



Your Health Fund

In-patient Plan - Policy Summary

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Introduction

This is an important document which you should read before deciding whether to apply for the In-patient Plan. It provides a summary of the cover provided by the policy and how we deal with claims, to help you decide if the In-patient Plan is right for you. Full details of the policy benefits and exclusions are provided in the Terms and Conditions and Policy Schedule which we provide to you once you have taken out the policy. A copy of the Terms and Conditions can be obtained on request before you take out the policy.

The In-patient Plan is an insurance policy which provides in-patient, day-patient and follow-on treatment via private healthcare services. It also includes a range of cancer and heart treatments.

As with all insurance products, we recommend you review and update your cover periodically to ensure it remains adequate for your needs.

The In-patient Plan is provided by National Friendly, a trading name of National Deposit Friendly Society Ltd.

1. In-patient Plan cover

What's covered

The In-patient Plan provides funding for a range of private in-patient and day patient treatments and operations, including a selection of heart and cancer treatments. This is a summary of the cover provided by the policy. Full details will be provided in your policy Terms and Conditions document.

What's covered under the In-patient Plan	
Benefit	Limitations of cover
<p>Private hospital in-patient and day-patient treatment. This includes:</p> <ul style="list-style-type: none"> ■ associated nursing care; ■ drugs and dressings necessary to aid your recovery while a day-patient or in-patient; ■ hospital accommodation costs; ■ investigative procedures such as keyhole surgery and arthroscopy; ■ operating theatre costs; ■ pre-operative tests as a day-patient; ■ specialist fees for surgery, anaesthesia and physicians' fees. 	
<p>Follow-ups and monitoring after surgery. This includes:</p> <ul style="list-style-type: none"> ■ follow-up consultations, tests and x-rays; ■ out-patient drugs and dressings administered or applied immediately after surgery; ■ out-patient treatment essential to your recovery from a covered in-patient treatment such as physiotherapy following an operation on a limb joint; ■ removal of stitches and casts. <p>All of the above will continue to be covered until your condition has stabilised.</p>	<p>We do not pay for:</p> <ol style="list-style-type: none"> 1. out-patient drugs and dressings for use at home; 2. routine monitoring after stabilisation.
<p>Medical appliances and prostheses fitted, inserted or attached as part of a medical procedure.</p>	
<p>Dental procedures in a hospital for:</p> <ol style="list-style-type: none"> 1. enucleation of cysts of the jaw; 2. surgical removal of impacted teeth, buried teeth or roots. 	<p>We do not pay for treatment at a dental surgery.</p> <p>We do not pay for any other dental procedures, such as but not limited to:</p> <ul style="list-style-type: none"> ■ hygienist procedures. ■ orthodontics

What's covered under the In-patient Plan

Benefit	Limitations of cover
Eye treatment in a hospital for acute conditions where treatment leads to lasting recovery such as cataract surgery.	<p>We do not pay for:</p> <ol style="list-style-type: none"> 1. corrective treatment for short sight or long sight such as laser eye surgery; 2. treatment for permanent eyesight damage such as the purchase of glasses or contact lenses.
Aural procedures in a hospital for the repair of temporary hearing impairment or deafness caused by injury such as perforated eardrum.	<p>We do not pay for:</p> <ul style="list-style-type: none"> ■ transplants, such as cochlea transplants; ■ hearing aids or devices; ■ any other aural procedure.
Hospital accommodation costs incurred by the parent or guardian named on the application form when he/she stays with a child policyholder who is receiving treatment covered by this policy.	
Private land ambulance where medically necessary and ordered by the specialist or treatment provider.	
Tonsillectomy/adenoidectomy where medically necessary.	
Varicose vein treatment for venous ulcer treatment.	
<p>Subsequent treatment for the following where you have arranged to pay for your child's birth in a private hospital:</p> <ol style="list-style-type: none"> 1. ectopic pregnancy; 2. emergency caesarean section where, for medical reasons presenting risk to the life of the baby or its mother, the baby needs to be delivered early; 3. hydatidiform mole; 4. post-partum haemorrhage; 5. retained placental membrane; 6. stillbirth. 	<p>You are not covered for the listed treatments in the first 12 months of your policy.</p> <p>We do not cover treatment of your baby after birth.</p> <p>We do not pay for any other treatment of medical conditions relating to pregnancy.</p>
Cosmetic surgery to correct or treat injuries sustained during the time that you hold this policy.	

What's covered under the In-patient Plan

Benefit	Limitations of cover
<p>Use of NHS facilities/fixed cash allowance. On some eligible in-patient and day patient treatments, we may offer a fixed cash allowance where:</p> <ul style="list-style-type: none"> ■ you elect to have your treatment done on the NHS; and ■ you have sufficient annual limit remaining to cover the full cost of the private treatment. 	
<p>Heart cover for the following surgical procedures:</p> <ol style="list-style-type: none"> 1. cardiac valve surgery; 2. coronary angioplasty; 3. coronary artery bypass; 4. implementation of devices such as a pacemaker or defibrillator. <p>Scans and tests requested by your specialist after diagnosis of a medical condition has been established.</p> <p>Monitoring until your medical condition has been stabilised.</p>	<p>We do not pay for the following:</p> <ol style="list-style-type: none"> 1. maintenance or replacement of pacemakers, defibrillators and other heart-related devices once inserted; 2. routine heart and circulatory checks such as for monitoring blood pressure or anticoagulation.
<p>We will pay for treatment intended to affect the growth of the cancer by shrinking the cancer, or stabilising it to slow the spread of the disease and not given solely to relieve symptoms:</p> <ol style="list-style-type: none"> 1. chemotherapy, including home treatment where deemed medically necessary by your specialist; 2. radiotherapy; 3. medications to help alleviate cancer-related bone damage and side effects of chemotherapy; 4. wigs. 	<p>We do not pay for the following:</p> <ol style="list-style-type: none"> 1. preventive treatment; 2. experimental treatment of any type; 3. clinical trials; 4. stem cell or bone marrow treatment or research; 5. genetic testing or screening; 6. administration or transport costs relating to cancer treatment; 7. out-patient medication (e.g. hormonal) prescribed by your GP; 8. supportive, palliative or hospice care.

What's not covered

This is a summary of the general exclusions from cover. Full details will be provided in your policy Terms and Conditions document.

1. Accident and emergency;
2. Addiction;
3. Age-related medical conditions;
4. AIDS/HIV;
5. Allergies;
6. Chronic conditions;
7. Congenital conditions;
8. Consultations or treatments before diagnosis
9. Corrective treatment;
10. Criminal activity and public order offences;
11. Developmental/behavioural conditions;
12. Dialysis;
13. Elective treatment;
14. Epidemics;
15. Experimental treatment;
16. Fertility treatment;
17. Natural disasters;
18. Pre-existing conditions;
19. Preventive treatment;
20. Rehabilitation, residence and recovery;
21. Routine monitoring, tests and examinations;
22. Screening;
23. Self-inflicted injury or self-harm;
24. Sex change;
25. Sexual health;
26. Sleep disorders;
27. Social and domestic care;
28. Spa therapies;
29. Sports and pastimes;
30. Transplant operations;
31. Treatment on a cruise ship;
32. Treatment received overseas;
33. War, terrorist acts and civil commotion;
34. Weight loss treatment and obesity treatment.

How much you can claim

Eligible claims are covered up to £250,000 in total per policy year. This level of cover will be refreshed at each policy anniversary until the end of the policy term. Please note that you cannot carry back, or forward, any unused cover from any policy years.

Eligible claims will be paid providing they are within your annual policy limit and do not exceed the financial limits specified in our Schedule of Fees, which is published on our website and can be provided on request.

Where you can go for treatment

We do not specify which consultant or specialist you need to see, as long as the costs fall within the financial limits detailed in our Schedule of Fees. This is available to view on our website or can be provided on request. Consultants and specialists will also need to meet certain criteria in terms of their qualifications and registrations in their field of expertise.

We do not pay for treatments at the following hospitals:

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

We will always endeavour to give you as wide a choice as possible. We may update the list of hospitals from time to time. Please see our website for the most up-to-date list or ask us for details.

2. How the policy works

The policy term

The In-patient Plan runs for a five-year term.

Premiums and premium reviews

Your monthly premiums

Premiums are payable by monthly Direct Debit and include Insurance Premium Tax at the current rate. Should the rate of Insurance Premium Tax change we will update your premium to reflect this.

It is important that you keep your premium payments up to date to maintain cover under your policy. If you don't you won't be able to claim and your policy will be closed after three months.

Where we offer a discount on your premium we will show this on your quote and Policy Schedule.

Annual premium reviews

Premiums will be reviewed each year and will take into account:

- your age;
- the expected costs of providing cover to you, including medical claim cost inflation and tax;
- the claims that have been made on all policies with terms similar to yours.

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

Applying for a policy

Who can apply

You can apply for the In-patient Plan if you are:

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

Our approach to claims

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

For eligible claims relating to private in-patient or day patient treatment you will need a referral for treatment from a medical specialist or consultant.

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

Your choice of application

There are three ways you can apply.

1. Full medical underwriting

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

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

2. Moratorium

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

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

3. Continued personal medical exclusions

This application might be suitable for someone who:

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

On your application you will provide us with some details about your medical conditions for which you have received treatment, or had, or may be planning to have, a specialist consultation, in the last two years. We will ask you to provide your most recent private medical insurance schedule or certificate as evidence of your existing cover.

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

3. Your information and rights

Your right to change your mind

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

What happens when your policy ends

At the end of the five year term your policy will end. There is no automatic renewal. We will let you know your options for renewal and, should you wish, you can apply for a further policy. You can re-apply for further cover at the end of the five year term even if you are over 75.

Your application will be subject to fresh underwriting based on your claims history as a policyholder of a Diagnosis Plus Plan and your health at the time of renewal. We may be able to offer a policy with exclusions for any medical conditions that you have claimed for or, as an alternative, may offer renewal with an increase to standard rate premiums.

When the policy ends, either because it has reached the end of the term or because you cancel it earlier, if you have a claim in progress we will explain how any outstanding claim costs will be settled. You will not receive a refund of premiums paid where you cancel after 14 days.

We will return any claim fund balance due once all outstanding invoices have been received and paid.

How to make a complaint

We always do our best to provide a high standard of customer care, but if something goes wrong please tells us so we can put it right. You can contact us using the details below. We will give you a copy of our leaflet 'How to make a complaint' explaining how we deal with complaints. This leaflet is also available at any time to view or download from our website.

Telephone:

0333 014 6244 Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.

8am-6pm Monday to Friday. Calls are recorded for training and quality purposes.

Email:

complaints@nationalfriendly.co.uk

Post:

Customer Services Manager
National Friendly
11-12 Queen Square
Bristol
BS1 4NT

We will investigate your complaint and try to resolve it promptly to your satisfaction. We aim to resolve complaints and send you our final response in writing as quickly as possible, or within eight weeks.

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

You can find more information on their website www.financial-ombudsman.org.uk to view or download from our website.

Our regulators

National Friendly is the trading name of National Deposit Friendly Society Ltd which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services register number is 110008.

You can check this at: <https://register.fca.org.uk>

The Financial Services Compensation Scheme (FSCS)

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

Alternative formats

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

Contact information

For information on setting up this policy please contact your healthcare intermediary. Alternatively you can call us on:

0333 014 6244 Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. Lines are open 8am–6pm Monday to Friday excluding bank holidays. Calls are recorded for training and quality purposes.

Or email us on:

info@nationalfriendly.co.uk

Or visit us at:

www.nationalfriendly.co.uk

Or mail us at:

11-12 Queen Square, Bristol BS1 4NT



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