagnostic tests*** / scans, e.g. CT, MRI, PET	→	NORMAL ***OUT-PATIENT BENEFITS*** - see the Table of Benefits on pages 16 and 17 for the amount available under your chosen ***plan***
In-Patient, ***Day-patient*** or ***Out-patient*** surgery	→	NORMAL ***BENEFITS***
Consultation with Oncologist Blood tests, scans etc for radiotherapy, chemotherapy or biological therapy regime planning Chemotherapy, radiotherapy or biological therapy regime Ongoing consultations, blood tests, scans, anti-sickness drugs during treatment regime All hospital charges including accommodation during treatment regime 1st consultation, blood tests, scans etc after completion of regime	→	***ONCOLOGY BENEFITS*** - see the Table of Benefits on pages 16 and 17 for the amount available under your chosen ***plan***
Medical admissions to hospital due to reaction to ***oncology*** regime or for blood transfusions	→	NORMAL ***BENEFITS***
Follow-up consultations, blood tests and scans for the first 3 months after completion of treatment regime	→	***ONCOLOGY BENEFITS*** see the Table of Benefits on pages 16 and 17 for the amount available under your chosen ***plan***
Further follow-up consultations and tests after the above 3 month period	→	NORMAL ***OUT-PATIENT BENEFITS*** see the Table of Benefits on pages 16 and 17 for the amount available under your chosen ***plan***

GP Helpline:

+44 118 936 5655

Your ***policy*** with the ***Society*** gives you access to a confidential General Practitioner (GP) Helpline, which is open 24 hours a day, 7 days a week. This helpline is provided by an independent company selected by Exeter Friendly Society. You can take advantage of this service at any time, so you do not need to wait until you need to make a claim.

You can use this helpline if you need more detailed information about your symptoms, or for more information about a diagnosis or ***treatment***.

Dedicated operators will take any information needed and then arrange a convenient time for a private GP to return your call. You will only be charged for the initial call to the helpline operator.

Our Standards

We aim to provide you with access to ***plans*** that are affordable, and provide for your future well-being. ***We*** always act with the highest ethical standards of conduct and professional integrity whilst striving to meet, and exceed, members' expectations.

We try to achieve the following service standards:

- to respond to ***your*** application for a ***policy***, or to amend cover, within five working days
- to process properly presented, eligible invoices for ***benefit*** within ten working days
- to respond to your correspondence and any other ***policy*** queries within five working days.

If You Are Not Satisfied

The ***Society*** provides medical insurance for over 40,000 members. ***We*** receive a large number of enquiries, together with many claims and requests for information. ***We*** do ***our*** best to ensure that these are dealt with quickly and efficiently. However, ***we*** welcome any new ideas or suggestions that you believe would improve the products provided, the level of service or the standards of management.

Making a complaint

Although ***we*** are committed to providing you with the highest level of service, ***we*** do not always get it right. If you are not satisfied with any aspect of the service ***we*** provide, or the efficiency of ***our*** response, please refer the matter to Customer Support, who should be able to resolve it to your satisfaction.

However, if they are unable to do so, they will refer the matter to the appropriate manager and/or director. If the problem cannot be resolved immediately, ***we*** will advise you within two working days, telling you how long ***our*** investigations are likely to take.

If you are still not satisfied with the outcome, ***we*** will refer your complaint to ***our*** Quality Controller, who will investigate your complaint separately. You will receive a further response within two working days of receipt of the complaint by the Quality Controller. ***We*** will provide a full response to your complaint within the following

two weeks, provided ***we*** have received all the information ***we*** require from any third parties involved.

If you are still not satisfied

If you feel that your complaint has not been resolved by the end of eight weeks from ***our*** receipt of your complaint (or if ***we*** have failed to issue an explanation for the delay in dealing with your complaint by the end of four weeks), you can refer the matter to the Financial Ombudsman Service. Full details will be provided by the Quality Controller with the ***Society's*** final response.

The existence of the Financial Ombudsman Service does not prejudice your right to take legal action in the event of a dispute. Further information about your statutory rights may be obtained from a solicitor or the Citizens Advice Bureau.

We treat complaints very seriously, and all complaints are recorded and monitored regularly by the Board of Directors. ***We*** believe that this enables the ***Society*** to improve and enhance services on a continuous basis.

Financial Services Compensation Scheme (FSCS)

Exeter Friendly Society is covered by the FSCS, which was established under the Financial Services and Markets Act 2000.

Under the scheme, you may be entitled to compensation, in the event that a Financial Services Authority authorised firm, such as Exeter Friendly Society, becomes insolvent and is unable to pay claims.

For private medical insurance the scheme pays the first £2,000 of a valid claim in full and 90% of the remaining amount of the loss.

This scheme is only available to ***members*** who are resident within the EEA.

Further details are available from the Financial Services Compensation Scheme at www.fscs.org.uk or telephone 020 7892 7300.

Data Protection

We hold information about you in order to provide and administer your ***policy*** with ***us***. Your personal information will be treated in confidence and will only be used by the ***Society*** for the following purposes:

- The assessment and management of your medical insurance, including contacting you on an annual basis regarding the renewal of your ***policy*** and processing claims.
- Transmission to those involved in your ***treatment*** or care.
- Retaining cancelled ***policies*** and associated details to assist ***us*** in determining future applications for insurance that you may wish to make.
- Transmission to carefully selected third parties (including the intermediary who arranged your ***policy***, if any) as part of ***our*** administrative operations.
- Transmission to carefully selected third parties for the purpose of research, advertising, marketing or selling (for example to develop and advise you of new products).
- As may be required or permitted by law or as appropriate to detect and prevent fraud and improper claims.

Our purposes for holding, and ***our*** uses of, personal information, are listed in the Register of Data Controllers. You may inspect this, or obtain a copy of the relevant entry from the Office of the Information Commissioner (and at their website: www.informationcommissioner.gov.uk).

In order to provide you with insurance ***we*** will need to process sensitive information (such as medical information) about ***you*** and the others named on your ***policy***. Please get consent from the people named on your ***policy*** before sharing their sensitive information with ***us***.

At the request of many of ***our*** members and to make managing your private medical insurance more convenient, ***we*** may deal with your spouse or partner who telephones ***us*** on your behalf, if they are included on your ***policy***. If you would like someone else to deal with your ***policy*** on a regular basis, or if at any time you would prefer ***us*** to deal only with you, please let ***us*** know.

We have a responsible mailing policy, and may contact you from time to time to inform you of products or services that ***we*** provide. If you would like to continue to receive this information, you need take no further action. However, if you would prefer not to be part of ***our*** mailing programme, please write to the Administration Manager at the address shown on the reverse of this document.

Under the terms of the Data Protection Act 1998, you may request a copy of the details ***we*** hold about you. ***We*** reserve the right to charge a fee for this service, up to the maximum allowed by the Act. If you require a copy of such information, you should write to the Compliance Director, at the address shown on the reverse of this document.

Policy Rules

1. ***Policy*** Terms

1.1 The terms of the ***policy*** are contained in the following documents, all of which must be read together:

- the ***Policy*** Rules in force when the ***policy*** begins, or as amended on renewal
- the table of ***benefits*** in force when the ***policy*** begins, or as amended on renewal
- the ***Policy Certificate***
- any application form which ***you*** have been required to complete.

In the event of a conflict between any of the documents listed above, the ***Policy*** Rules in this Policy Document shall prevail.

1.2 None of the ***Society's*** employees or intermediaries are entitled to make any alteration or amendment to the terms of the ***policy*** unless it is made in writing and signed by the ***Society***.

2. Joining and Renewal

2.1 The ***policyholder*** is required to complete the correct form to join a ***plan***, change their level within a ***plan***, change to another ***plan*** or amend the level of ***excess***. The ***policyholder*** is responsible for ensuring that to the best of their knowledge and belief, the information given to the ***Society*** about every person included on his application is true, accurate and complete.

2.2 Upon the death of a ***policyholder***, a spouse or partner who is registered as a ***family member*** may without formality become the ***policyholder*** in his own right.

2.3 Any request for changes to a ***policy***, must be made on the appropriate form where applicable or in writing by the ***policyholder***.

2.4 Any ***member*** rejoining the ***Society*** following cancellation will be required to complete a new application form and the ***Society*** may impose different terms to those previously offered. The ***Society*** may, at its discretion, allow reinstatement of the ***policy*** upon receipt of a declaration of health, payment of the outstanding ***premiums***, and an administration fee of £100.

2.5 Children born to the ***policyholder*** after the start of the ***policy*** may only be added, with proof of their health, at the age of three months or at a later date.

2.6 The ***Society*** is entitled to refuse to accept any person as a ***member*** without giving a reason. The ***Society*** may require a ***policyholder*** to submit a medical report in respect of any person included in his application, and/or to prove their age.

2.7 The ***policy*** is for a period of one ***year***. If the ***plan*** is being offered for a further ***year*** by the ***Society*** at the ***renewal date***, the ***policy*** may be renewed by the ***policyholder*** paying the ***premium*** requested and the ***Society*** accepting such renewal. By renewing the ***policy***, the ***policyholder*** undertakes to accept the rules and conditions of the ***policy*** which apply at the ***renewal date***.

2.8 The ***Society*** may place special terms on the ***policy*** including, but not limited to, the following:

- exclusions of specific medical conditions
- restrictions on particular ***benefits*** and
- discounts or surcharges on the published ***premium*** rates.

Any such special terms will be confirmed in writing by the ***Society*** at the time of joining or renewal.

3. Changes to Cover

3.1 In normal circumstances, changes from one ***plan*** to another, a change of level within a ***plan*** or any change to the level of ***excess*** can only be effected at the ***renewal date***. Changes to cover at any other time during a ***year*** may be allowed at the sole discretion of the ***Society***.

3.2 In the event of a change to a different level of cover and/or ***excess***, the ***benefits*** payable for any eligible medical conditions in existence prior to the change, will be restricted to either the ***benefits*** available when the medical condition originated or the level applicable at the date of any ***treatment***, whichever is lower.

3.3 ***Members*** may apply to increase their level of cover up to the ***renewal date*** immediately after their seventy-ninth birthday.

3.4 The ***Society*** is entitled to refuse a change from one ***plan*** to another without providing a reason.

3.5 If a ***member*** changes to a ***plan*** offering increased ***benefits***, increases their level within a ***plan*** or reduces an ***excess***, the ***Society*** will use the ***member's*** age at the date of such change to calculate the ***premium*** payable.

4. *Premiums*

4.1 The ***Society*** will determine the amount of ***premium*** payable at the start of each ***year*** and will advise the ***policyholder***. ***Premiums*** must be paid to the ***Society*** for the whole ***year*** in the manner agreed at that time.

4.2 The ***Society*** may alter the amount of ***premium*** payable during a ***year*** to reflect any change in Insurance Premium Tax or other government taxes or levies, but will inform the ***policyholder*** at least 6 weeks before the changes become effective.

4.3 ***Premiums*** are due in advance and must be paid immediately they become due. No ***member*** in arrears with his ***premium*** is entitled to make a claim or receive any ***benefits***, and the ***Society*** will cancel any ***policy*** on which the ***premium*** is overdue. A ***member*** may cancel his ***policy*** within 14 days of receiving his documents or within 14 days after the date the ***policy*** starts if later, and a refund of ***premiums*** will be paid less an allowance for the period the ***policy*** has been in force calculated on a pro rata basis. If the ***member*** or the ***Society*** cancels a ***policy*** at any other time, ***we*** will have the right to retain or demand all or part of the ***premium*** as a contribution towards any costs the ***Society*** has incurred.

4.4 In order to comply with money laundering regulations, the ***Society*** may ask the ***policyholder*** to provide proof of identity for the payer of the ***premium*** and for any of the ***members*** included on the ***policy***.

4.5 In the event of the death of a ***member***, and providing that the ***Society*** is notified within six months of the death, the ***Society*** will make a pro rata refund of the ***premium.*** This will be calculated by reference to the number of complete months of ***premium*** already paid which relate to the period after the date of death.

5. Claims

5.1 A ***member*** proceeds at his own financial risk if he does not contact the ***Society*** and obtain pre-authorisation prior to the commencement of any ***treatment*** except for ***treatment*** received in an ***emergency admission.***

5.2 The ***Society*** will only consider a claim if:

- a ***member*** is up-to-date with his ***premium*** payments
- any outstanding invoices received by the ***member*** have been submitted to the ***Society*** within three months of the date of ***treatment*** and
- the ***Society*** has been given any additional information (including medical information) requested from the ***member*** and from any person who has provided or proposes to provide any of the services that are the subject of the claim.

5.3 If a ***policy*** is subject to an ***excess***, claims should be submitted in accordance with rule 5.2 regardless of whether or not the eligible expenses are less than the ***excess*** amount.

5.4 The ***member*** must inform the ***Society*** immediately if any of the expenditure can be claimed, or might be claimed, from anyone else or from any other insurance policy (see rule 6.9).

6. *Benefits*

6.1 The ***Society*** will pay those ***benefits*** entitled to be claimed under the ***policy*** in accordance with the ***Policy*** Rules current when the ***member*** incurred the expenditure

(except in circumstances where rule 3.2 applies) and invoices are always assessed according to the rules and ***benefits*** in force at the date of the ***treatment***. Payment can only be made to the service provider or the ***policyholder*** and not to any other party. If for any reason those ***benefits*** do not cover the full costs incurred, the ***member*** will be liable to pay the balance.

6.2 The ***Society*** will refund only those medical expenses that, in the ***Society's*** opinion, are ***reasonable***, eligible, ***customary*** and necessarily incurred.

6.3 ***Benefits*** will be paid in accordance with the ***member's*** level of cover and, with the exception of Hospital Cash ***Benefit*** payable for ***in-patient treatment*** free of all charges, will not exceed the amount of actual expenditure incurred. ***Benefits*** cannot be transferred to any other ***member*** or be carried over to any other ***year***.

6.4 The contract for the provision of medical and ancillary services in respect of which ***benefits*** are paid is between the ***member*** and the relevant service provider. Notwithstanding that ***we*** may or do pay on your behalf some or all of the ***benefits*** directly to the service provider, the ***benefits*** are intended to indemnify you in respect of all eligible costs of the ***treatment*** in accordance with your ***plan***. The primary liability to pay the service provider remains with the ***member***.

6.5 If a ***policy*** is subject to an ***excess***, the ***excess*** applies to each ***member*** every ***year***. Therefore, the ***Society*** will not pay ***benefits*** until:

- the ***member*** has had ***treatment*** during the ***year*** which is eligible for ***benefits*** and
- the amount of the eligible expenses exceeds the ***excess*** amount.

By 'eligible expenses' ***we*** mean any expenses that would have qualified for ***benefits*** had an ***excess*** not been in place. The amount of any ***benefits*** claimed for ***treatment*** that would have been payable but for the ***excess*** shall nevertheless count towards the ***benefit*** limits contained within the table of ***benefits***. If the ***treatment*** spans two ***years*** the ***excess*** will be applied in each ***year***.

6.6 ***Benefits*** are ***only*** available for ***treatment*** received in any country in Europe.

6.7 Entitlement to ***benefits*** will be assessed in pounds sterling. If a claim is made in a different currency, the ***Society*** will convert the expenditure incurred into pounds sterling, using the exchange rate at which the ***Society's*** international bankers buy the currency at the time the claim is assessed.

Claim settlements will be paid in pounds sterling. ***Members*** may request that settlements be paid in a different currency and the ***Society*** may, at its discretion, agree to provide this additional service. In these circumstances the ***Society*** will convert the ***benefit*** entitlement from pounds sterling using the exchange rate at which the ***Society's*** international bankers sell the currency at the time the claim is paid.

The ***Society*** will pass on to the ***member*** any bank charges incurred in handling different currencies together with any other charges made by your bank.

Any shortfall in payment because of exchange rate movements or from the spread between the buying and selling exchange rates will be the ***member's*** responsibility. Note that the buying rate is always greater than the selling rate and this difference means that if expenses are incurred in a currency other than pounds sterling, they are unlikely to be

completely covered by the ***benefits*** paid, even when all of the expenses are eligible for ***benefit***.

6.8 In the event of the death of a ***member***, the ***Society*** may pay any ***benefits*** due to the following:

- appropriate service providers
- the deceased's personal representatives
- any other person covered by the ***policy***, as the ***Society***, at its discretion, shall determine.

6.9 The ***member*** must inform the ***Society*** if any of the cost can be claimed from anyone else or under another insurance policy. If it can, the ***Society*** will only pay its proper share.

6.10 Where any ***treatment*** arises as a result of an injury, or disease for which a third party is, or may be liable, the following provisions shall apply:

- The ***member*** shall inform the ***Society*** at the time the claim is made, of the name and address of the third party and whether damages are to be claimed from the third party by the ***member*** or on his behalf.
- Where the ***member*** or someone on his behalf is to claim damages from a third party and in consideration of the ***Society*** agreeing to provide ***benefits*** under this clause, such person will be required to sign an undertaking; full details to be issued by the ***Society*** at the time.
- Where the ***member*** does not intend to pursue a claim for damages against the third party, he shall authorise the ***Society*** at its own expense to pursue a claim in his name against the third party for the ***benefits*** paid by the ***Society*** in respect of such ***treatment***, and shall co-operate fully with the ***Society*** in pursuing such claim including (where necessary) attending court to give evidence as to the circumstances in which the claim against the third party arose.
- Provided the ***member*** has complied in good faith with the terms of this clause, the ***Society*** shall only be entitled to recoup from the ***member*** sums paid in respect of ***benefits*** so far as such ***benefits*** are recovered from the third party. Where liability for the incident is apportioned, the ***Society*** shall be entitled to a pro rata proportion of the ***benefits*** paid.
- The ***member*** shall not be entitled to ***benefits*** save in accordance with the provisions of this clause. Where the ***Society's*** right to recoup ***benefits*** from the ***member***, or to recover ***benefits*** paid to the ***member*** by any third party, has been prejudiced by the ***member's*** failure to comply with the terms of this clause, the ***Society*** shall be entitled to recover such ***benefits*** from the ***member*** or from the ***policyholder***.
- By third party ***we*** mean any person or corporate body other than the ***Society*** or the person who has received ***treatment***.

7. Underwriting Terms

Please note; you will need to refer to your ***Policy Certificate*** for confirmation as to whether 7.1 (a) or 7.1 (b) applies to the persons covered by your ***policy***.

7.1 (a) Where the ***member*** completed a medical history declaration when applying to join the ***Society*** (fully underwritten):

Benefits are not payable in respect of any symptoms or medical condition that the ***member*** already had, or might reasonably have been aware of when the ***member*** joined; nor for the recurrence of any previous symptoms or medical conditions, unless full particulars were disclosed on the application for the ***policy***, or subsequently disclosed and accepted for ***benefits*** by the ***Society***.

7.1 (b) Where the ***member*** was subject to moratorium terms (i.e. chose not to complete a full medical history declaration) when joining the ***Society*** (applicable to transfers only):

Benefits are not payable for the investigation or ***treatment*** of symptoms or a medical condition for which the ***member*** received advice, medication, tests or ***treatment***, or was aware of, or might reasonably have been aware of, in the five years prior to joining the ***Society***. Once the ***policy*** has been effected, such conditions may automatically become eligible for cover provided there has been no recurrence of symptoms, or the need for advice, medication, tests or ***treatment*** (from the patient's ***primary care physician*** or any ***specialist***) for such conditions or any related conditions, for a continuous period of two years. In the event of symptoms or a medical condition that existed in the five years prior to joining the ***Society*** recurring during the first two ***years*** of the ***policy***, a further two 'clear' ***years*** must elapse before the condition can be considered for ***benefit*** entitlement.

8. What is not covered

Benefit shall not be paid in respect of:

(a) ***Primary care*** services, or services which have been provided by a ***specialist*** acting in the capacity of a primary carer or carrying out ***primary care*** services, unless the ***plan*** provides such ***benefits***.

(b) ***Chronic conditions*** following the initial diagnosis and therapy.

(c) ***Treatment*** of any orthodontic, periodontal, dental condition or prosthetic dental work, including dental implants.

(d) Charges for ***treatment*** incurred in nursing homes, health hydros, spas, nature cure clinics or any similar establishments.

(e) Any ***treatment*** for obesity.

(f) Convalescence and/or rehabilitation.

(g) ***Treatment*** or investigations required because of or in connection with:

- pregnancy or child birth
- male or female birth control
- abortion
- any form of assisted reproduction such as in vitro fertilisation
- impotence
- infertility.

(h) ***Treatment*** relating to congenital and hereditary conditions.

(i) Preventive ***treatment,*** screening procedures and tests, cervical smears, mammograms, well-person health checks, vaccinations, immunisations and osteoporosis screenings, together with ***treatment*** , screening procedures and tests because of a poor personal or family history.

(j) ***Out-patient*** drugs and dressings including drugs or dressings prescribed for you to take home following a hospital admission or procedure.

(k) Surgical appliances and/or ***orthoses*** together with any charges incurred for the measuring and fitting thereof, together with, for example, hearing aids, spectacles and continuous positive airways pressure (CPAP) equipment, crutches, frames etc.

(l) • Cosmetic or reconstructive ***treatment***, or any ***treatment*** which relates to or is needed because of previous cosmetic or reconstructive surgery.

• Breast enlargement or reduction, whether or not needed for psychological or medical reasons including, but not limited to, backache.

Benefit may be available for ***treatment*** to restore your appearance after an accident, or as a result of surgery for ***cancer***, providing that this is part of the original ***treatment*** for the accident or ***cancer***, and that the accident or ***cancer*** occurred during your current continuous ***policy***. You must, however, obtain ***our*** agreement before receiving ***treatment***.

(m) Hormone Replacement Therapy and directly related conditions.

(n) ***Treatment*** that arises from or is in any way connected with excess alcohol intake or drug or substance abuse.

(o) Regular or long-term renal dialysis in chronic or end-stage kidney failure.

(p) Transplant operations, including investigations done before the operation, or ***treatment*** needed as a result of the operation. ***We*** will, however, cover cornea and skin grafts.

(q) ***Treatment*** directly or indirectly arising from or consequent upon war, invasions, acts of foreign enemies, hostilities (whether war be declared or not), terrorism, civil war, riot, civil disturbance, revolution, insurrection, or military or usurped power.

(r) ***Treatment*** for Acquired Immune Deficiency Syndrome (AIDS) and all diseases caused by HIV.

(s) ***Treatment*** for sexually transmitted diseases.

(t) ***Treatment*** for, or which arise from, sex change.

(u) ***Treatment***:

- for depression and/or
- for stress and/or
- for mental illness and/or
- for psychiatric disorders and /or
- for psychological disorders and/or
- which arises from, or is in any way attributable to, wilfully self-inflicted injury or attempted suicide.

(v) Any intensive care except that consequent to the ***treatment*** of medical conditions or surgical procedures which have been pre-authorised by the ***Society***.

(w) ***Treatment*** which arises from, or is in any way attributable to, injuries sustained as a result of participating in ***professional sports*** or hazardous sports or activities, including but not limited to the following: motor racing, mountaineering, parachuting, off piste skiing, pot-holing, private aviation or rock climbing.

(x) ***Treatment*** in a nursing home or hospital which has effectively become the place of domicile or permanent abode.

(y) ***Treatment*** or drug therapy which in the ***Society's*** opinion is experimental and/or unproven. ***We*** use National Institute for Health and Clinical Excellence (NICE) approval as the main benchmark. ***Treatments*** which have been clinically approved are covered. Those which have entered the NICE process but have not yet received a final decision are generally covered. If subsequently NICE fail to approve the ***treatment*** on purely clinical grounds, the cover for it will cease.

(z) ***Treatment*** received outside Europe except with the prior agreement of the ***Society***. **Please Note: *We*** do not cover any ***treatment*** received in the U.S.A. or Bahamas.

(aa) ***Treatment*** related to the following: artificial limbs, artificial heart pumps, and cochlear implants.

(bb) ***Treatment*** for snoring.

(cc) ***Treatment*** to correct long or short sight or stigmatism together with any optical aids, including but not limited to spectacles, magnifiers, filters, etc.

9. General

9.1 The terms of the ***policy*** may be varied at any time by the ***Society*** for regulatory or legal reasons, such terms may include the following:

- the level of ***premium*** and the terms on which it is paid
- the ***benefits*** provided and the terms on which they are provided

The ***Society*** will give ***you*** reasonable notice of such changes by posting details to the address last shown for the ***policyholder*** on the ***Society's*** records. You may end the contract within 14 days of receiving this notification should you no longer be satisfied with the ***policy***. However, the changes will take effect even if the ***policyholder*** does not receive notification for any reason.

9.2 If any dispute shall arise between the ***member*** and the ***Society***, they shall use the ***Society's*** complaints procedure to resolve it. If any ***member*** brings details of any dispute with the ***Society*** into the public domain prior to exhausting the ***Society's*** complaints procedure, then the whole ***policy*** under which ***benefits*** are payable in respect of them will be cancelled.

9.3 If any ***member*** breaks any of the terms of the ***policy*** or makes, or attempts to make, any dishonest application or claim, the ***Society*** shall be entitled to:

- refuse to pay any ***benefits*** and
- cancel the ***policy*** immediately.

9.4 In certain circumstances the ***Society***, subject to an objective view of those circumstances, has the right to cancel a ***policy*** at any time, for the following reasons:

- has failed to act with utmost good faith, or
- has acted or communicated in an abusive manner towards or with, or made any defamatory statement relating to, any member of staff of the ***Society***.

The ***Society*** will always give reasonable notice of such a course of action.

9.5 The ***Society*** is not obliged to continue to offer or renew any ***plan***.

9.6 When dealing with the ***Society***, a ***policyholder*** acts on behalf of every ***family member*** included on his ***policy***.

9.7 The ***policyholder's*** address will be used for all correspondence in respect of the ***family members*** on his ***policy***, unless otherwise agreed by the ***Society***. The ***policyholder*** must therefore immediately advise the ***Society*** of any change of address.

9.8 Unless your local law prevents it, your ***policy*** is governed by the law of England and Wales and any dispute that cannot otherwise be dealt with will be dealt with by the courts of England and Wales.

Exeter Friendly Society

Private Medical Insurance
UK & International

ALL DOCUMENTS ARE AVAILABLE IN LARGER TEXT AND ALTERNATIVE FORMATS PLEASE CONTACT CUSTOMER SUPPORT ON +44 1392 35 35 00 WITH YOUR REQUIREMENTS.

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