



Friendly Health

Policy Summary

Everyday healthcare for today
Peace of mind for tomorrow

This document gives you a summary of National Friendly's Friendly Health policy so you can get an idea of whether it's right for you.

There's more detail in our Policy Conditions which you can ask us for a copy of at any time. If you take out a policy then we'll include a copy of the Policy Conditions in your welcome pack along with a reminder of your cover details in your Policy Schedule.

Our contact details are on the back page of this document if you need more information or have any questions. You can also speak to your financial adviser if you have one.

A policy that helps you diagnose new medical issues quickly, to prevent small problems becoming big ones.



What is Friendly Health?

Friendly Health provides a range of health-related benefits to support you with managing your everyday health and to help you diagnose what's wrong if anything changes.

The policy has a simple, 3-tier benefit structure so you can choose the level of cover that best suits your needs and budget.

This policy is designed to provide options when you need diagnosis of a new medical condition and for help and support in other areas.

Treatment isn't covered with the exception of physiotherapy, counselling and, for Gold members, emergency dental treatment.

Here are the benefits available, including any limits to the amounts we pay.

These services are available after the first 7 days of the policy starting. For Gold policies, the emergency dentistry benefit is available for injuries sustained after the first 12 months

	Bronze	Silver	Gold
Diagnosis Pot*: Consultations, scans and tests**	£500	£1,000	£1,500
Emergency dentistry	X	X	✓
Excess per claim	£25	£50	£75
Friendly Dentist	Friendly Dentist: Access to an online dentist	Friendly Dentist+: Access to an online dentist and help sourcing emergency appointments	Friendly Dentist+: Access to an online dentist and help sourcing emergency appointments
Friendly GP+	Family has telephone/online access to a Private GP any time day or night		
Mental health	Up to 6 sessions of online support	Up to 6 sessions of online support	Up to 12 sessions of online support
Physiotherapy	Up to 6 sessions of online support	Up to 6 sessions of online support	Unlimited online support for policyholder and immediate family
Dermatology	✓	✓	✓
Dietitian	X	✓	✓
Friendly Care	X	Telephone access to a nurse to discuss your diagnosis and offer suggestions to help you deal with it	
Health assessment	Home testing kits can be purchased from us	Home testing kit free every 5 years, starting year 2	Home testing kit free every 3 years, starting year 2

* Brought to you by National Deposit Friendly Society Limited. All other services are discretionary benefits, offered through National Friendly Financial Solutions. We will notify you of any changes to your policy benefits.

** Amounts shown are maximum sums you will receive from us, subject to you paying the excess amount shown.

A new type of insurance

Friendly Health is a new type of health insurance which helps you manage your health and wellbeing today through a range of valuable medical support services; and helps to quickly diagnose new health conditions that occur after you've opened a policy.

If a diagnosis is made, our Friendly Care personal nurse service (for Gold and Silver policies) will help you to navigate potential treatment options and how to access them.

Opening a policy

It's simple - you won't need to answer any medical questions keeping the application time to under 5 minutes.

You just need to be between 18-60 years old, living in the UK and registered with a UK GP for the past 2 years.

How the diagnosis pot works

Here are two examples to show how claims from the Diagnosis Pot work.

Example 1:

Cover level	Max cover amount	Excess	Total bill
Silver	£1,000	£50	£600

In example 1, the medical costs (of your consultation and any scans/tests) total £600. You will need to pay a £50 excess and we will pay the remaining £550, so £600 is paid in total. You will then have £450 of your Diagnosis Pot left to use in that policy year. If you make another claim you will need to pay another £50 excess on that claim.

Example 2:

Cover level	Max cover amount	Excess	Total bill
Silver	£1,000	£50	£1,200

In example 2, before any medical appointments take place our claims team will discuss the total costs with you as, in this scenario, they are higher than the Diagnosis Pot cover.

If you wish to proceed, we will pay £1,000 to the consultant. You will pay the remaining £200 which includes your £50 excess plus the additional costs so £1,200 is paid in total.

As a result, you won't have any Diagnosis Pot left to use in that policy year. When your policy moves to the next year, your new £1,000 pot will become available to support any new conditions that may need diagnosing.

Both examples assume you had not made previous claims in that policy year.

If you have already claimed on your policy, the amount we pay for your next claim will be deducted from any remaining Diagnosis Pot which applies as at the date your appointment takes place.

How to access the services

The health and wellbeing services included in your Friendly Health policy are available just 7 days after the policy start date. The emergency dental treatment included within Gold policies is only available after 12 months.

To support the diagnosis of a new medical condition, in-person tests or scans will be arranged through our claims team with appropriate medical consultants. You'll pay the excess for your chosen cover level. We'll pay the rest of the costs up to the annual Diagnosis Pot limits in the table on page 3 and as per the examples in the previous section.

The policy's other services are free to use and are available digitally or over the phone to ensure you can access them from the comfort of your own home at a time that suits. They are all confidential services.

Emergency dental treatment is available for Gold level policies. Our Friendly Dentist+ team can help to arrange treatment or you can use your own dentist. You can use your Diagnosis Pot towards the cost. You'll pay the £75 excess and any costs above the total £1,500 Diagnosis Pot limit.

For Gold and Silver policies, when the policy has been open for a year you can order home testing kits every 3 or 5 years respectively to help you proactively manage and identify any undiagnosed health conditions. These kits are also available to purchase at any point via our claims team at a reduced cost.

If claims costs are higher than your Diagnosis Pot

Please see Example 2. If the cost of your claim is higher than your Diagnosis Pot limit, you will pay the difference.

We aim to make you aware of any additional costs before proceeding with your claim.

Your benefits in detail

Diagnosis Pot - Consultations, scans and tests: Get timely reassurance for new health concerns. With a GP referral and claims team approval, you'll be guided on where to go, the expected cost, and the portion reimbursed under your policy. You decide whether to proceed.

Emergency dentistry: If you have Gold cover, we will cover claims for dental trauma which occur as a result of accidental external impact to the head. This doesn't cover damage caused when eating or drinking.

We will pay for the fixing of damaged teeth and you will pay for prescriptions and any other charges.

Friendly Dentist: You will have unlimited access to our dental helpline service. This includes:

- Unlimited access to our chat dental helpline: Speak directly with qualified dentists whenever you need advice or support.
- Expert-led videos on dental health: Learn tips and best practices to keep your smile healthy, from brushing techniques to lifestyle tips for oral care.
- Smart educational articles: Stay informed with easy-to-read articles written by dental experts, designed to give you practical advice on maintaining your oral health.
- Prescriptions, including those for dental antibiotics. You will be responsible for payment for these.

Plus for Silver and Gold policies:

- Emergency online dental appointments and sourcing of in-person emergency treatment where required.

This service covers the policyholder only.

The service is available 9am – 8pm, 7 days a week. Video consultations where agreed are available 9am – 6pm.

You will need to provide some personal details, including medical details. You can access the service on an app available through App Store or Google Play, and which we will make available when you join.

Friendly GP+:

- 24/7 GP telephone consultations, so you can talk to a qualified GP at any time
- Video consultations
- Private prescriptions, though you will pay for the medication you receive
- Referrals for treatment from an appropriate consultant

For you or family members aged 16 and above you will also have access to:

- Counselling
- Legal advice
- Financial guidance

Mental health: Use confidential online counselling services for personal issues. Your privacy is fully protected, as session details are never shared with us.

Physiotherapy: Access quick, online physiotherapy support. If further investigation is needed, the scans and tests allowance can assist with a new diagnosis.

Dermatology: Simply upload a photo as part of a GP consultation through our 24/7 online GP service. Skin concerns are amongst the most common reasons patients get in touch with their GP – we have made this option more accessible for you.

Dietitian: Tailored programs are available from Health & Care Professions Council (HCPC)-registered dietitians who will talk, amongst other things about sports nutrition, hormonal disorders (Coeliac, IBS etc.), fat and muscle balance, and diet appropriate for diabetes or to boost mental health and energy levels.

Friendly Care: For those with Gold or Silver cover, Friendly Care provides access to a personal nurse advisor for practical and emotional support. This is especially beneficial if you have been diagnosed with a serious condition (perhaps following use of the policy's consultation and test benefits for example). This service provides help with navigating the NHS, self-funding, medication and pain management, and how you can adapt to the newly diagnosed condition. Your personal nurse advisor has a range of information which may help you.

Health assessments: To help you take a proactive approach to managing your health, Friendly Health provides access to a home test kit which means you can test for 24 health conditions simply and quickly.

Circumstances in which we won't pay out

- Treatment and services within the first 7 days of the policy.
- We will not pay for claims where the condition was pre-existing. By this we mean that you experienced signs or symptoms, or a diagnosis prior to the policy start date. This policy is designed to help provide a diagnosis of a new medical condition that started or where symptoms first commenced after the policy had started.
- We will not pay a claim for any planned consultations, scans or tests where these are not diagnostic in nature.
- Follow-up consultations, screening/monitoring, tests or treatment once your diagnosis has been made.
- Benefits and services outside of those listed in our benefits table on Page 3.
- You use a medical service which our claims team has not authorised and agreed in advance.
- Claims for pregnancy-related issues.
- Developmental diagnosis - ADHD, Autism, Aspergers, dyslexia or dyspraxia are examples.
- Fertility testing.
- Determining your extra risk of a condition suffered by a family member.

- For any chronic (long-term) condition which you had when you joined and which has one or more of the following characteristics:
 - a. It continues indefinitely and has no known cure
 - b. It comes back or is likely to come back
 - c. It needs ongoing or long-term control or relief of symptoms
 - d. You need to be rehabilitated or specially trained to cope with it
 - e. It needs long-term monitoring through consultations, check-ups, examinations or tests

This means that conditions which you have when you join and will suffer from for the rest of your life, for example sickle cell disease, diabetes or Multiple Sclerosis, will not be covered.

Who can apply for Friendly Health?

To apply for a policy you have to be:

- Aged between 18 to 60 when your policy starts
- A UK resident
- Able to pay for it from a UK bank account
- Registered with a UK doctor with access to at least the last 2 years of your medical records
- Not covered on another Friendly Health policy

When the policy ends

Your policy will end on your 65th birthday. If you take it out when you are 60, it will end on the policy anniversary in your 66th year. The policy will end earlier than this if:

- You cancel your policy
- You no longer live in the UK. We will cancel the policy if this is the case.
- You miss 3 months' payments
- You die

The policy has no surrender value.

Increasing/decreasing your cover

You can decrease your cover level at a policy anniversary. You will not be able to increase your cover level at any time.

Paying for your policy

To make sure you stay covered, you'll need to make monthly payments. The payments will be set for the level of cover you choose.

We'll collect your payments by direct debit on a date that suits you. This will be confirmed on your Policy Schedule and on your Direct Debit Confirmation.

Changes to your payment

Every year, we'll check to make sure your payments are still right for the cover level you have. To do this, we will look at overall claims experience, not just your personal experience. Depending on what we find, we could put your payments up or down.

We might also have to change your payments if the government changes the tax rates which apply to the policy and its benefits.

We will always give notice before we do so.

How long you'll pay for your policy

Your Policy Schedule will confirm the end date and last payment date for your policy.

What will happen if you stop your payments

You'll need to keep up your payments to make sure you stay covered. You'll lose your cover if you miss a payment in the month in which it became due. We'll get in touch to give you the best chance of making up any missed payments before you lose cover.

If 3 or more payments are outstanding, we'll close your policy.

Claiming on your policy

If you need to make a claim for a consultation, test or scan to find out if something is wrong, you will need to contact us so we can manage that for you.

If you have a Gold level policy, and you need to claim under the emergency dentistry benefit, we will need to see an itemised receipt from the dentist who treated you.

You can access the other services on the policy directly by following the contact instructions we provide in your welcome pack when you join.

If you want to cancel your policy

You can change your mind within 30 days of getting your welcome pack and we'll give you back any payments you've made. Just let us know if you decide it isn't right for you using the contact details on the back page.

You can cancel at any time after 30 days but you won't get any of your payments back and all cover under your policy will end. Please contact us if this is what you'd like to do. We may ask you your reasons for cancelling, but don't worry, there won't be any barriers to closing the policy if that's what you want.

Having closed the policy, you won't be able to apply for another Friendly Health policy for at least 2 years.

Further Information page

If we get things wrong

We hope you never need to complain about your policy or the service we give you. But, you have the right to complain if you need to, and we'd like the chance to put things right.

You can tell us what's gone wrong by telephone, email or post.

- Phone us: **0333 014 6244** 8am-6pm Monday to Friday excluding bank holidays. 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.
- Email us: complaints@nationalfriendly.co.uk
- Write to us:
Complaints Coordinator
National Friendly
11-12 Queen Square
Bristol
BS1 4NT

If your complaint meets the definition, under the guidelines set out by our regulator, the Financial Conduct Authority (FCA). We will acknowledge your complaint promptly, carry out a thorough and impartial review and keep you updated of the progress.

We will do everything we can to resolve things as quickly as possible and provide a written response within 8 weeks of receiving your complaint. The written response will inform you of the results of our review or explain why this isn't possible.

If you're not happy with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). This service is free and using it in no way affects your legal rights to take civil action. You can find out more information at: www.financial-ombudsman.org.uk

You can write to the FOS at **Financial Ombudsman Service, Exchange Tower, London E14 9SR**, phone them on **0800 023 4567**, or email them at: complaint.info@financial-ombudsman.org.uk

Who you're protected by

You're covered by the Financial Services Compensation Scheme (FSCS). This means in the unlikely event that we can't pay your payout, you may be able to claim compensation from them.

Full details of what you are protected for can be found at www.fscs.org.uk

Data protection

We'll only use your personal information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we obtain, hold, and use your personal data, please see our privacy notices at:

www.nationalfriendly.co.uk/privacy

Further details are included in the Policy Conditions for this policy.

Who we are

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 register.fca.org.uk

Other than the Diagnosis Pot, all services are provided by National Friendly Financial Solutions Limited, part of the National Friendly Group.

How we do things – law, language and currency

In the event of a dispute we will try to solve any disagreements quickly and efficiently. If you are not happy with the way we deal with any disagreement, and you want to take court proceedings, you must do this within the UK.

All correspondence will be in English and all currency used will be in GB pound (£).

If you need your documents in other formats

We're able to give you all documents in Braille, large print or audio.

If you'd like a copy, please contact us using the details on the back page.

Here's how you can contact us

For information on this policy, to request a copy in Braille, large print, or audio, please get in touch.

You can call us on:

0333 014 6244 8am-6pm Monday to Friday excluding bank holidays.

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

Calls are recorded for training and quality purposes.

Or email us at:

info@nationalfriendly.co.uk

Or visit us at:

www.nationalfriendly.co.uk

Or mail us at:

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