

Health Cover Information Pack

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About our services and costs



11-12 Queen Square
Bristol
BS1 4NT

1. What is the purpose of this document?

You need to read this important document carefully. It explains the service you are being offered and how you will pay for it.

2. What products do we offer?

We offer long-term insurance products such as life assurance, later life care insurance, private medical insurance, regular savings policies and with-profits bonds.

3. Which service will we provide you with?

You will not receive advice or a recommendation from us. We may ask some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

4. What will you have to pay us for our services?

We do not charge a fee for arranging our products. You will be given a quotation or illustration which will tell you about any other fees relating to any particular insurance policy.

5. Who regulates us?

National Friendly, a trading name of National Deposit Friendly Society Limited, 11-12 Queen Square, Bristol BS1 4NT, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008.

Our permitted business is providing, arranging and administering long term life insurance, including savings and protection, as an insurer.

You can check this on the Financial Services Register by visiting the FCA's website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

6. What should you do if you have a complaint?

If you wish to register a complaint, please contact us:

...in writing:

Write to:
National Friendly
11-12 Queen Square
Bristol
BS1 4NT

Email:
complaints@nationalfriendly.co.uk

...by phone:

Telephone:
0333 014 6244 Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.
Lines are open 8am to 6pm, weekdays.

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

7. Are we covered by the Financial Services Compensation Schemes (FSCS)?

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Long-term insurance benefits are protected 100%, without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS.



National Friendly is a trading name of National Deposit Friendly Society Limited. Registered office: 11-12 Queen Square, Bristol BS1 4NT. Registered in England and Wales no. 369F. National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

www.nationalfriendly.co.uk



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Health Cover Policy Summary

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Introduction

This is an important document which you should read before deciding whether to apply for Health Cover. It provides a summary of the cover provided by the policy and how we deal with claims, to help you decide if the policy is right for you.

We do not offer advice or recommendations. To check whether this product will meet your demands and needs you should read this Policy Summary carefully.

Full details of the policy benefits and exclusions are provided in the Terms and Conditions and Policy Schedule which we provide to you once you have taken out the policy. A copy of the Terms and Conditions can be obtained on request before you take out the policy.

We recommend you review and update your cover periodically to ensure it remains adequate for your needs.

National Friendly is referred to as 'we' or 'us' in this document.

All literature can be made available in braille, large print or audio. To request a copy, please contact us using the details on the back page of this document.

1. Health Cover

What's covered

Health Cover provides cover of £1 million (your annual allowance) each policy year for a range of private diagnostic tests and in-patient and day-patient treatments, including an extensive list of heart and cancer treatments. It also provides cover for three minor operations carried out as out-patient treatment. All hospital treatment must be carried out at an eligible hospital.

It provides cover for treatment of acute medical conditions which occur after the start of the policy and which are short-term and curable. It does not provide cover for chronic conditions which are long-term and cannot be cured, but will cover acute flare-ups of chronic conditions where treatment can return you to your former state of health.

This is a summary of the cover provided by the policy. Further details of each benefit will be provided in your Policy Schedule and Terms and Conditions document.

Benefits and limitations of Health Cover	
Benefit	Limitations of cover
<p>Diagnostic tests and scans recommended by your GP or specialist. These include:</p> <ul style="list-style-type: none"> ■ camera-based investigations; ■ electrocardiograms (ECG); ■ gait assessments; ■ radiology such as: <ul style="list-style-type: none"> ● angiograms; ● computerised tomography (CT) scans; ● magnetic resonance imaging (MRI) scans; ● positron emission tomography (PET) scans; ● x-rays. ■ removal of tissue; ■ samples for testing; ■ treadmill tests. 	<p>We do not pay any associated GP's or specialist's consultation fee. We will only pay for the covered test or scan.</p>
<p>Minor surgery carried out by your GP or specialist for the following out-patient treatments:</p> <ol style="list-style-type: none"> 1. carpal tunnel decompression 2. joint injections for tendonitis and bursitis. 3. excision and cauterisation of cancerous tissue. 	<p>We do not pay for subsequent consultations or follow-up treatment.</p> <p>We do not pay for any other minor surgery carried out as out-patient treatment.</p>

Benefits and limitations of Health Cover

Benefit	Limitations of cover
<p>Private hospital in-patient and day-patient treatment costs:</p> <ul style="list-style-type: none"> ■ pre-operative tests; ■ specialists' fees for surgery; ■ operating theatre costs; ■ medications and dressings necessary to aid your recovery as an in-patient or a day-patient; ■ hospital accommodation costs; ■ associated nursing care. <p>Eligible treatment following on from NHS accident and emergency admission is covered only after you have first been medically discharged.</p>	<p>We do not pay for incidental costs that are unrelated to your treatment.</p> <p>We do not pay for medication and dressings for use at home.</p>
<p>Medical appliances or prostheses inserted or attached as part of a treatment we have authorised.</p>	<p>We do not pay for the supply or fitting of physical aids and devices such as hearing aids, spectacles or contact lenses, walking sticks, walking frames or crutches.</p>
<p>Dental procedures in a hospital for:</p> <ul style="list-style-type: none"> ■ surgical removal of any impacted teeth or buried teeth or roots (including apicectomy); and ■ the enucleation of cysts of the jaw. 	<p>We do not pay for any other dental procedures, such as but not limited to:</p> <ul style="list-style-type: none"> ■ hygienist procedures; ■ orthodontics. <p>We do not pay for any dental procedures in a dental surgery.</p>
<p>Eye treatment in a hospital for acute conditions where treatment leads to lasting recovery, such as cataract surgery.</p>	<p>Refractive surgery and treatment for permanent eyesight damage or deficiency are not covered.</p>
<p>Treatment in a hospital for the repair of a perforated eardrum.</p>	<p>We do not pay for any other aural procedures or for treatment of deafness.</p>
<p>Hospital accommodation costs when accompanying a child policyholder who is receiving eligible treatment under this policy.</p>	<p>We do not pay for incidental costs that are unrelated to the child's treatment.</p>
<p>Private land ambulance where medically necessary.</p>	
<p>Home nursing under the instruction and supervision of your specialist for eligible covered treatment.</p>	
<p>Tonsillectomy/ adenoidectomy where deemed medically necessary.</p>	<p>We do not pay as a preventive measure.</p>

Benefits and limitations of Health Cover

Benefit	Limitations of cover
Varicose vein treatment where you have or are about to have, a venous ulcer.	
<p>Treatment for the following complications where you have arranged to pay for your child's birth in a private hospital;</p> <ul style="list-style-type: none"> ■ emergency caesarean section; ■ retained placental membrane; ■ ectopic pregnancy; ■ stillbirth; ■ hydatidiform mole; ■ post-partum haemorrhage. 	<p>You are not covered for the listed treatments within the first twelve months of your policy.</p> <p>We do not pay for any other treatment of medical conditions relating to pregnancy.</p> <p>We don't pay for treatment of the baby after birth.</p>
<p>Cash sum payable as alternative to eligible private in-patient operations, known as a fixed cash allowance, where:</p> <ul style="list-style-type: none"> ■ the treatment is covered by your policy; and ■ you choose instead to have your treatment performed on the NHS; and ■ you have sufficient annual allowance remaining to cover the full cost of the private treatment. 	<p>Minimum operation costs apply. Please visit www.nationalfriendly.co.uk/existing-customers under the heading Fixed Cash Allowance.</p>
<p>Cancer treatment:</p> <ul style="list-style-type: none"> ■ chemotherapy, including home treatment where deemed medically necessary by your specialist; ■ radiotherapy; ■ medications prescribed by your specialist to help alleviate cancer-related bone damage and side effects of chemotherapy; ■ wigs purchased as a result of hair loss caused by cancer treatment; ■ prostheses which are provided as part of active treatment of your cancer; ■ consultations during active treatment. <p>Treatment can be administered at a private hospital, day-patient unit or scanning centre or in your own home, care home or nursing home where administered by a healthcare professional under guidance from your cancer specialist.</p>	<p>We do not pay for:</p> <ul style="list-style-type: none"> ■ preventive treatment; ■ experimental treatment; ■ clinical trials; ■ stem cell or bone marrow treatment or research; ■ genetic testing or screening; ■ transport costs relating to cancer treatment; ■ out-patient medication and dressings prescribed by your GP; ■ supportive, palliative or hospice care; ■ treatment given solely to relieve symptoms. <p>Wigs are covered to a total of £400 each policy year.</p>

Benefits and limitations of Health Cover

Benefit	Limitations of cover
<p>Heart treatment:</p> <ul style="list-style-type: none"> ■ coronary angioplasty; ■ coronary artery bypass; ■ the implantation of devices such as a pacemaker or defibrillator; ■ cardiac valve surgery. 	<p>We do not pay for:</p> <ul style="list-style-type: none"> ■ routine heart and circulatory checks ■ maintenance or replacement of pacemakers, defibrillators and other heart-related devices once inserted.
<p>Reconstructive surgery to restore function or appearance following an injury or covered surgery which takes place after your policy has started.</p>	<p>We do not pay for any other cosmetic or corrective procedures.</p>
<p>Follow-up consultations within six months of your treatment which are required to complete the recovery process. Cover includes:</p> <ul style="list-style-type: none"> ■ your specialist's fees for follow-up consultations and tests; ■ removal of stitches or casts; ■ medication and dressings administered or applied before leaving hospital. 	<p>Follow-up consultations are covered to a total of £500 each policy year.</p> <p>We do not pay for medication and dressings for use at home.</p> <p>We do not pay for routine monitoring after stabilisation.</p>
<p>Follow-up therapies which are required to complete the recovery process until your medical condition is stabilised. We cover:</p> <ul style="list-style-type: none"> ■ acupuncture; ■ chiropody; ■ chiropractic; ■ osteopathy; ■ physiotherapy; ■ podiatry; <p>where you are referred by a specialist and within six months of your treatment.</p>	<p>Follow-up therapies are covered to a total of £500 each policy year.</p> <p>We do not pay for routine foot care which is not medically necessary such as:</p> <ul style="list-style-type: none"> ■ fungal disorders; ■ cutting or removal of blisters, corns and calluses; ■ cosmetic foot care and pedicures. <p>We do not pay for insoles, hosiery or footwear.</p>

How we deal with pre-existing medical conditions

You will be given a choice whether to tell us about your pre-existing medical conditions. If you want to tell us, you will know right from the start of your policy whether we will cover them.

Alternatively we can automatically exclude pre-existing medical conditions for a period of time. A pre-existing condition might be covered in future if it doesn't recur within a set timeframe, although any recurrence could mean that timeframe starts all over again.

Whichever you choose, if we are prepared to cover you for any pre-existing medical conditions, this will be to the extent shown in this Policy Summary, and in more detail in the Terms and Conditions document. Any personal exclusions from cover will be confirmed on the Policy Schedule.

Schedule of fees

We set fee guidelines for how much we will pay for specialists and procedures. This helps us manage the costs of your private healthcare for the benefit of all our customers. Occasionally specialists might charge more in fees than we will cover under the policy, and if that's the case we'll work with you, either so that you pay the difference, or we will help you find an alternative specialist within our fee guidelines. Alternatively, you can seek treatment on the NHS. You can see our up-to-date Schedule of Fees on our website on the 'Existing customers' page or ask us for details.

Private hospitals - extended list

You have a wide choice of hospitals you can use, depending on the premium you want to pay. The standard hospitals option excludes treatments at the following UK private hospitals:

- Cromwell Hospital, London;
- The London Clinic;
- Harley Street at UCH, London;
- Harley Street Clinic, London;
- King Edward VII's Hospital – Sister Agnes, London;
- Lister Hospital, London;
- London Bridge Hospital, London;
- Portland Hospital for Women and Children, London;
- Princess Grace Hospital, London;
- Wellington Hospital, London.

The extended hospitals option includes treatment at any UK private hospital, including those hospitals listed above. Your premium will be higher as a result.

You will choose either the standard hospitals option or extended hospitals option when you first take out a policy and you will be given the option to change your choice at each five-year renewal. A change to your hospitals option choice will be subject to underwriting review.

We will always endeavour to give you as wide a choice as possible. Occasionally, we may add to or reduce the list above. If we do so, it is always in our members' best interest. The up-to-date list is published on www.nationalfriendly.co.uk/existing-customers (scroll down to 'Extended list') or it can be provided on request.

What's not covered

This is a summary of the general exclusions from cover. Full details of each exclusion will be provided in your Policy Schedule and Terms and Conditions documents.

We do not cover treatment and follow-ups for:

1. accident and emergency admissions;
2. addiction-related medical conditions;
3. age-related medical conditions;
4. AIDS/HIV;
5. allergies;
6. chronic (long-term and incurable) conditions;
7. complementary medicine;
8. congenital conditions;
9. corrective treatment (for previous treatment not covered by your policy);
10. criminal activity and public order offences resulting in treatment;
11. cruise ship treatment;
12. developmental/behavioural conditions;
13. dialysis;
14. elective treatment;
15. epidemics;
16. experimental treatment;
17. fertility treatment;
18. gender reassignment/sex change;
19. hospitals on the extended list (if you have selected the standard hospitals option)
20. medication and dressings for use at home;
21. mental health treatment;
22. missed appointments;
23. natural disasters;
24. overseas treatment;
25. physical aids and devices;
26. pre-existing conditions (see previous page);
27. preventive treatment;
28. rehabilitation, residence and recovery;
29. routine monitoring, tests and examinations;
30. screening;
31. second opinion we have not requested;
32. self-inflicted injury;
33. sexual health;
34. sleep disorders;
35. spa therapies;
36. sports and pastimes that are dangerous;
37. transplant operations;
38. war, terrorist acts and civil commotion;
39. weight loss treatment and obesity treatment.

2. Applying for cover

You can apply for Health Cover if you are:

- between the ages of 18–75. A parent or guardian over the age of 18 can also apply for a policy on behalf of a child; and
- a permanent resident of the United Kingdom (excludes the Channel Islands and the Isle of Man)

Your choice of application

There are three ways you can apply.

1. Full medical underwriting

This might be suitable for someone who wants clarity on whether a pre-existing condition will be covered. We will tell you if a pre-existing condition is excluded from cover.

On your application form you provide us with details of medical conditions which you have been aware of, or had signs or symptoms of, or undergone consultations, investigations, medication, advice or treatment for, in the last five years. We will tell you whether we are prepared to offer you cover for those conditions. You can then choose whether to accept cover on that basis. Your Policy Schedule will specify which medical conditions are not covered (excluded) or which are covered only to a limited extent.

2. Continued personal medical exclusions

This application might be suitable for someone who:

- is applying to carry forward existing exclusions from a current private medical insurance policy to Health Cover; and
- wants clarity on whether a pre-existing medical condition will be covered under Health Cover.

On your application you will provide us with some details about medical conditions for which you have received treatment in the last two years.

We will also ask you if you have had discussions with your GP, or plan to have discussions with your GP, which has or might lead to a consultation with a specialist.

If any medical conditions are not covered (excluded) under your current policy these exclusions will continue under Health Cover. We will also tell you whether we are prepared to offer you cover for any pre-existing medical conditions. You can then choose whether to accept cover on that basis. Your Policy Schedule will specify which medical conditions are not covered (excluded) or which are covered only to a limited extent.

3. Moratorium

This might be suitable for someone who has not had signs and/or symptoms of a pre-existing medical condition in the last five years before applying for the policy.

On your application you do not provide us with any details of your medical history. Any medical conditions which you have been aware of, or had, signs or symptoms of, or undergone consultations, investigations, medication, monitoring, advice or treatment for, in the last five years will not be covered for at least the first two years of the policy. If you do not have any signs or symptoms of a pre-existing medical condition in any two year period of the policy then any cover for that medical condition will be provided in line with the Terms and Conditions of this policy, from that point on.

Your right to change your mind

You can cancel your policy within 14 days of receiving your policy documents. A cancellation notice will be included with your policy documents, to use if you wish to cancel your policy. You will receive a full refund of any premium paid, provided you have not made a claim in that time.

You can also cancel at any time after 14 days of receiving your policy documents by writing to us with your instructions to cancel and enclosing your Policy Schedule. You will not be entitled to any refund of premiums.

Your monthly premiums

Premiums are due on the 1st day of each month and are payable monthly or annually in advance by direct debit. They include insurance premium tax at the current rate. Should the rate of insurance premium tax change we will update your premium to reflect this.

Your first Health Cover policy starts with a no claims discount of 30% for the first year.

You can choose to pay an optional excess towards the cost of claims in any policy year. The excess options are: no excess, £100 and £250. You can keep the same excess each year or increase it once each year. You will not be able to decrease or remove your excess once your policy has started. Your premiums will be lower the higher the level of excess you choose.

If you choose the extended hospitals option your premium will be higher than the standard hospitals option.

Full details are available in the policy Terms and Conditions. Details of your premium will be provided on any quotation you receive and on your Policy Schedule.

It is important that you keep your premium payments up to date to maintain cover under your policy. If you don't you will not be able to claim and if your policy is three months in arrears, it will be closed.

Please turn over for annual premium reviews and renewals information.

Annual premium reviews

Premiums will be reviewed each year until the end of the policy term and will take into account:

- the standard premium for your age at the policy anniversary date;
- any excess you choose;
- the extended hospitals option where chosen;
- any no claims discount which applies. It will go up by 5% if you do not claim in a policy year and down by 10% if you do. The minimum no claims discount is 0% and the maximum is 50%.
- the expected future frequency and value of all claims on policies which operate under the same terms and conditions as your policy;
- changes in other factors such as taxation, regulation, National Friendly's costs or any other factor that we have reasonable grounds to believe will change the expected future profitability of Health Cover, as relevant to your policy, from the level anticipated when the premium rates were originally set.

The annual premium review could result in your premium rising, falling or staying the same. Any changes to your premium as a result of the premium review will take effect on each anniversary of your policy. We will write to you in good time to notify you before any changes are made to your direct debit.

Before your annual premium review you have the option to choose whether to keep your excess at the same amount or to increase it, in order to lower the amount of your new premium for the upcoming policy year. You will not be able to decrease your excess to a lower amount.

Renewals

Health Cover is a five-year contract that will be renewed every five years and will continue until:

- you tell us to cancel the policy;
- you don't pay your premiums for three months and we close your policy;
- you cease to live in the UK and we close your policy;
- we are notified of your death and we close your policy;
- the policy is no longer available for renewal. In this scenario we may invite you to apply for an alternative health insurance policy.

We will write to you, in good time before each fifth anniversary, to let you know the proposed terms of your cover including the premium and any excess options and/or hospital options open to you. Any no claims discount you have at renewal will be carried over and will be capped at a maximum of 50%.

A change to your hospitals option choice will be subject to underwriting review.

The cover that we offer at your renewal date may have exclusions for specific medical conditions, depending on your current health and any claims that you made during the five-year term of your existing policy.

3. Our approach to claims

Our aim is to make the claims process easy and straightforward. When you want to make a claim simply call us for authorisation using the details on the back page of this document. We'll explain what you can claim for and be on hand to answer any questions you have and guide you on your options throughout your claim. Full details of how to claim will be included in your policy Terms and Conditions document.

You will need a referral for covered private treatment from your GP to a specialist. All hospital treatment must be carried out at an eligible hospital.

Where we need medical evidence to support your claim we will ask you for permission to obtain this from your GP, specialist or treatment provider.

Eligible claims within the fee guidelines set out in our Schedule of Fees will be paid up to a total of £1million each policy year. Where you choose an excess you will pay that in each policy year you have treatment.

For example, if you have a £100 excess and your eligible claim costs £15,000, in that policy year you will pay £100 and we will pay £14,900.

This level of cover will be refreshed at each policy anniversary until the end of the policy term. If your treatment carries on into the next policy year another excess will apply.

Please note that you cannot carry back, or forward, any unused cover from any policy years.

Our Schedule of Fees is published on our website and can be provided on request.

4. Complaints and compensation

How to make a complaint

We always do our best to provide a high standard of customer care, but if something goes wrong please tell us so we can put it right. You can do this by emailing complaints@nationalfriendly.co.uk or contacting us by telephone, by post, through our website, or in person at our registered office. Our contact details and opening hours are given on the back page.

We will give you a copy of our leaflet 'How to make a complaint' explaining how we deal with complaints. This leaflet is also available at any time to view or download from our website.

We will investigate your complaint and try to resolve it promptly to your satisfaction. We aim to resolve complaints and send you our final response in writing within three business days, or within four to eight weeks for more complex complaints.

If you are not satisfied with our final response you may have the right to take your complaint to the Financial Ombudsman Service. This service is free and using it in no way affects your legal rights.

You can find more information on their website: www.financial-ombudsman.org.uk

The Financial Services Compensation Scheme (FSCS)

National Friendly is covered by the FSCS. You may be entitled to claim compensation from the FSCS if we cannot meet our liabilities. Details can be found on their website: www.fscs.org.uk

Your notes

Getting in touch with us

Our customer services team is on hand between 8am and 6pm, Monday to Friday, excluding bank holidays.

Call:

0333 014 6244

Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. Calls are recorded for training and quality purposes.

Email:

info@nationalfriendly.co.uk

Or visit:

www.nationalfriendly.co.uk



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