



YOUR POLICY BOOK
KEY TREATMENTS

SAGA
Experience is everything



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Quick reference guide for important information

Saga Key Treatments is underwritten by Bupa Insurance Limited, therefore any reference to 'Bupa, we, us, our' in this document means Bupa Insurance Limited.

WELCOME TO SAGA KEY TREATMENTS

Thank you for choosing the Saga Key Treatments plan underwritten by Bupa Insurance Limited. Saga aims to provide the highest level of care and service possible, so this policy has been designed with your needs in mind.

This Policy Book describes your cover in detail and should provide you with all you need to know about your policy, including how to make a claim. It is organised into sections to help you quickly find the information you need and to make it as straightforward and easy to understand as possible.

Please take the time to read this booklet carefully to make sure you fully understand what you are covered for, that your policy gives you the cover you want and that you are aware of the additional advice and support lines available to you as a Saga Health Insurance customer.

If you have any questions at all, feel free to call Saga's Customer Care Team on the relevant telephone number overleaf and one of the team will be happy to help.

CONTACTING US

While it is important that you read and understand your Policy Book, we understand that it is often easier to call us to obtain information, so we have a team Claims Helpline to help you.

You should always call our Claims Helpline on the number provided before starting **treatment**. Please be aware that if you do not obtain authorisation from us before starting **treatment** then we may be unable to pay for the **treatment** you receive in full or in part.

To speak to a healthcare professional

Saga GP Service **0330 018 1618**

(operated by HealthHero Solutions Limited)

Available day or night, 365 days a year. You can book an appointment online via www.saga.co.uk/GPService

Anytime HealthLine **0330 018 0779**

Available day or night, 365 days a year.

For more information on access to these advice and support lines, please see section 10.

Manage your claim online

You can create an account online by visiting bupa.co.uk or download the My Bupa App. From here you can call or use Webchat to get in touch, pre-authorise **treatment** and view your claims history.

To make a new claim or for help with an existing claim

Claims Helpline **0330 018 0778**

If calling from outside the UK,
+44 161 527 6165 – international call rates apply.

Available: Monday to Friday 8am-8pm, Saturday 8am-4pm.

Please remember that you should obtain authorisation for your claim from us before starting any treatment.

To discuss or make changes to your Saga policy

Customer Care Team **0330 018 1361**

Or call +44 2082 822946 from abroad

Available: Monday to Friday 8.30am-7pm, Saturday 9am-1pm.

Saga is committed to giving customers different ways to access products. To contact us by Next Generation Text on any of the numbers listed in this Policy Book just prefix the number listed with **18001**.

Sight, speech or hearing difficulties?

Please let us know if you would like a braille, large print or audio copy of your documents. For people with hearing or speech difficulties, you can use the Relay UK service on your smart phone or text phone.

For further information visit www.relayuk.bt.com

You can call us with any questions about the Relay UK service on **0800 010 383**.

Calls to all the telephone numbers above may be recorded in case of subsequent query.

1 INTRODUCTION

The purpose of this Policy Book and how to use it

This Policy Book sets out the terms of cover for Saga Key Treatments.

Your **policy** is an annual insurance contract which means that prior to the end of any **policy year** Saga will write to the **policyholder** to advise on what terms the **policy** will continue, provided that the **policy** you are on is still available. This will include an 'endorsement' which contains details of any amendments that will apply to this **policy**.

The following documents make up our agreement with you:

- The Saga Policy Book
- Your Policy Schedule
- Important Information

These documents must be read together as a whole, they should not be read as separate documents.

This Policy Book and any endorsements which amend it are important documents as they detail:

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

Throughout your Policy Book certain words and phrases appear in **bold type** to indicate they have a special medical or defined meaning. You will find a glossary of these words in section 12 or, if they apply to a specific section, they will be defined there.

Additionally, when we refer to 'you' or 'your' throughout this document, we mean the **policyholder** and any **family members** named on the **policyholder's** Policy Schedule.

Please note:

Saga Key Treatments is not available if you live in the Channel Islands (unless you are an existing customer).

2 YOUR COVER

Please remember that our policies are not intended to cover all eventualities and are designed to complement rather than replace all the services provided by the NHS.

In return for payment of the premium we agree to provide cover as set out in the terms of this **policy**. Please refer to the definition of '**policy**' in the glossary for details of the documents that make up your **policy**.

Summary of the Saga Key Treatments plan

The Saga Key Treatments **policy** offers you cover for the diagnosis and/or necessary active **treatment** of an **eye condition**, one **surgical procedure** per leg for **varicose veins** and **treatment** required to carry out a **joint replacement**, **gall bladder** removal or **inguinal** or **hiatus hernia** repair. It does not cover you for **treatment of medical conditions** that existed, or you had symptoms of, before joining. However, in some circumstances you may have joined on a different basis, please refer to section 5 'Existing medical conditions' for further information.

There is also no cover for ongoing, recurrent and long-term conditions (also known as **chronic conditions**).

Your cover includes:

- **inpatient** and **day patient treatment** and associated **specialists'** charges
- **outpatient surgical procedures**
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- **outpatient diagnostic tests**, **outpatient** consultations (including post-operative consultations) and **practitioner** and **physiotherapist** charges.

The **policy** will also cover you for necessary active **treatment** of a **medical condition** that arises as a direct result of a complication of **eligible treatment**.

Be aware:

Your policy will not cover you for:	Where can I find more information?
Treatment of medical conditions that existed, or you had symptoms of, before joining (in some circumstances you may have joined on a different basis)	Section 5
Treatment of ongoing, recurrent and long-term conditions (chronic conditions)	Section 7
Dental procedures	Section 6
Treatment of mental health conditions	Section 6
Aortic artery surgery	Section 6
Inpatient or day patient treatment and CT, PET or MRI scans not received in a hospital listed in the Saga Countrywide Hospital List (unless the treatment has been approved by us in advance)	Section 8
Minimum excess of £100 for each person on the policy each year	Section 3
Treatment that we have not first authorised as eligible for payment	Section 4
Urgent or Emergency treatment	Section 4

These are just some of the key limitations that relate to your **policy**; please read this Policy Book for full details.

Please note:

You can be reassured that the vast majority of **specialists** we recognise are **fee-assured specialists** and we routinely pay their **eligible treatment** charges in full. We also pay **eligible treatment** fees in full with a **physiotherapist** and charges for a **practitioner**. Please visit <https://codes.bupa.co.uk/procedures> to review the Bupa Schedule of Procedures and Fees. This list is subject to change.

We support you in identifying a suitable **treatment**. However, if you choose to receive **treatment** under the direction of a **fee-limited specialist** you may have to make a contribution to your **treatment** costs.

Please see section 8 'Who we pay for treatment and where you can be treated' ([page 27](#)) for full details.

If you have chosen Guided Care (not available if you live in the Channel Islands or Isle of Man):

This **policy** offers you cover for necessary **treatment** of **medical conditions** when **treatment** is received from a **selected provider**. By '**selected provider**' we mean 'a **hospital, day patient unit, outpatient facility, scanning centre, specialist, practitioner** or **physiotherapist** that we have helped you choose to provide your **treatment**'.

Please see section 8 'Who we pay for treatment and where you can be treated' ([page 27](#)) for full details.

3 BENEFITS TABLE

The **benefits table** on [page 9](#) shows the benefits available to you for the **treatment** of an **eye condition, joint replacement, inguinal** or **hiatus hernia** repair, one **surgical procedure** per leg for **varicose veins** and **gall bladder** removal together with the monetary limits of your **policy**. These benefits are explained fully in this Policy Book. You must read this table in conjunction with the rest of your Policy Book.

Please make sure you call us on 0330 018 0778 prior to **treatment** so that we can confirm the extent of your cover and any limitations that may apply.

Please note:

You should obtain authorisation for your claim from us before starting **treatment**. If we ask you to complete a claim form, you must send it to us for confirmation of your cover. If you do not, we may be unable to pay for the **treatment** you receive in full or in part. All **inpatient treatment** and **day patient treatment** must also take place at a **hospital** listed in the **Saga Countrywide Hospital List**.

Alternatively, if you have chosen Guided Care, you must call us in advance of booking any **treatment** so that we can choose the **specialist** with you.

Excess information

Please note that the **policy** has a minimum excess of £100 per person per **policy year**.

Alternatively, you can choose a higher optional excess for each person covered by this **policy** each **year** as follows:

Option 1:	£250
Option 2:	£500
Option 3:	£750
Option 4:	£1,000

For example, if you choose option 1, the minimum £100 excess will be replaced by the higher excess of £250 per person per **policy year**.

Benefits	Amount payable	For more information
Inpatient and day patient treatment		Section
1. Hospital charges: including charges for accommodation, diagnostic tests , operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the specialist during surgery.	No annual maximum at a hospital listed in the Saga Countrywide Hospital List or a hospital we have chosen with you	8
2. Specialists' fees (surgeons, anaesthetists and physicians).	No annual maximum	8
3. Inpatient consultations – benefit for a consultation with a second specialist arranged by the treating specialist .	No annual maximum	8
Outpatient treatment		
4. Surgical procedures .	No annual maximum	6
5. Specialist consultations.	No annual maximum This includes remote consultations by telephone or video link instead of you going to an outpatient clinic.	8
6. Diagnostic tests performed by your specialist or on specialist referral.	No annual maximum	6
7. Practitioner charges.	No annual maximum	8
8. Physiotherapist charges.	No annual maximum	8
9. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	Paid in full in any scanning centre listed in the Saga Countrywide Hospital List or a scanning centre we have chosen with you	8
Other benefits		
10. Anytime HealthLine. Confidential medical information.	Immediate access 24 hours a day, 365 days a year	10
11. Saga GP Service. Access to the confidential GP helpline is available in addition to your policy . You can book an appointment online via www.saga.co.uk/GPService .	Immediate access 24 hours a day, 365 days a year .	10

4 ARRANGING TREATMENT AND MAKING A CLAIM

If you have chosen the Saga Countrywide Hospital List or our Saga London Upgrade, or you live in the Channel Islands or Isle of Man, the following information and that on [pages 14-15](#) applies:

(If you have chosen Guided Care, please see [pages 12-15](#).)

Please remember that you should obtain authorisation for your claim from us before you start any **treatment** (see opposite for the steps to take). If we ask you to complete a claim form, you must send it to us for confirmation of your cover. If you do not, we may be unable to pay for the **treatment** you receive in full or in part. All **inpatient treatment** and **day patient treatment** must also take place at a **hospital** listed in the **Saga Countrywide Hospital List**

Please note:

There may be occasions when you will not need to complete a claim form.

We have a team who can help you find a **fee-assured specialist**. This service is available if your **GP** has given you an **open referral**, meaning they do not specify the **specialist's** name. To get your claim underway, simply call the Claims Helpline and tell them you have an **open referral**.

We can also support you if you would like an alternative to the **specialist** your **GP** has referred you to. In many cases we can book the appointment with the **specialist** for you.

What happens if I require emergency treatment?

Most private **hospitals** are not set up to receive emergency admissions. In an emergency you should call for an NHS ambulance or visit the accident and emergency department at the local NHS hospital.

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

Step One

Being referred for **treatment**
Your consultation or **treatment** must follow an initial referral by a **GP** (including via a digital GP service) or another healthcare practitioner, for an **eye condition, varicose veins** or **treatment** required to carry out a **joint replacement, gall bladder** removal or **inguinal** or **hiatus hernia** repair. The situations in which we will accept such a referral are set out on [bupa.co.uk/referrals](https://www.bupa.co.uk/referrals).

Step Two

Call us on **0330 018 0778** or you can contact us digitally by visiting [bupa.co.uk](https://www.bupa.co.uk) or download the My Bupa App.
To help us make the claims process as simple and swift as possible, please have the following information close to hand when you call us:

- your policy number
- details of the condition you are suffering from
- details of when your symptoms first began
- details of when you first consulted a **GP** about your condition
- details of the **treatment** that has been recommended

Step Three

We will explain which nearby **specialists, facilities** and healthcare professionals are available under your benefits and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us.
If your **specialist** recommends further tests or **treatment**, it is important you check back with us to obtain further pre-authorisation. We strongly advise you to call us before arranging or receiving any **treatment** to pre-authorise it, as you will be responsible for paying any fees or charges that are not covered under your benefits.

Step Four

Usually, we will pay the providers of your **treatment** directly

Please send any correspondence to: Bupa Claims, Bupa Place,
102 The Quays, Salford M50 3SP.

If you have chosen Guided Care (not available if you live in the Channel Islands or Isle of Man) the following information applies:

(If you have chosen the **Saga Countrywide Hospital List** or our Saga London Upgrade, or you live in the Channel Islands or Isle of Man, please see [pages 10-11](#) and [14-15](#).)

When you require **treatment** we will support you by choosing a **selected provider** to treat you. To enable us to do this you should contact us before booking or receiving any **treatment**. We can support you when you book the appointment with a **specialist**.

Please **remember** that you should obtain authorisation for your claim from us before you start any **treatment** (see opposite for the steps to take). If we ask you to complete a claim form, you must send it to us for confirmation of your cover. If you do not, we may be unable to pay for the **treatment** you receive in full or in part.

Please note:

There may be occasions when you will not need to complete a claim form.

Be aware:

Once you have started making a claim, unless we have advised you otherwise you should contact us prior to each stage of **treatment**. If you do not do this or do not receive **treatment** with the provider we helped you choose, we may refuse payment for the **treatment** you receive and you could be liable for the whole cost of **treatment**.

GP open referral

To use Guided Care you must ensure your **GP** provides an **open referral** or refer to the Bupa referral site bupa.co.uk/referrals. An **open referral** is where your **GP** states that **treatment** is necessary and which type of **specialist** you require that **treatment** from, but does not specify the **specialist's** name.

Be aware:

If, when you call us, your **GP** has provided a referral to a named healthcare provider, we will still support you by finding a **selected provider** to treat you and assist you in arranging **treatment** with them. In some cases we may require additional information from your **GP** in order to do this.

If you have an appointment booked with a named provider prior to contacting us, we will let you know if you need to cancel this appointment. We will not be liable for any cancellation or missed appointment charges which are incurred.

Arranging your appointments

We have a team who can help you find a **selected provider**. By '**selected provider**' we mean 'a **hospital, day patient unit, outpatient facility, scanning centre, specialist, practitioner or physiotherapist** that we have helped you choose to provide your **treatment**'.

What happens if I require emergency treatment?

Most private **hospitals** are not set up to receive emergency admissions. In an emergency you should call for an NHS ambulance or visit the accident and emergency department at the local NHS hospital.

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

Step One

Being referred for **treatment**

Your consultation or **treatment** must follow an initial referral by a **GP** (including via a digital GP service) or another healthcare practitioner, for an **eye condition, varicose veins** or **treatment** required to carry out a **joint replacement, gall bladder** removal or **inguinal** or **hiatus hernia** repair. The situations in which we will accept such a referral are set out on bupa.co.uk/referrals

Step Two

You need to call us on **0330 018 0778** or you can contact us digitally by visiting bupa.co.uk or download the My Bupa App. To help us make the claims process as simple and swift as possible, please have the following information close to hand when you call us:

- your policy number
- details of the condition you are suffering from
- details of when your symptoms first began
- details of when you first consulted a GP about your condition
- details of the **treatment** that has been recommend

Step Three

We will explain which nearby **specialists, facilities** and healthcare professionals are available under your benefits and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us.

If your **specialist** recommends further tests or **treatment**, it is important you check back with us to obtain further pre-authorisation. We strongly advise you to call us before arranging or receiving any **treatment** to pre-authorise it, as you will be responsible for paying any fees or charges that are not covered under your benefits.

Step Four

Usually, we will pay the providers of your **treatment** directly.

Please send any correspondence to: Bupa Claims, Bupa Place, 102 The Quays, Salford M50 3SP.

The following points are relevant for the Saga Countrywide Hospital List, Saga London Upgrade and Guided Care:

How are my medical bills settled?

We normally receive bills for **treatment** directly from **specialists** or **hospitals**. Medical bills for **treatment** that have been pre-authorised should be sent to us directly from **specialists** or **hospitals**.

If you receive a bill for payment please contact the Claims Helpline as we can settle eligible bills directly with the **hospital** or **specialist**, subject to any excess. If for any reason you have paid a medical bill yourself, please call the Claims Helpline to make the necessary arrangements to reimburse you.

Do I need to tell the place where I have my treatment that I have private medical insurance with Saga?

Yes, you must tell the place where you have your **treatment** that you have private medical insurance with Saga (which is underwritten by Bupa Insurance Limited). This will mean that the fees charged for your **treatment** are those Bupa have agreed with the **facility**.

What happens if I've paid the bills myself already or if I receive a bill?

If you paid your medical bills yourself and your **treatment** is covered, we will refund you the rates we have agreed with the **hospital** or centre, minus any excess. Please send the original receipts from the **specialist** or **hospital** to Bupa Claims, Bupa Place, 102 The Quays, Salford M50 3SP.

You should send us any receipts for **treatment** within 6 months after you've had your **treatment**, unless this is not reasonably possible.

If you receive a bill, please call us and we'll explain what to do next.

What must I provide when making a claim?

- 4.1 Before we can consider a claim you must ensure that:
- You provide us with the necessary information and necessary legal permissions to handle your medical information and to assess your claim. You will need to do this before starting any **treatment** in order to obtain authorisation for your claim from us; and
 - we receive original invoices for **treatment** costs either from you or directly from whoever has provided your **treatment**; and
 - you give us all the information we request.

Do I need to provide any other information?

- 4.2 It may not always be possible to assess the eligibility of your claim from the pre-authorisation request alone. In such situations we will require additional information. Where we request that you provide additional information it is your responsibility to provide any reasonable additional information to enable us to assess your claim.

Be aware:

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

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

What should I do if another party is responsible for some of my claims costs?

4.4 When you claim for **treatment** you need because of an injury or medical condition that was caused by or was the fault of someone else (a 'third party') it is your responsibility to notify us as soon as reasonably possible and ensure our interests are protected in any legal action required so that we are able to recover any costs that we have paid for your **treatment**. This includes:

- Notifying us as soon as you become aware that you require (or may require) **treatment** that was caused by or was otherwise the fault of a third party. You can contact us with this information on 0800 028 6850 (we may record or monitor calls) or email infothirdparty@bupa.com. If you need to send us sensitive information you can email us securely using Egress. For more information and to sign up for a free Egress account, go to switch.egress.com. You will not be charged for sending secure emails to a Bupa email address using the Egress service.
- Taking steps we ask of you to recover from the third party the cost of the **treatment** paid for by us. This includes ensuring that we are able to liaise with you and your legal representative (if you appoint one) in relation to this and that you or your legal representative regularly keep us updated as to progress with any recovery action.
- Ensuring that where you agree settlement with a third party, the settlement includes the cost of **treatment** that we have paid for you in full, and that you pay such sum (and applicable interest) to us as soon as reasonably possible.

Other insurance cover

4.5 You can only claim for **eligible** private medical costs once. This means if you have two policies that provide private medical cover, the cost of your **treatment** may be split between Bupa and the other insurance company. You will be asked to provide us with full details of any other relevant insurance policy at the time of claim.

5 EXISTING MEDICAL CONDITIONS

Please note:

The following defined terms apply to this section:

Medical condition – any disease, illness or injury, including mental health conditions.

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 three years before the start of your cover.

Specified condition – the **medical conditions** listed in the table on [page 18](#) that we will not cover if you have the following

pre-existing conditions: diabetes, raised blood pressure (hypertension) or you are undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test.

Trouble free – when you:

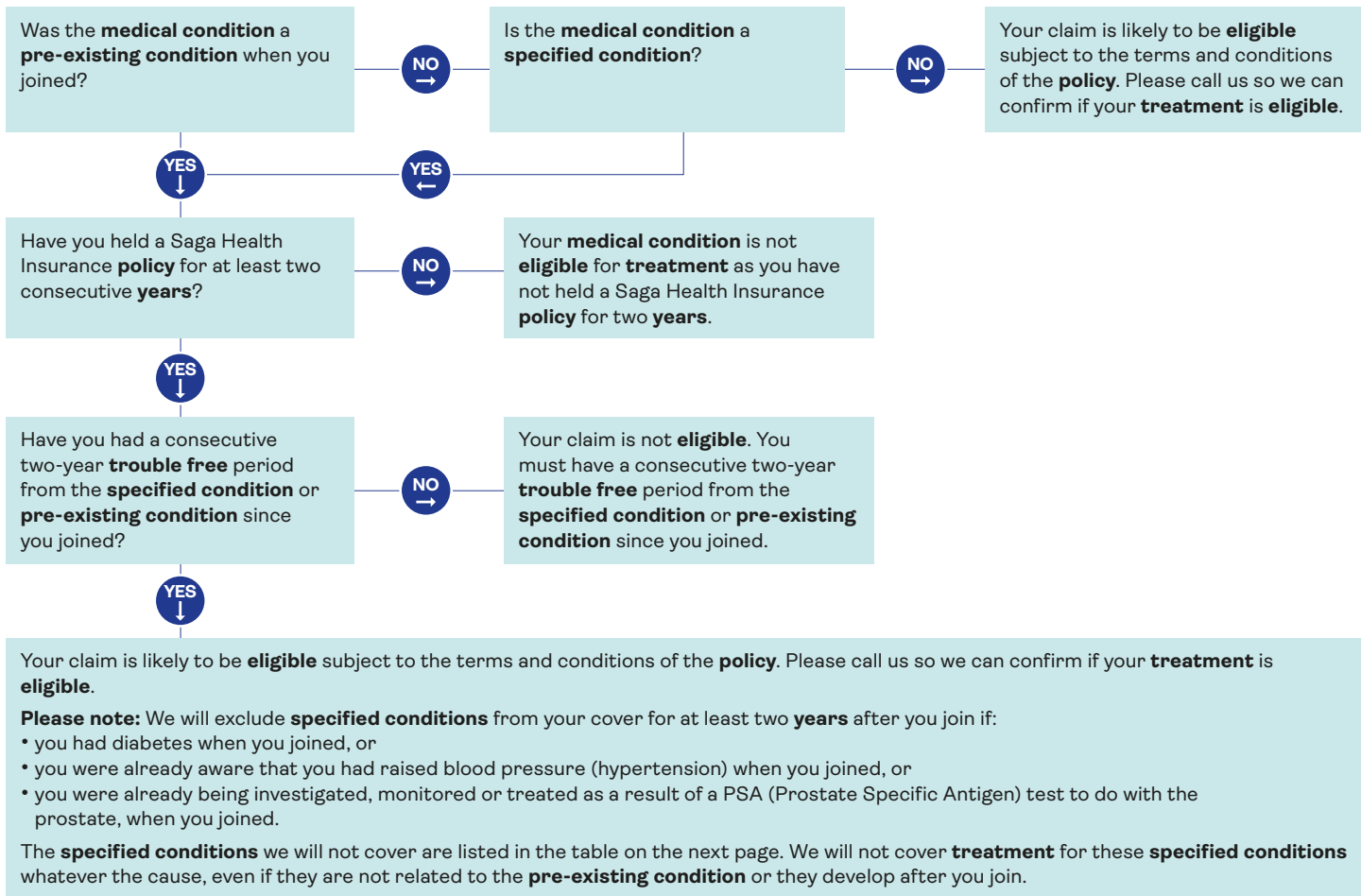
- have not had any medical opinion from a medical practitioner including **GPs** or **specialists**; or
- have not taken any medication (including over the counter drugs) or followed a special diet; or
- have not had any medical **treatment**; or
- have not visited a **therapist, physiotherapist, practitioner,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

What cover is there for treatment of any medical conditions that I had prior to joining?

This **policy** is designed primarily to provide cover for **treatment** of an **eye condition, joint replacement, inguinal hernia** or **hiatus hernia** repair, one **surgical procedure** per leg for **varicose veins** and **gall bladder** removal which are needed as the result of a new **medical condition** that arises after you join. This is the usual position. However, you may have joined on a different basis, particularly if you joined this **policy** from another insurer.

If you completed a medical history declaration when you joined, your Policy Schedule will show the **medical conditions** for which we will not cover you for **treatment** and whether we can review that exclusion.

If you did not provide your medical history when you joined, the diagram on [page 17](#) shows how your **policy** works and the process we go through when assessing your claim.



We will provide cover for **treatment of medical conditions** that arise after you join. However, in the first two **years** of cover there is no cover for the **treatment of pre-existing conditions** or for **treatment of specified conditions** where you have one of the **pre-existing conditions** shown in the table below.

If you have the following pre-existing condition:	We will not pay for treatment of the following specified condition/s:
Diabetes	<ul style="list-style-type: none"> • Diabetes • Ischaemic heart disease • Cataract • Diabetic retinopathy • Diabetic renal disease • Arterial disease • Stroke
Have had treatment for raised blood pressure (hypertension) in the three years before you joined	<ul style="list-style-type: none"> • Raised blood pressure (hypertension) • Ischaemic heart disease • Stroke • Hypertensive renal failure
Have been under investigation, had treatment or undergone monitoring as a result of a Prostate Specific Antigen (PSA) test in the three years before you joined	<ul style="list-style-type: none"> • Any disorder of the prostate

Once you have held a Saga Health Insurance **policy** for two consecutive **years**, you may be able to claim for **treatment of pre-existing conditions** and **specified conditions** as long as you have had a **trouble free** period of two consecutive **years** for the **pre-existing condition** since your cover started.

There are some **medical conditions** – those that continue or keep recurring – that you will never be able to claim for. This is because you will never be able to have a consecutive two-year **trouble free** period.

What happens when I want to make a claim?

If you completed a medical history declaration when you joined, your Policy Schedule will show any specific exclusions that apply to your **policy**. You should call us to confirm that the **treatment** you need is **eligible**.

If you did not provide your medical history when you joined, we will need to assess your medical history before we can authorise your **treatment**. We may do this by asking for a claim form from your **GP** or **specialist**, or by asking for your **GP** notes.

Be aware:

Because we need to assess your medical history, it is possible that we will not be able to authorise your **treatment** straight away. There may be a short delay before we can confirm if your **treatment** is **eligible**.

5.1 We pay for **eligible**:

- (a) **Treatment** of a new **medical condition** that arises after you join.
- (b) **Treatment** of **pre-existing conditions** and where applicable their **specified conditions** once you have held a Saga Health Insurance **policy** for at least two consecutive **years** and have had a consecutive two-year **trouble free** period.

5.2 What we do not pay for:

- (a) **Treatment** of **pre-existing conditions** and **specified conditions** where that **pre-existing condition** is diabetes, raised blood pressure (hypertension) or you have been undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test for the first two **years** after you join.
- (b) If you completed a medical history declaration when you joined: we will not pay for **treatment** of any **medical condition** which you already had when you joined and about which you should have told us, but did not tell us at all or did not tell us everything. This includes any such **medical condition(s)** or symptoms, whether or not being treated, and any previous **medical condition(s)** which recurs or which you should reasonably have known about even if you had not consulted a doctor.
- (c) **Treatment** of any other **medical condition** detailed on your Policy Schedule as excluded for benefit.

6 YOUR COVER FOR CERTAIN TYPES OF TREATMENT

What is eligible treatment?

Your **policy** covers **eligible treatment**. We consider **treatment** of a **medical condition** to be **eligible** when:

- the **treatment** falls within the benefits of your **policy** and is not excluded from cover by any term in this Policy Book.
- it is **treatment** of an **acute condition**
- it is **conventional treatment**
- it is not preventive
- it does not cost more than an equivalent **treatment** that is as likely to deliver a similar therapeutic or diagnostic outcome
- it is not provided or used primarily for the convenience, financial or other advantage of you, your **specialist** or other health professional.

Will my policy cover me for preventive treatment?

No, these **policies** are designed to provide cover for necessary and active **treatment** of an **eye condition**, one **surgical procedure** per leg for **varicose veins** or **treatment** required to carry out a **joint replacement**, **gall bladder** removal or **inguinal** or **hiatus hernia** repair. Therefore, we do not pay for preventive **treatment** or for tests to establish whether a **medical condition** is present when there are no apparent symptoms.

Please note:

We do not pay for genetic tests, when those tests are undertaken to establish whether you have a **medical condition** when you have no symptoms or a genetic risk of developing or passing on a **medical condition**. We will pay for genetic testing when it is proven to help choose the best **eligible treatment** for your **medical condition**. Please call us before you have any genetic tests to confirm that we will cover them. Your **specialist** might want to do a variety of tests and they might not all be covered. The cost to you might be significant if the tests are not covered by your **policy**.

What other treatments are not covered?

This **policy** has been designed to provide cover for a limited number of conditions and **treatments**. **Treatment** costs therefore will only be covered for the **treatment** of an **eye condition**, one **surgical procedure** per leg for **varicose veins** or **treatment** required to carry out a **joint replacement**, **gall bladder** removal or **inguinal** or **hiatus hernia** repair. There are a number of **treatments** (see 6.2) that your **policy** does not cover. These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded from cover to keep premiums at an affordable level (such as **outpatient** drugs and dressings, **cancer treatment** and mental health conditions).

6.1 We pay for eligible:

- (a) **Diagnostic tests** ordered by a **GP** or ordered or performed by a **specialist**, which are necessary to establish or exclude a diagnosis of an **eye condition**, **varicose veins** or **diagnostic tests** ordered or performed by a **specialist** which are medically necessary to establish or exclude the need for a **joint replacement**, **gall bladder** removal or **inguinal** or **hiatus hernia** repair.
- (b) **Diagnostic tests** arranged by us when these tests are routinely required as part of your referral to a **specialist** to quickly and effectively diagnose or identify what **treatment** may be required.
- (c) **Treatment** of varicose veins:
 - one **surgical procedure** per leg for the lifetime of your **policy**, for example foam injection (sclerotherapy), ablation or other surgery
 - one follow-up consultation with your **specialist**

6.1 We pay for **eligible** (Cont.):

- one simple injection to treat remaining or residual veins when it is carried out within 6 months of the main **surgical procedure**.
- (d) Genetic testing when it is proven to help choose the best **eligible treatment** for your **medical condition**. Please see the rest of this section for details of **eligible treatment**, **conventional treatment** and **unproven treatment**.
- (e) Gene therapy, somatic-cell therapy or tissue engineered medicines classified as Advanced Therapy Medicinal Products (ATMPs) by the UK medicines regulator to be used as part of your **eligible treatment** and which are, at the time of your **eligible treatment**, included (with the medical condition(s) for which we pay for them) on our list of advanced therapies that applies to your benefits. The list is available at bupa.co.uk/policyinformation or you can contact us. The advanced therapies on the list will change from time to time.

6.2 What we do not pay for:

- (a) **Diagnostic tests** other than detailed in 6.1(a) and 6.1(b).
- (b) Any dental procedures or orthodontics including referrals to dental **specialists** such as periodontists, endodontists, prosthodontists or orthodontists.
- (c) **Treatment** which is not medically necessary or which may be considered a matter of personal choice.
- (d) Any accident and emergency **treatment**, including immediate care, provided by an NHS or private accident and emergency (A&E) department, urgent care or walk-in clinic.
- (e) Any urgent **treatment** or **treatment** you need immediately when you are admitted to hospital, including

accommodation costs, isn't covered if you are admitted directly after and in connection with:

- attending an NHS private A&E department, an urgent care centre or a walk in clinic, or
- a consultation with a **GP** or **specialist**.

- (f) **Treatment** or **medical conditions** that are excluded from your cover.
- (g) **Treatment** for complications of **medical conditions** that are excluded from your cover.
- (h) **Treatment** for complications from **treatment** that is excluded from your cover.
- (i) Any costs related to the **treatment of cancer**.
- (j) **Treatment** of thread veins or superficial veins.
- (k) Preventive **treatment** such as YAG laser iridotomy for narrow angles in isolation.
- (l) Genetic tests:
 - to check whether you have a **medical condition** when you have no symptoms; or
 - to find out if you have a genetic risk of developing a **medical condition** in the future; or
 - there is a genetic risk of you passing on a **medical condition**; or
 - where the result of the test wouldn't change the course of **eligible treatment**. This might be because, the course of **eligible treatment** for your symptoms would be the same regardless of the result of the test or what **medical condition** has caused your symptoms; or
 - when the tests themselves are not **conventional treatment** or where they are used to direct **treatment** that is not **eligible treatment**.
- (m) Genetic tests must be:
 - listed in the NHS England National genomic test directory

6.2 What we do not pay for (Cont.):

- and used for the purposes listed in the directory; and
- carried out at a testing laboratory which is accredited by the United Kingdom Accreditation Service (UKAS) or an equivalent agreed in advance of testing by Bupa Insurance Limited.
- (n) Costs incurred for, or related to, any kind of bariatric surgery, regardless of the reason the surgery is needed. This includes but is not limited to the fitting of a gastric band or creation of a gastric sleeve.
- (o) Any charges for primary care services, such as any services that would typically be carried out by a **GP** or dentist.
- (p) Vaccinations, routine preventive examinations or preventive screening.
- (q) Drugs, dressings or prescriptions that:
 - you are given to take home following **inpatient, day patient or outpatient treatment**; or
 - could be prescribed by a **GP** or bought without a prescription; or
 - are taken or administered when you attend a **hospital, consulting room or clinic for outpatient treatment**.
- (r) Advanced therapy medicinal products (ATMPs) that are not on our list at the time you need the **treatment**. (See also 6.1(e)).
- (s) **Treatment** of any mental health condition.
- (t) Charges for general chiropody or foot care (including but not limited to gait analysis and the provision of orthotics), even if this is carried out by a surgical podiatrist.
- (u) Any **treatment** costs to plan or facilitate **treatment**, medical or surgical intervention or body modification that is not **eligible** under your **policy**.
- (v) The costs of the purchase, hire or fitting of any external

appliance, such as crutches, joints supports, braces, mechanical walking aids or other mobility aids, any external device such as **treatment** or monitoring devices, or any **external prosthesis**.

- (w) The costs of maintaining, refitting or replacing an **external prosthesis** or appliance if you don't have acute symptoms that are directly related to the **external prosthesis**.
- (x) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**.
- (y) Any **treatment** that is connected with the use of cosmetic (beauty) products or is needed as a result of using a cosmetic (beauty) product.
- (z) The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons (including but not limited to breast reduction).
- (aa) Any **treatment** of refractive errors.
- (bb) Any **treatment** to correct long or short-sightedness.
- (cc) **Treatment** relating to learning disorders, speech delay, educational problems, behavioural problems, physical development or psychological development, including assessment or grading of such problems. This includes, but is not limited to, problems such as dyslexia, dyspraxia, autistic spectrum disorder, attention deficit hyperactivity disorder (ADHD).
- (dd) Any charges which you incur for social or domestic reasons (such as travel or home help costs) or for reasons which are not directly connected with **treatment**.
- (ee) Any **treatment** needed as a result of nuclear contamination, biological contamination or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow

6.2 What we do not pay for (Cont.):

of a legally constituted government, explosions of war weapons or any event similar to one of those listed.

Please note, for clarity: There is cover for **treatment** required as a result of a **terrorist act** providing that the **terrorist act** does not result in nuclear, biological, or chemical contamination.

- (ff) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- (gg) **Treatment** of, or **treatment** which arises from or is in any way connected with, alcohol abuse, drug abuse or substance abuse.
- (hh) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).
- (ii) Any **treatment** if you live outside the **United Kingdom** or any **treatment** received outside the **United Kingdom**.
- (jj) Aortic artery surgery.
- (kk) Any surgery or **treatment** required to receive an organ, donate an organ, **treatment** needed in preparation or as a result of a transplant, the cost of collecting donor organs, tissue or harvesting cells from a donor, or any related administration costs.
- (ll) Bone marrow transplant or stem cell transplant.
- (mm) **Treatment** of symptoms generally associated with the natural process of ageing. This includes **treatment** for the symptoms of puberty and menopause, including when the result of medical intervention.

Will my policy cover me for new or unproven treatments?

Your **policy** covers you for **treatment** and **surgical procedures** that are **conventional treatments**.

We define **conventional treatment** as **treatment** that:

- is established as best medical practice and is practised widely within the **UK**; and
 - is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided;
- and has either:
- been approved by NICE (the National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice; or
 - been proven to be effective and safe for the **treatment** of your **medical condition** through high-quality clinical trial evidence (full criteria available on request).

Are there any additional requirements for drug treatments?

If the **treatment** is a drug, the drug must be:

- licensed for use by the Medicines and Healthcare products Regulatory Agency; and
- used according to that licence.

Are there any additional requirements for surgical treatments?

If the **treatment** is a **surgical procedure** it must also be listed and identified in our technical document, called the Schedule of Procedures and Fees, which includes all the **surgical procedures** we pay benefits for. If you would like a copy of the Schedule of Procedures and Fees please contact our Claims Helpline.

Are there any additional requirements for medical devices?

If the **treatment** involves a **medical device** (including surgical devices and implants), it must:

- be approved by current EU Medical Device Regulations; and
- have moderate or high-quality evidence of safety and effectiveness from either:
 - systemic reviews of randomised controlled trials; or
 - clinical trial evidence with three years of follow-up data.

Will the policy cover me for unproven treatment?

We define **unproven treatment** as surgery, **treatment** and **diagnostic tests** which are not **conventional treatment**.

If your specialist wants to carry out **treatment** that is not **conventional treatment**, your policy covers it if we agree that:

- You are not able to have conventional **treatment**, and
- There is sufficient evidence the **unproven treatment** is safe, and
- There is sufficient evidence the **unproven treatment** will be effective in improving health outcomes, in your specific circumstances

If your **specialist** wants to carry out **treatment** that is not **conventional treatment**, it must be authorised by us before it takes place and it must take place in the **UK**. We will need to agree that the **unproven treatment** is a suitable equivalent to **conventional treatment** and the **treatment** must have high-quality evidence of its safety.

Are there restrictions on what you pay for unproven treatment?

If we agree to cover your **unproven treatment** (as described above), you are covered as you would be for **conventional treatment**, including **treatment** for complications related to the **unproven treatment**.

If we do not agree to cover your **unproven treatment**, we will not pay for any **treatment** for any complications related to the **unproven treatment**.

Do I need to let you know if I want unproven treatment?

Yes, if you would like **unproven treatment** you or your **specialist** should try and contact us at least 10 working days before you book that **treatment**. This is so we can:

- obtain full details of the **unproven treatment** and the supporting clinical evidence;
- support you with additional information and questions for your **specialist**, before you have **treatment**.

7 RECURRENT, CONTINUING AND LONG-TERM TREATMENT

Will my policy cover me for recurrent, continuing or long-term treatment?

Your **policy** covers **treatment** of specific **medical conditions** that respond quickly to **treatment** – defined in our glossary as **acute conditions**. This **policy** is not intended to cover you against the costs of recurrent, continuing or long-term **treatment of chronic conditions**.

We define a **chronic condition** in the glossary as:

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.

Please note:

Your **policy** will cover you for the following phases of **treatment** for a **chronic condition**:

- the initial investigations to establish a diagnosis
- **treatment** for a period of a few months following diagnosis to allow the **specialist** to start **treatment**
- the **treatment** of acute exacerbations or complications (flare-ups) in order to quickly return the **chronic condition** to its controlled state.

What happens if I require recurrent or long-term treatment?

In the unfortunate event that the **treatment** you are receiving becomes recurrent, continuing or long-term, so you need consultations over a long period, checks on your medication, long-term therapy or **treatment** to ease symptoms, your condition may fall within the definition of a **chronic condition**.

7.1 We pay for eligible:

- (a) **Treatment** of an **acute condition** and the short-term **inpatient treatment** intended to stabilise and bring under control a **chronic condition**.
- (b) **Inpatient** rehabilitation of up to 28 days when it is part of **treatment** of an **acute condition** that is covered by your **policy**; and:
 - it is carried out by a **specialist** in rehabilitation; and
 - it is carried out in a recognised rehabilitation **hospital** or unit which is either listed in the **Saga Countrywide Hospital List** or which we have written to confirming it is recognised by us; and
 - it could not be carried out on a **day patient** or **outpatient** basis or in another appropriate setting; and
 - the costs have been agreed by us before the rehabilitation begins.

7.2 What we do not pay for:

- (a) Ongoing, recurrent or long-term **treatment** of any **chronic condition**.
- (b) The monitoring of a **medical condition**.
- (c) Any **treatment** which only offers temporary relief of symptoms rather than dealing with the underlying **medical condition**.
- (d) Routine follow-up consultations.

8 WHO WE PAY FOR TREATMENT AND WHERE YOU CAN BE TREATED

If you have chosen the Saga Countrywide Hospital List or our Saga London Upgrade, or you live in the Channel Islands or Isle of Man, the following information applies:

(If you have chosen Guided Care, please see [pages 30-32](#))

You should call us before receiving any **treatment**. This will allow us to review our records to check or identify someone to treat you who is **eligible** for benefit and confirm that the place where **treatment** is being carried out is also covered.

In addition to the explanation throughout this section, the table below shows which services are **eligible** for benefit and who can refer you for **treatment**.

We will pay charges for eligible treatment from:	If you are referred by your GP	If you are referred by a specialist	If you are referred by your dentist
Specialists*	✓	✓	✓
Practitioners	✗	✓	✗
Physiotherapists	✗	✓	✗
*Includes consultations, diagnostic tests , treatment in hospital and surgical procedures .			

Your **GP** may have made an **open referral**, stating what **treatment** is necessary and the type of **specialist** you require that **treatment** from, but not specifying the **specialist's** name.

What services under the direction of a fee-assured specialist are eligible for benefit?

We pay **eligible treatment** charges made by a **fee-assured specialist** for consultations, **diagnostic tests**, **treatment** in **hospital** and **surgical procedures** when you are referred for **specialist treatment** in that medical specialty by your **GP, specialist** or dentist.

You can be reassured that the vast majority of **specialists** we recognise are **fee-assured specialists**, so please contact us before receiving any **treatment** and we will help identify a **fee-assured specialist** to treat you.

What services under the direction of a fee-limited specialist are eligible for benefit?

If you have **eligible treatment** with a **fee-limited specialist** we will only pay up to the amount shown within the Schedule of Procedures and Fees towards their personal charges. If you would like a copy of the Schedule of Procedures and Fees, please contact our Claims Helpline.

If you receive **treatment** with a **fee-limited specialist** you are likely to need to make a contribution to the fees charged by that **specialist**.

Be aware:

Very occasionally the arrangement we have with a **specialist** may change, for example a **fee-assured specialist** may move to the **fee-limited specialist** category. This means that what we will pay for **treatment** with that **specialist** may also change. It's important you contact us before you see the **specialist** or have any **treatment** so that we can tell you what you're covered for.

There are some medical providers who we do not recognise at all. If you receive **treatment** from one of these medical providers we will not pay those fees or any other fees for **treatment** costs under the direction of that provider.

What if an anaesthetist becomes involved in my treatment?

Before receiving surgical **treatment** it is advisable to establish which anaesthetist your **specialist** intends to use. This will mean we can tell you if that anaesthetist is a **fee-assured specialist**. However, if you don't know when you call us which anaesthetist your **specialist** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full. If you choose to receive **treatment** with an anaesthetist who is a **fee-limited specialist**, we will pay up to the amount shown within the Schedule of Procedures and Fees. Please visit www.codes.bupa.co.uk/procedures to review the Bupa Schedule of Procedures and Fees. This list is subject to change.

Which hospitals and day patient units do I have cover for?

The **Saga Countrywide Hospital List** lists the **hospitals** and **day patient units** in the **United Kingdom** for which we provide cover.

Please note:

It may be necessary from time to time for us to suspend the use of a **hospital, day patient unit** or **scanning centre** listed in the **Saga Countrywide Hospital List** so as to protect the interests of all our customers.

You need to call us before receiving any **treatment**. This will allow us to check our database and confirm whether the **hospital** you have been referred to is **eligible** for benefit.

If it is medically necessary for you to use a hospital, **day patient unit** or **scanning centre** not listed in the **Saga Countrywide Hospital List** and we have specifically agreed to this before the **treatment** begins, then we will pay those hospital charges.

What happens if I choose to have treatment at a hospital that is not in the Saga Countrywide Hospital List?

If you have **inpatient treatment** or **day patient treatment** in any

hospital which we do not list in the **Saga Countrywide Hospital List** then you will be entirely responsible for paying the hospital bills.

Which scanning centres and outpatient facility charges are covered?

Your **policy** includes cover for computerised tomography (CT), magnetic resonance imaging (MRI) scans and positron emission tomography (PET). If you require CT, MRI or PET we will make full payment, subject to the terms of your **policy**, if you use a **scanning centre** listed in the **Saga Countrywide Hospital List**.

We will pay in full for **eligible treatment** charges made by an authorised **outpatient** facility, as long as the **treatment** is covered by your **policy**, a **specialist** is overseeing it and the facility is recognised by us to provide **outpatient** services. Please always check with us beforehand to make sure the facility you want to go to is recognised. We do not pay for **outpatient** drugs or dressings.

What services provided by a recognised physiotherapist are eligible for benefit?

Cover is available for **eligible treatment** with a **physiotherapist** when you are referred by your **specialist**.

We recognise a large number of **physiotherapists** in the **UK**. We have identified which **physiotherapists** for whom we pay **eligible treatment** fees in full when you are under the direction of a **specialist**. Please contact us before receiving any **treatment** and we will help identify a **physiotherapist** we recognise.

If you choose to receive **treatment** from a **physiotherapist** who we do not recognise, there will be no cover for the cost of their charges.

What services provided by a recognised practitioner are eligible for benefit?

We will pay **eligible treatment** fees in full when a **practitioner** charges up to the level shown within the Schedule of Procedures and Fees when you are referred by your **specialist**. If you would like a copy of the Schedule of Procedures and Fees, please contact our Claims Helpline.

8.1 We pay for **eligible**:

- (a) Charges made by, or incurred in, a private **hospital** or any NHS hospital for ITU (Intensive Therapy Unit, sometimes called Intensive Care Unit) **treatment** only when:
- you are already having **eligible** private **treatment**; and
 - the ITU **treatment** immediately follows **eligible** private **treatment**; and
 - you or your next of kin have asked for the ITU **treatment** to be received privately; and
 - we have agreed the costs before you start the intensive care **treatment**. (See also section 4 for emergency **treatment**.)

8.2 What we do not pay for:

- (a) Any drugs or **treatment** when the person who refers you is a member of your family, or if the person who is treating you is a member of your family.
- (b) **Treatment** charges made by a **fee-assured specialist, practitioner or physiotherapist** who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.
- (c) Any charges from health hydros, spas, nature cure clinics or any similar place, even if it is registered as a hospital.
- (d) Special nursing in hospital unless we have agreed beforehand that it is necessary and appropriate.
- (e) Any charges made by, or incurred in, an NHS hospital for ITU **treatment**, except as allowed for by 8.1(a).
- (f) Any charges made for written reports or any administrative costs, apart from charges made by a **GP** to complete your claim form, which we do pay for.

Where can I find more information about the quality and cost of private treatment?

You can find independent information about the quality and cost of private treatment available from doctors and hospitals on the Private Healthcare Information Network website: www.phin.org.uk

If you have chosen Guided Care (not available if you live in the Channel Islands or Isle of Man) the following information applies:

(If you have chosen the **Saga Countrywide Hospital List** or our Saga London Upgrade, or you live in the Channel Islands or Isle of Man, please see [pages 27-29](#).)

You should contact us before making any appointments so we can understand your **treatment** requirements and help you choose a **selected provider** to receive your **treatment** with.

What happens on Guided Care if I do not call the Claims Helpline prior to my treatment?

If you do not contact us to authorise **treatment** with a **selected provider** we may not pay for the **treatment** you receive and you could be liable for the cost of **treatment**.

What services under the direction of a specialist are eligible for benefit with Guided Care?

We pay **eligible treatment** charges made by a **specialist** for **inpatient** and **day patient treatment** and **surgical procedures** when **treatment** is received at a **hospital, day patient unit or outpatient facility** that we have helped you choose, following a referral to that type of **specialist** by your **GP**.

Will treatment charges be met in full with Guided Care?

When you receive **eligible treatment** from a **selected provider**, we can normally meet the **treatment** charges in full, subject to any excess and specific benefit limits of this **policy**. There may be rare occasions when we will not be able to pay a **selected provider's** fees in full and if this is the case we will let you know when you call us to pre-authorise your **treatment**. This is why it is important you call us each time you need any **treatment**, as on these rare occasions we can support you in finding a **selected provider** whose **treatment** charges can be met in full.

8.3 With Guided Care we pay for **eligible**:

- (a) Charges made by, or incurred in, a private **hospital** or any NHS hospital for ITU (Intensive Therapy Unit, sometimes called Intensive Care Unit) **treatment** only when:
 - you are already having **eligible private treatment**; and
 - the ITU **treatment** immediately follows **eligible private treatment**; and
 - you have asked for the ITU **treatment** to be received privately; and
 - We have agreed the costs before you start the intensive care **treatment**. (See also section 4 for emergency **treatment**.)

8.4 With Guided Care we do not pay for:

- (a) **Treatment** which is not received from, or under the control of, a **selected provider**.
- (b) **Treatment** received from a **selected provider** that we did not choose for you.
- (c) Any charges from health spas, spas, nature cure clinics or any similar place, even if it is registered as a hospital.
- (d) Special nursing in hospital unless we have agreed beforehand that it is necessary and appropriate.
- (e) Any charges made by, or incurred in, an NHS hospital for ITU **treatment**, except as allowed for by 8.3(a).
- (f) Any charges made for written reports or any administrative costs, apart from charges made by a **GP** to complete your claim form which we do pay for.

Where can I find more information about the quality and cost of private treatment?

You can find independent information about the quality and cost of private treatment available from doctors and hospitals on the Private Healthcare Information Network website: www.phin.org.uk

9 ADDITIONAL INFORMATION

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

You can apply to add a **partner** to your **policy** at any time. Also, you may be able to change your cover at your renewal. Call Saga on 0330 018 1587 to discuss the options open to you and we will send you any relevant forms to complete. You must keep Saga fully informed of any changes which take place between sending in any form and receiving written confirmation that the change has been made.

Can I cancel my policy?

You have a 14 day cooling-off period when you join and at each renewal in which to cancel your **policy** and receive a refund of your premium. After the 14 day cooling-off period, you may cancel your **policy** and we will refund any premium for unused cover.

Please see 11.1(g) and 11.1(h) in the section 'Complaint and regulatory information'.

How can I pay my premium?

This **policy** lasts for one **year** and at the start of each **policy year** we will calculate your new premium and let you know how much it is. We offer a choice of monthly, quarterly or annual premiums which can be paid by Direct Debit. In addition, we offer a choice of annual premiums which can be paid by cheque, debit or credit card.

Your **policy** is an annual insurance contract and lasts for one **year**. We will pay for covered costs under the terms of this **policy** when **treatment** takes place in a period for which premium has been paid. If you pay by Direct Debit, we will collect the first premium when your **policy** starts and subsequent premiums when they fall due.

Be aware:

Important – you must pay your premium when it is due. If you do not we will cancel your **policy** and will not pay for any **treatment** or

benefit entitlement arising after that date.

Please note that if you amend or cancel your **policy** during the **policy year** and have paid by credit card or cheque, we will be unable to refund any amounts of £5 or less. Similarly, if you make any changes to your **policy** during the **policy year**, we will only request any charges from you if the amount is over £5.

Why do you make changes to my premium?

We make every effort to maintain premiums at as low a level as possible, without compromising the range and quality of the cover provided. We review premiums each **year** to take account of a range of statistical factors. Typically the cost of premiums has increased at a level higher than the Retail Price Index (RPI). You will receive reasonable notice of any changes in premium.

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

I have an excess on my policy – how does this work?

You have a minimum £100 excess on your **policy**, but may choose from the options shown on [page 8](#). This is how it is applied:

- The excess (that is, the amount of money you have to pay towards the cost of **eligible treatment**) applies to every person covered by the **policy** in each **policy year**.
- We will not pay any claim or part of a claim which is subject to an excess. In this case we will only pay the balance of the claim after we have deducted the excess amount.
- The excess is deducted from any **eligible treatment** costs you incur.
- The excess is a single deduction that is made regardless of the number of individual **medical conditions** claimed for in that **policy year**. Should **treatment** continue beyond your **policy's** renewal date then we will apply the excess once against the costs incurred

before this date, and again against the costs incurred on or after the renewal date. We will do this irrespective of whether the costs relate to **treatment** for the same **medical condition**.

- We will not apply the excess against medical costs for **treatment** that your **policy** does not cover.

10 ADVICE AND SUPPORT LINES

Saga GP Service

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

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

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

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

Your call will be answered by a specially trained operator. The operator will take some details from you and arrange for a GP to call you back at a convenient time. If you'd like to book an appointment online, you can do this via www.saga.co.uk/GPService

Many callers find that they receive the advice, reassurance and, where appropriate, the diagnosis they need from the Saga GP Service without having to go to their own GP. The service is completely confidential. However, in some cases the doctor may think it is advisable, and subject to your agreement, that a record of your

consultation is sent to your own NHS GP, in order to keep him/her informed, also allowing your NHS records to be updated.

The doctors on the Saga GP Service can give advice, but if you have symptoms, which mean that you need a physical examination, or you need a prescription, then you may need to see a GP in person.

Saga GP Service – 0330 018 1618

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

If calling from outside the UK, phone +44 330 018 1618 – international call rates apply.

Please remember to have your policy number to hand before you call. You can also book an appointment online via www.saga.co.uk/GPService

Please note:

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

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

Anytime HealthLine

With the Anytime HealthLine you have access to a qualified nursing team 24 hours a day, 365 days a year.

Whether you are calling because you have late night worries about a child's health, or because you have concerns about an ongoing medical condition that you would like to discuss; or maybe you have some questions following a consultation that you did not think to ask at the time, then it's likely that the Anytime HealthLine will be able to provide you with the help you need.

Our qualified nursing team is on hand to give you the benefit of their expertise. They can answer your questions and give you all the latest information on specific illnesses, **treatments** and medications as well as details of local and national organisations.

Anytime HealthLine on 0330 018 0779

Anytime HealthLine is available to you any time – day or night, 365 days a year.

If calling from outside the UK, phone +44 1925 361340, international call rates apply.

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

Please note:

The Anytime HealthLine can provide you with valuable information to help put your mind at rest. It does not diagnose or prescribe and is not designed to take the place of your **GP**.

As the Anytime HealthLine and the Saga GP Service are confidential services, any information you discuss is not shared with our Claims Helpline.

If you wish to authorise **treatment** or enquire about a claim, our Claims Helpline will be happy to help you.

11 COMPLAINT AND REGULATORY INFORMATION

Not happy with our service?

We hope you're happy with the service you've received so far and that this continues. However, if you do have a complaint about our services, the most important thing for us is to help you resolve this as quickly and easily as possible. We'll do all we can to address your concerns when they are first raised to us, but if we can't do this, we'll contact you within five working days to acknowledge your complaint and explain the next steps. Letting us know you're unhappy with our service gives us the opportunity to put things right for you and improve our service for everybody.

No matter how you decide to communicate, we'll listen.

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

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

For queries and complaints not related to a claim

If you have a query or complaint about private health insurance that is not regarding a claim, you can call Saga on: 0330 018 0796 or write to Saga at:

The Customer Relations Department
Saga Services Limited
PO Box 253
Seaham DO, SR7 1BN

Email: services.customer-relations@saga.co.uk

For queries and complaints related to a claim

How do I complain to Bupa?

If you have a complaint, please follow the guidance below and our team will help as soon as possible.

Talk to us: Webchat is open Monday to Friday 9am-5pm.

Email us: customerrelations@bupa.com.

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress.

For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

Call us: 0345 606 6739

(We may record or monitor our calls. Our opening hours are Monday to Friday 8am-6pm.)

For people with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit www.relayuk.bt.com. We also offer documents in braille, large print or audio.

Write to us:
Customer Relations,
Bupa, Bupa Place,
102 The Quays,
Salford M50 3SP

Financial Ombudsman Service

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

If it looks as though our review of your complaint will take longer than this, we will let you know the reasons for the delay and will keep you updated.

You may be entitled to refer your complaint to the Financial Ombudsman Service. The ombudsman service can liaise with us directly about your complaint and if we cannot fully respond to a complaint within eight weeks or if you are unhappy with our final response, you can ask the Financial Ombudsman Service for an independent review.

How to contact the Financial Ombudsman Service

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9GE

By telephone: 0800 023 4567 or 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Website: financial-ombudsman.org.uk

None of these procedures affect your legal rights.

What regulatory protection do I have?

The Financial Conduct Authority

Saga Services Limited is authorised and regulated by the Financial Conduct Authority. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority.

Saga Services Limited Financial Services Register Number is 311557.

Bupa Insurance Limited Financial Services Register Number is 203332.

Bupa Insurance Services Limited Financial Services Register Number is 312526.

The FCA have set out rules which regulate the sale and administration of general insurance which all of the above parties must follow when they deal with you.

The Financial Services Compensation Scheme

Bupa Insurance Limited is also a participant in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS). The scheme may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders. Further information about the operation of the scheme is available on the FSCS website: fscs.org.uk

What we do with your personal data

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

Please make sure that everyone covered by this **policy** reads this summary and the full data privacy policy on our websites. If you would like a copy of either of our full notices call us on the contact numbers contained in this Policy Book and we'll send you one.

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

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

Much of the personal information Saga and the underwriter of your

policy, Bupa Insurance Limited, hold about you is obtained when you apply for a Saga Health Insurance **policy**, and when a claim is made. This may include medical information we obtain from medical practitioners and other health consultants. We may also obtain information from third party suppliers of information such as credit reference agencies.

Saga will keep your information securely and use it to provide the highest standard of service in the administration of this **policy** and other products that you hold with Saga. Saga will also use it for audit, underwriting and pricing purposes and, in certain circumstances, claims mediation and market research, and to maintain management information for business analysis.

Bupa Insurance Limited will handle your information on a confidential basis and use it to process claims, for underwriting and pricing purposes, to maintain management information for business analysis, for research and to find out more about you. They will disclose your information, including your health information, to Saga only to the extent necessary for the purposes of audit, managing your **policy** and claims. Saga may also use the health information shared with them for other purposes but they will only do so in line with data protection legislation.

In the event of a claim, Bupa Insurance Limited may have to give some information about you and/or any named **family member** to those involved in your/their **treatment** or care, but this will be done confidentially. With your/their consent Bupa Insurance Limited may also disclose information to a representative you/your named **family member** have chosen.

The fact that a **family member** has claimed (but not the full details of the claim) may be disclosed to the **policyholder** in order for Saga to properly manage the **policy**. For example to provide the correct No Claim Discount. If an endorsement is added to the **policy** at any stage which excludes **treatment** of a specific condition, then this information will be available to the **policyholder** regardless of which insured **family member** the exclusion relates to.

You should be aware that Saga and Bupa Insurance Limited do not

supply any information about you to anyone unless we believe it is lawful to do so, or when we are requested to do so by you and have your consent in advance. We may, at our discretion, appoint third parties to service the **policy** and claims, including other companies based outside the European Economic Area, and which may be in a country that does not offer the same level of data protection as within the European Economic Area. We will always use every reasonable effort to ensure sufficient protections are in place to safeguard your personal information.

Marketing policy

Saga may share your personal information, and your medical data, with other Saga Group (Saga plc and its subsidiaries) companies. Saga uses the data they collect from you, including sensitive personal data, to contact you and personalise their communication. Saga and Bupa Insurance Limited also use it for administrative purposes to provide the service you requested and for preparing quotations. If Saga has obtained your permission to do so, they will also contact you by post, telephone, email or other means to tell you about offers, products and services that may be of interest to you. At any time you can opt out of receiving such information, revise the products you would like to hear about or change the method they use to communicate with you. You can update these preferences by calling 0330 018 1587. For further information about how the Saga Group uses your personal information, please visit www.saga.co.uk/privacy-policy or contact the Saga Group Data Protection Officer by email: data.protection@saga.co.uk or post: Saga Services Limited, 3 Pancras Square, London N1C 4AG.

Obtaining a copy of the information we hold about you

You have rights to access your information and to ask for it to be corrected, erased and for its use to be restricted. You also have the right to object to your information being used; to ask for it to be transferred; to withdraw any permission you have given regarding its use; and the right for it not to be subjected to automated decisions which produce legal effects on you. If you wish to access your personal information, or have any questions, comments, complaints or any other concerns about the way in which we process information

about you, including to exercise any of your rights, please contact:
The Data Protection Officer at Saga Group via 0330 018 1587 (for Saga). Alternatively you can write to Saga at: Saga Services Limited, 3 Pancras Square, London N1C 4AG or contact The Data Protection team at Bupa via dataprotection@bupa.com. You can also use this email address to contact Bupa's Data Protection Officer. Alternatively you can write to Bupa at: Bupa Data Protection, 1 Angel Court, London, EC2R 7HJ.

You also have a right to make a complaint to your local privacy supervisory authority.

Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom.

Telephone: 0303 123 1113 (local rate).

Crime prevention and detection and legal requirements

Saga and Bupa Insurance Limited are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. Saga and Bupa Insurance Limited will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, Bupa Insurance Limited will investigate possible medical malpractice and is obliged to notify the General Medical Council or other relevant regulatory body about any issue where they have reason to believe a medical practitioner's fitness to practise may be impaired.

Keeping information

Saga and Bupa Insurance Limited will hold your personal information in accordance with the principles of the General Data Protection Regulation (and associated legislation) and in line with our Data

Retention Policies. We are entitled and permitted by law and regulation to retain certain types of data for a reasonable period of time. We will then dispose of your information in a responsible way.

Future underwriter changes

Your Saga Health Insurance **policy** is currently provided and underwritten by Bupa Insurance Limited as part of an agreement between Saga Services Limited and them. If you have selected any additional cover options, these may be provided by different insurers. At some time in the future Saga Services Limited may enter into an agreement with a new provider for all or part of your **policy**, in which case this new provider will offer you health insurance to replace your current **policy**. If this is the case, Saga Services Limited will write to you to confirm the details of the new provider and give you details of any changes to the Terms and Conditions of your **policy**. At this stage you will be given the option to refuse transferral to the new provider. For further information, please see Saga's Privacy Policy at [saga.co.uk/privacy-policy](https://www.saga.co.uk/privacy-policy)

Legal rights and responsibilities

11.1 Your rights and responsibilities

- (a) Your **policy** is an annual insurance contract and lasts for one **year**. We will pay for covered costs under the terms of this **policy** when **treatment** takes place in a period for which premium has been paid. We will not pay any costs for **treatment** or services received after the end of your period of cover under the **policy**. We will not pay for **treatment** that happens outside your period of cover even if we had pre-authorised it during your period of cover under the **policy**.
The provision of the **treatment** itself, including the date(s) of the **treatment**, will be the subject of a separate agreement between you and your **treatment** provider. Prior to the end of any **policy year** Saga will write to the **policyholder** to advise on what terms the **policy** will continue, provided the **policy** you are on is still available. If Saga does not hear from the **policyholder** in response they will renew your **policy**

on the new terms. Where you have opted to pay premiums by Direct Debit, Saga may continue to collect premiums by such method for the new **policy year**. Please note that if Saga does not receive your premium, you will not be covered. If the **policy** you were on is no longer available we will do our best to offer you cover on an alternative **policy**.

- (b) You must make sure that whenever you are required to give us any information all the information you give us and Saga is sufficiently true, accurate and complete so as to present to us fairly the risk we are taking on. If we discover later it is not then we can cancel the **policy** or apply different terms of cover in line with the terms we would have applied had the information been presented to us fairly in the first place.
- (c) You and we are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply. The terms and conditions and all other information concerning this insurance are supplied in the English language and we undertake to communicate in this language for the duration of the **policy**.
- (d) You must write and tell Saga if you change your address.
- (e) Only the **policyholder** and we have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any **partner**.
- (f) You must pay your premium when it is due.
- (g) The **policyholder** may cancel this **policy** by contacting Saga during the 14 day cooling-off period. The 14 day cooling-off period begins on either the start date or renewal date of the **policy** or the day that the **policyholder** receives the full **policy** terms and conditions, whichever is the later. The 14 day cooling-off period also applies from each renewal date. If the **policy** is cancelled during the 14 day cooling-off period we will provide a full refund providing a claim has not been

made. If you have made a claim during the 14 day cooling-off period you will receive a pro-rata refund. If the **policyholder** does not cancel the policy during the 14 day cooling-off period the **policy** will continue on the terms described in your Policy Book for the remainder of the **policy** year.

- (h) After the 14 day cooling-off period the **policyholder** may cancel this **policy**, at any time by notifying us verbally or in writing. We'll refund any premiums the **policyholder** has paid for the period after your cover ends. If for any reason you decide to cancel your policy, let Saga know by calling 0330 018 1260 or writing to Saga's Customer Care Team, Saga Services Limited, PO Box 253, Seaham DO, SR7 1BN. They will then write to you and confirm when your policy has been cancelled.

11.2 Saga and Bupa's rights and responsibilities

- (a) Saga will tell the **policyholder** in writing the date the **policy** starts and any special terms which apply to it.
- (b) We can refuse to add a **partner** to the **policy** and we will tell the **policyholder** if we do.
- (c) We will pay for **eligible** costs incurred during a period for which the premium has been paid.
- (d) If you break any of the terms of the **policy** which we reasonably consider to be fundamental, we may (subject to 11.2(f)) do one or more of the following:
 - refuse to make any benefit payment or if we have already paid benefits we can recover from you any loss to us caused by the break;
 - refuse to renew your **policy**;
 - impose different terms to any cover we are prepared to provide;
 - end your **policy** and all cover under it immediately.
- (e) We do not have to pay a claim if you or a dependant break any of the terms and conditions of your cover, which are related to the claim. If there is reasonable evidence that you

or a dependant didn't take reasonable care answering our questions correctly (for example, you gave false information or kept important information from us) the following will apply.

If this was intentional, we may treat your or your dependant's (or both of your) cover as if it never existed and not pay any claims and we may keep any premiums you have paid.

If this was careless, depending on what we would have done if you or they had answered our questions correctly, we may treat your or your dependant's (or both of your) cover as if it never existed and refuse to pay all claims, change your or their cover, or reduce any claim payment we make. (If we refuse to pay all claims, you may need to repay any claims we've already paid, and we'll return any premiums you've paid for your or your dependant's cover.)

- (f) We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, United Kingdom, United States of America or under a United Nations resolution. We will immediately end cover and stop paying claims on your policy if you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against your country of residence. We will do this even if you have permission from a relevant authority to continue cover or premium payments under a **policy**. In this case, we can cancel your policy or remove a **family member** immediately without notice, but will then tell you if we do this. If you know that you or a **family member** are on a sanctions list or subject to similar restrictions you must let us know within seven days of finding this out.

In addition, we will not provide cover and we shall not be liable to pay any claim or provide any benefit to the extent

that such cover, payment of a claim(s) or benefits would: expose us to the risk of being sanctioned by any relevant authority or competent body; and/or expose us to the risk of being involved in conduct (either directly or indirectly) which any relevant authority, banks we transact through, or competent body would consider to be prohibited.

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

12 GLOSSARY

Throughout this Policy Book certain words and phrases appear in **bold**. Where these words appear they have a special medical or legal meaning. These meanings are set out below.

Some sections of this Policy Book have defined terms specific to that section, in which case the definition is provided in the relevant section rather than in the main glossary.

Please note: Some of these words and phrases may not be applicable to your chosen plan.

To aid customer understanding certain words and phrases in this glossary have been approved by the Association of British Insurers and the Plain English Campaign. These particular terms will be commonly used by most medical insurers and are highlighted below by a \diamond symbol.

Acupuncturist \diamond – a medical practitioner who specialises in acupuncture and is registered under the relevant Act, or a practitioner of acupuncture who is a member of the British Acupuncture Council (BAcC), and who, in all cases, meets our criteria for acupuncturist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise as an acupuncturist for benefit purposes in that field for the provision of **outpatient treatment** only.

If you have opted for Guided Care, we must help you choose who provides your **treatment**.

Acute condition \diamond – 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.

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

Cancer \diamond – a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion

of tissue.

Chronic condition \diamond – 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.

Conventional treatment – **treatment** that:

- is established as best medical practice and is practised widely within the **UK**; and
 - is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided;
- and has either:
- been approved by NICE (the National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice; or
 - been proven to be effective and safe for the **treatment** of your **medical condition** through high-quality clinical trial evidence (full criteria on request).

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

Day patient unit – a centre in which **day patient treatment** is carried out. The units we recognise for benefit purposes are listed in the **Saga Countrywide Hospital List**.

If you have opted for Guided Care, the **Saga Countrywide Hospital List** does not apply and we must help you choose where your

treatment takes place.

Diagnostic tests ◇ – investigations, such as x-rays or blood tests, to find or to help to find the cause of your symptoms.

Eligible – those **treatments** and charges which are covered by your **policy**. In order to determine whether a **treatment** or charge is covered all sections of your **policy** should be read together, and are subject to all the terms, benefits and exclusions set out in this **policy**.

Eye condition – any disease of the eye.

Facility – a private **hospital** or a centre with which we have an agreement to provide a specific range of medical services and which is listed in the **Saga Countrywide Hospital List**.

In some circumstances, **treatment** may be carried out at an establishment which provides **treatment** under an arrangement with a facility listed in the **Saga Countrywide Hospital List**.

If you have opted for Guided Care, the **Saga Countrywide Hospital List** does not apply and we must help you choose where your **treatment** takes place.

Family member – (1) the **policyholder's** current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the **policyholder**.

(2) any of their or the **policyholder's** children. Children cannot stay on your **policy** after the renewal date following their 21st birthday (or 25th birthday if in full-time education).

Fee-assured specialist – a **specialist** who, at the time you receive your **treatment**, is recognised by us as a fee-assured specialist. You can contact us to find out if a **specialist** is a fee-assured specialist or use finder.bupa.co.uk

Fee-limited specialist – a **specialist** who we have identified as someone to whom we will only pay up to the amount shown within the Schedule of Procedures and Fees towards their **eligible treatment** charges. If you would like a copy of the Schedule of Procedures and Fees, please contact our Claims Helpline.

Gall bladder – a structure located under the liver, the function of which is to store bile that is produced in the liver before bile is secreted into the intestines.

GP – a general practitioner on the General Medical Council (GMC) GP register.

We will only accept referrals from your NHS GP practice or a Saga GP Service GP.

Hiatus hernia – a hernia of the stomach through the diaphragm into the chest.

Hospital – a hospital listed in the current **Saga Countrywide Hospital List**.

If you have opted for Guided Care, the **Saga Countrywide Hospital List** does not apply and we will support you to choose where your **treatment** takes place.

Inguinal hernia – a hernia into the inguinal canal.

Inpatient ◇ – a patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

Joint replacement – a surgical replacement of a damaged or worn joint.

Medical condition – any disease, illness or injury, including mental health conditions.

Medical device – any instrument, apparatus, appliance, software implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings.

Nurse ◇ – a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

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

Outpatient ◇ – a patient who attends a **hospital**, consulting room, or outpatient clinic and is not admitted as a **day patient** or an **inpatient**.

Partner – the **policyholder's** current spouse or civil partner or any other person (whether or not the same sex) living permanently in a similar relationship with the **policyholder**.

Physiotherapist – a medical practitioner who practises physiotherapy and who meets our recognition criteria for benefit purposes in their field of practice, and who we have told in writing that we currently recognise as a physiotherapist for benefit purposes. When such persons provide such services to you as part of your **inpatient** or **day patient treatment**, those services will form part of the private **hospital** charges.

If you have opted for Guided Care, we must help you choose who provides your **treatment**.

Policy – the insurance contract between you and us.

Its full terms are set out in the current versions of the following documents as sent to you from time to time:

- the Saga Policy Book
- your Policy Schedule
- Important Information
- any endorsements.

Policyholder – the first person named on the Policy Schedule who must be 50 or over.

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

When such persons provide such services to you as part of your **inpatient** or **day patient treatment** those services will form part of the private **hospital** charges.

The professions concerned are dietitians (<https://www.bda.uk.com/>), **nurses**, orthoptists, speech therapists, audiologists, psychologists and psychotherapists. A full explanation of the criteria we use to determine these matters is available on request.

If you have opted for Guided Care, apart from **nurses**, we must help you choose who provides your **treatment**.

Saga Countrywide Hospital List – a document Saga publishes which lists the hospitals, **day patient units** and scanning centres in the United Kingdom covered by the policy. The facilities listed may change from time to time so you should always check with us before arranging treatment. If you have opted for Guided Care, the **Saga Countrywide Hospital List** does not apply and we will support you to choose where your **treatment** takes place.

Scanning centre – a centre in which outpatient CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is performed. The centres we recognise for benefit purposes are listed in the **Saga Countrywide Hospital List**. If you have opted for Guided Care, the **Saga Countrywide Hospital List** does not apply and we will support you to choose where your **treatment** takes place.

Selected provider – a **hospital, day patient unit, scanning centre, outpatient facility, specialist, practitioner or physiotherapist**, who we choose to provide your **treatment**.

Specialist – a medical practitioner with particular training in an area of medicine (such as consultant surgeons, consultant anaesthetists and consultant physicians) with full registration under the Medical Acts, who meets our criteria for specialist recognition for benefit purposes, and who we have told in writing that we currently recognise as a specialist for benefit purposes in their field of practice.

For **outpatient treatment** only: a medical practitioner with full registration under the Medical Acts, who is registered under the relevant Act and who, in all cases, meets our criteria for limited specialist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise as a specialist for benefit purposes in that field for the provision of **outpatient treatment** only.

A full explanation of the criteria we use to decide these matters is available on request.

If you have opted for Guided Care we must help you choose who provides your **treatment**.

Surgical procedure – an operation or other invasive surgical intervention listed in the Schedule of Procedures and Fees.

Terrorist act – any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

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

If you have opted for Guided Care, we must help you choose who provides your **treatment**.

Treatment ◊ – surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

United Kingdom (UK) – Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.

Unproven treatment – surgery, **treatment** and **diagnostic tests** which are not **conventional treatment**.

Varicose veins – abnormally enlarged and often tortuous veins most frequently occurring in the legs.

Year – twelve calendar months from when your **policy** began or was last renewed.

13 APPENDIX

MORATORIUM UNDERWRITING

This section applies to policyholders who did not provide their medical history on joining and have chosen the Moratorium method of underwriting for their cover. Your Policy Schedule will indicate if this applies to you. Full information on how the Moratorium method of underwriting works is shown in section 5 'Existing medical conditions' of this Policy Book.

Frequently asked questions

What is the advantage of Moratorium underwriting?

With this option, we ask you to give only basic information about yourself and any partner you wish to insure. We will not ask you to give details of your medical history, but it relies on you to understand that we will not cover treatment of any medical condition which was in existence at any time during the last three years immediately before your policy started or any specified conditions to pre-existing diabetes, prostate conditions or hypertension, as shown in section 5.

To help you understand how the Moratorium method of underwriting works in practice we have set out a series of model Questions and Answers to the typical queries often raised:

I suffer from high blood pressure for which I have to take tablets every day. How does this affect my cover?

Because you need continuous treatment for your medical condition, cover for this or any specified condition would be permanently excluded.

What if I am uncertain whether treatment I received before the start of my policy is related to the condition for which I later wish to claim?

Before undergoing any private treatment for which you wish to make a claim under your policy, you must gain pre-authorisation for your

claim. This way we will be able to establish the full facts about your condition and proposed course of treatment and will confirm our decision to you before you incur the cost of treatment.

How do regular check-ups affect the Moratorium?

It depends on what check-ups are for. For example:

- 1) If you have a medical condition before your policy starts and your doctor or specialist recommends that you continue to have check-ups for that medical condition, then we will not cover the cost of private treatment received for your condition for a period of two years from the time your policy started. If the medical condition is one of these shown in the pre-existing condition table in section 5 'Existing medical conditions', you would not be covered for it either. Cover would only be available once you have been discharged from care and have no further treatment, medication, special diets or advice for a continuous period of two years.
- 2) In the same situation described above, if you chose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for that condition (though not the routine check-ups) after joining, if you are trouble-free for a continuous period of two years after joining, from your last appointment to discharge.
- 3) If you have general health check-ups simply in the interest of maintaining good health and not for any particular condition, we ignore them when applying the restrictions of pre-existing conditions.

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

Please note:

The preceding questions and answers provide broad guidance to the operation of the Moratorium method of underwriting. Each claim is dealt with and treated on its own merits. How the clause is interpreted depends entirely on the facts presented. When we receive a fully completed claim form, we will be pleased to tell you whether cover is available before you have treatment.

HELPLINES

CLAIMS HELPLINE

For new claims or help with your existing claim

0330 018 0778

If calling from outside the UK

+44 161 527 6165

– international call rates apply.

Monday to Friday 8am-8pm, Saturday 8am-4pm.

SAGA GP SERVICE

To speak to a practising GP

0330 018 1618

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To book an appointment online visit

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CUSTOMER CARE TEAM

To discuss or make changes to your
Saga HealthPlan

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Or call **+44 2082 822946** from abroad

Monday to Friday 8.30am-7pm,
Saturday 9am-1pm.

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To speak to an experienced
healthcare professional

0330 018 0779

24 hours a day, seven days a week.

Please have your policy number to hand when calling.

This Policy Book is also available in large print, audio and Braille. If you require any of these formats please contact us on **0330 018 1361**.

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

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