



County
Medical

County Medical Handbook

Details of your personal
health insurance plan

www.countymedical.co.uk

Consultations | Diagnostic Tests | Surgery Cover



WELCOME TO COUNTY MEDICAL

Dear Policyholder,

Welcome to County Medical.

THE INSURANCE CONTRACT

In return for payment of the **premium** shown in the **policy schedule**, we agree to insure the **insured person(s)** subject to the terms and conditions contained in or endorsed on this contract of insurance, in the manner and to the extent provided in this contract during the **policy period**.

This document together with your **policy schedule** forms your official evidence of insurance and sets out the terms and conditions for the cover that your **policy** provides. Please read this document and your **policy schedule** carefully, so that you know exactly what you are covered for and keep both of them in a safe place so that you can refer to them easily if they are needed.

Some of the words and phrases we use in this handbook have a specific meaning. We've highlighted these words in bold. You can find their meanings in the Glossary on page 19.

When we use the words you and your, we mean the member that has purchased this plan as well as any **insured person(s)** covered by your plan.

When we use we, us or our, we mean County Medical and its **insurers**.

IMPORTANT INFORMATION

This document, the **policy schedule**, and any endorsement(s) attached form your insurance. This insurance sets out the conditions of the contract of insurance between you and us. Please read the whole document carefully and keep it in a safe place.

It is important that:

- you check the information contained in the **policy schedule** is accurate and that the **policy schedule** reflects the coverage sections you have requested (see the "Information you have given us" section below);
- you notify us of any inaccuracies in the information contained in the **policy schedule**, or of any changes to that information (see the "Notifying us of any changes or inaccuracies" section within this document);

Failure to comply with the above could adversely affect your insurance or any claim you make.

INFORMATION YOU HAVE GIVEN US

In deciding to accept this insurance and in setting the terms and **premium**, we have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information we will treat this insurance as if it had never existed and decline all claims. However, if we establish that, unknown to you, an **insured person** deliberately or recklessly provided false or misleading information we will treat this insurance, in so far as it relates to the **insured person** concerned, as if it had never existed and decline all claims relating to such **insured person**.

If we establish that you carelessly provided us with false or misleading information, it could adversely affect your insurance and any claim. For example we may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the **premium** paid. However, if we establish that, unknown to you, an **insured person** was careless in providing information then we will treat this insurance, in so far as it relates to the **insured person** concerned, as if it had never existed and refuse to pay claims and return a proportion of the paid **premium** that relates to such **insured person**. We will only do this if we provided you with insurance cover which we would not otherwise have offered;

If we establish that you or an **insured person** was careless in providing us with the information we have relied upon in accepting this insurance and setting its terms and **premium** we may:

- amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by you or an **insured person's** carelessness; or
- charge you more for your insurance or reduce the amount we pay on a claim in the proportion the **premium** you have paid bears to the **premium** we would have charged you; or
- cancel your insurance in accordance with the cancellation terms of this **policy**.

We will write to you if we:

- intend to treat this insurance as if it had never existed; or
- need to amend the terms of your insurance; or
- require you to pay more for your insurance.

NOTIFYING US OF ANY CHANGES OR INACCURACIES

If you become aware that information you have given us is inaccurate or has changed, you must inform us as soon as practicable.

When we are notified that information you previously provided is inaccurate, or of any changes to that information, we will tell you if this affects your insurance. For example we may amend the terms of your insurance or require you to pay more for your insurance or cancel your insurance in accordance with the cancellation terms of this **policy**.

If you fail to notify us that information you have provided is inaccurate, or you fail to notify us of any changes, this insurance may become invalid and we may not pay your claim, or any payment could be reduced.

HOW TO CONTACT US IF YOU HAVE A QUESTION

We hope that you find this document to be clear and easy to understand but if at any time you do not understand any part of this **policy**, please telephone us on **0800 037 0036** or email us at info@countymedical.co.uk

HOW TO CONTACT US IF YOU NEED TO MAKE A CLAIM

Please call us on **0800 037 0036** or alternatively send us an email at info@countymedical.co.uk. Full details of how to claim can be found on page 11.

CONTENTS AT A GLANCE

1. A Guide to what's covered

This section explains the basics of your cover and what you can claim for. We also show the main circumstances where you cannot claim which can be found in full in Section 3.

2. How your policy works

This section includes details about how we cover treatment, how we pay for it and the rules for **pre-existing** and **chronic conditions**.

3. What's not covered (Exclusions)

This section explains the circumstances which are not covered by your insurance.

4. How to make a claim

This section contains everything you need to know about how to make a claim and what to do when you need treatment.

5. Conditions

Here we explain how long your **policy** lasts for, how you can cancel it if you need to as well as other general information such as how your excess works.

6. Legal information

This section contains the details of the rights and responsibilities we have to each other.

7. Making a complaint

What to do if you have a query or complaint about your **policy**, claim or the sale of your **policy**.

8. Glossary

In this section you can find a list of terms in this handbook that have specific meanings when they appear in bold.

9. Who the insurers and administrators are for this policy

This section explains who the **insurers** are and how your **policy** is administered.



1. A GUIDE TO WHAT'S COVERED

This section explains the basics of your cover and what you can claim for. The list of exclusions (what is not covered) can be found in full in Section 3.

Please remember that this **policy** is not intended to cover all eventualities and is designed to complement rather than replace all the services provided by the National Health Service (NHS).

This **policy** covers you for **consultations** and **diagnostic tests**, as well as **surgical procedures** for **acute conditions** that require treatment in a **hospital**.

If your GP says that you need a **consultation** or a **diagnostic test** for an **acute condition**, we will reimburse you for usual and customary charges up to the amount shown in the table below after the deduction of any **policy excess**.

Additionally, any **surgical procedures** for an **acute condition** can either be provided in our **medical network** or you can receive treatment in another **hospital** that is not part of our network.

If you have selected **cancer** as an additional benefit then subject to our policy terms and conditions this benefit is payable as a cash lump sum and is not designed to cover treatments.

As a County Medical member, you will always have the option of either using our **medical network** or, should you prefer, using a private **hospital** of your own choice.

Benefits for **surgery** under your plan are different when you are not using our **medical network** so it is important that you bear this in mind when choosing where to have your treatment. (Please refer to the chart below which highlights the differences).

What you can claim - Your Policy Benefits Explained

Consultations and Diagnostic Tests

Treatments What you are covered for	What we will pay
Consultations and investigations	Up to a combined maximum of £1,000 per policy year for all treatments covered in this section
Diagnostic Tests such as Blood Tests, ECG's, Ultrasound Scans, X-rays and biopsies	
CT /MRI/PET Scans	

What you can claim - Your Policy Benefits Explained

Surgical Procedures

Treatments What you are covered for	Using the County Medical Hospital Network What we will pay	Using other Hospitals What we will pay
Hospital charges for surgery including accommodation, theatre fees, anaesthetist fees, prosthetics, meals, nursing care, drugs and surgical dressings	We will pay for all charges	We will refund treatment up to the total amounts shown for each medical procedure in our published fee schedule*
Specialists Fees	We will pay for all charges	
Post-operative physiotherapy	We will pay for up to 2 sessions per policy year for all conditions combined.	

*A full list of the medical procedures covered by your plan as well as the amounts that we will pay if you are not using the County Medical Hospital Network can be found at www.countymedical.co.uk/approved-procedures

What's Not Covered?

Like all health insurance plans, there are some things that your policy doesn't cover. Significant exclusions are as follows but full details can be found in Section 3 on page 9.

- Treatment of medical conditions you had, or had symptoms of, before you joined.
- Any treatment in the Accident & Emergency department stabilised and further management deferred as a planned procedure
- Treatment of ongoing, recurrent and long-term conditions (chronic conditions).
- Treatment of Cancer. If you have selected the optional cancer coverage then we will however pay cash benefits as shown above.
- Kidney dialysis
- Organ transplant
- Cosmetic or lifestyle surgery
- Drug or substance abuse
- Professional and semi- professional sports
- Any obesity surgery
- Self-inflicted injuries
- Sexually transmitted diseases
- Congenital or genetic disorders
- Mental health and behavioural disorders
- Procedures on children under 2 years.
- Routine pregnancy and childbirth.
- Any treatment undertaken outside the United Kingdom (unless agreed in advance)
- Professional and semi- professional sports
- Complimentary medicine
- Dental treatment
- Experimental or unproven treatment
- HIV/AIDS
- Infertility or contraception
- Prevention and Surveillance –
- Routine eye care
- Out-patient drugs, dressings or medical appliances
- Unauthorised claims, unless pre-approved by us
- Activities not directly related to your treatment – such as any report writing or provision of certificates

2. HOW YOUR POLICY WORKS

This section includes details about how we cover treatment, how we pay for it and the rules for pre-existing and chronic conditions.

What treatments you are covered for

CONSULTATIONS AND DIAGNOSTIC TESTS

When you are referred by your GP to a specialist for a **consultation** for an **acute condition**, you should then call us on **0800 037 0036** or alternatively send us an email at **claims@countymedical.co.uk** before you see a specialist. It is important you call us as it means that we can tell you what you're covered for. This will also mean you don't end up having to pay for treatment that you are not covered for.

Once agreed, your **policy** will pay for the costs of the **treatment** up to the amount as shown in the TABLE OF BENEFITS sections on page 5 depending on whether you have selected to use a County Medical **network consultant** or **consultant** of your choice.

If you have selected to use a **consultant** of your choice then we will pay usual and customary charges up to the amount as shown in the TABLE OF BENEFITS sections on page 5.

SURGERY

Should you require a **surgical procedure** for an **acute condition** which is listed in our **schedule of medical procedures**, then you are covered as a **day-patient**, **in-patient** or **out-patient** up to the amount as shown in the TABLE OF BENEFITS sections on page 6 depending on whether you have selected to use a County Medical **network hospital** or another **hospital**.

Should you suffer from a **chronic condition** please see the section on page 8 "**How you are covered for chronic conditions**".

Our **schedule of medical procedures** can be found at **www.countymedical.co.uk/approved-procedures**

In all cases you must refer to **Section 3 'How to make a claim'** which provides full details on what you need to do and who to contact in the event of a potential claim under this **policy**.

If you have selected **cancer** as an additional benefit then subject to our policy terms and conditions this benefit is payable as a cash lump sum and is not designed to cover treatments.

Who provides your treatment

CONSULTATIONS AND DIAGNOSTIC TESTS

You can use either one of our **network consultants** or a **consultant** of your own choice.

If you prefer to use a **consultant** of your own choice, we must be satisfied that the person treating you meets our criteria for being defined as a **consultant**. You will need to call us on **0800 037 0036** or alternatively send us an email at **info@countymedical.co.uk** and we will confirm the position with you.

Please note that your membership does not cover any services or **treatments** that are provided by primary care providers such as dentists, opticians and GP's.

SURGERY

Should you require a **medical procedure** that is listed in our **schedule of medical procedures**, you can either use a County Medical **network hospital** or if you prefer you can use a **hospital** of your own choice.

The amount of benefit that we pay for using **hospitals** that are not in our network can be found on page 6 of this handbook.

How your policy works with pre-existing conditions and their symptoms

- **If your policy is accepted on a moratorium basis** (Your **policy schedule** will confirm if this is the case)

Unless otherwise specified in the **policy schedule**, you will not be covered for **pre-existing medical conditions** (or **related medical conditions**) that you have suffered from in the 5 year period prior to your **start date**.

You will be covered for claims related to these **pre-existing conditions** (or **related medical conditions**) once you have been free of symptoms, treatment and **advice** for 2 continuous years from your **start date**. This is provided any such claim is not subject to our other exclusions and that the condition does not fall under the definition of a **chronic condition**.

- **If your policy is accepted on a medically underwritten basis** (your **policy schedule** will confirm if this is the case)

Your **policy schedule** will show any specific exclusions for any conditions that are considered to relate to **pre-existing conditions** based on the information that you have provided. Your **policy schedule** will also show whether we can remove the exclusion after a period of time.

- **If your policy is accepted on a Continued Personal Medical Exclusions (CPME) basis** (Your **policy schedule** will confirm if this is the case)

If your **policy** is accepted on a Continued Personal Medical Exclusions (CPME) basis where you have transferred from another private medical insurance **policy** then any exclusions or moratorium provisions on your previous private medical insurance **policy** will apply along with the exclusions detailed in this document.

How you are covered for chronic conditions

We will not fund any long-term management or monitoring of these conditions but will pay for the initial treatment provided any such treatment is completed within 12 months of the original diagnosis and such treatment is not subject to our other exclusions and the **policy** conditions.

We will not subsequently pay for complications that are known to be associated with or arise from these conditions once a diagnosis has been established and any initial treatment completed; for example, diabetes is known to predispose to developing abnormalities in the retina of the eye and also affects the heart and blood vessels, hence we will not fund treatment for diabetic retinopathy or cardiovascular treatment if you are diagnosed with diabetes.

Cover for Cancer

This coverage only applies if you have chosen to add this coverage to your **policy** and it is shown on your **policy schedule**.

WHAT WE WILL COVER

Should you be diagnosed with **cancer** then this policy will pay a cash benefit to you as follows:

Type	Benefit
Cancer	£15,000

If you have used tobacco or nicotine replacement products within 2 years of a diagnosis for **cancer** then the above benefits will be reduced by 50%.

This benefit can be paid only once for each insured **person** during the lifetime of the **policy**.

EXCLUDED CANCERS

1. **Latent cancers.**
2. **Carcinoma in situ.**
3. Non-melanotic skin cancer – unless there is evidence of distal spread.
4. **Recurrent cancers.**
5. **Second or subsequent primary cancer.**
6. Prostate **cancer** unless the disease has spread beyond the prostate gland and requires treatment other than a local endoscopic resection.

3. WHAT'S NOT COVERED (EXCLUSIONS)

This section explains the circumstances which are not covered by your insurance.

Because this policy is designed to work alongside the NHS, where we do not cover a condition that is better treated in the NHS we explain this and why.

This policy also does not cover conditions that are generally not subject to long-delays in the NHS or where the NHS is better equipped to treat them.

THIS POLICY DOES NOT COVER:

1. Accidents and emergencies – We will not pay for treatment in the accident and emergency department or for admissions resulting from such visits. We will, however, pay for treatment if the condition can be stabilised and further management deferred as a planned procedure, provided any such treatment is not subject to our other exclusions and the **policy** conditions.
2. **Cancer** – We do not fund treatment for **cancer** as this is a priority for the NHS and should be provided in a multidisciplinary setup. As such the care provided within the NHS is efficient and of a high quality. Replicating it in the private sector would result in significantly higher **premiums** for limited benefits. Suspected **cancer** cases within the NHS are expected to be seen and diagnosed within two weeks of GP referral.

If you have selected the optional cancer coverage then we will however pay cash benefits as shown on page 8.
3. Kidney dialysis – We will not pay for kidney dialysis unless it is undertaken as an **inpatient** in a **hospital** for a short time and as a result of complication following a procedure authorised under this scheme.
4. This **policy** is designed to provide cover for necessary and active treatment of a **medical condition** (which we define as 'a disease, illness or injury other than psychiatric illness'). This means for pregnancy and childbirth that we will only pay for eligible additional treatment made necessary by a **medical condition** that is experienced

during that pregnancy and/or childbirth. Your policy is not intended to provide cover for preventive treatment, monitoring or screening. We do not pay for the normal interventions required during pregnancy or childbirth as they are not treatments of a **medical condition**.

5. Organ transplant – We will not pay for any condition requiring organ transplant such as heart, lung, kidney, cornea or bone marrow. These require a multidisciplinary approach and should be best undertaken within the NHS.
6. Procedures on children under 2 years – We will not pay for any procedures under taken on children under 2 years of age. These should be done in special units preferably within the NHS.
7. Any excess for the first claim in each **policy period**.

CONDITIONS THAT CAN BE A RESULT OF YOUR CHOICE OF LIFESTYLE

8. Cosmetic surgery or life style surgery – We will not pay for any treatment that is considered to be based mainly on a desire to enhance personal appearance or is not absolutely indicated from a medical point of view. As such we will not pay for cosmetic surgery including breast enhancements, tummy tuck or facelifts.
9. Drug or substance abuse – We will not pay for any condition which is in anyway connected with, arising from or as a result of substance, alcohol or drug abuse.
10. Professional and semi- professional sports – We will not pay for treatment you need as a result of training for or taking part in any sport for which you are paid, compete for prize money or receive a grant or sponsorship (other than to meet the costs of travel).
11. Obesity surgery – We will not fund any management or treatment of obesity including gastric bands.

12. Self-inflicted injuries or harm – We will not pay for any treatment required as a result of disregard for personal wellbeing; such as self-inflicted injuries, self-neglect, ignoring safety precautions or disregard for medical advice.
13. Sexually transmitted diseases – We will not pay for treatment of any sexually transmitted disease.

LONG-TERM CONDITIONS THAT REQUIRE ONGOING MEDICAL MANAGEMENT

14. Congenital or genetic disorders – We will not fund treatment for any condition that has been present since birth or is a result of known hereditary predisposition.
15. **Chronic illnesses** and their complications – We will not fund any long-term management or monitoring of these conditions but will pay for the first treatment provided any such treatment is completed within 12 months of the original diagnosis and such treatment is not subject to our other exclusions and the **policy** conditions. We will not subsequently pay for complications that are known to be associated with or arise from these conditions once a diagnosis has been established and any initial treatment completed; for example, diabetes is known to predispose to developing abnormalities in the retina of the eye and also affects the heart and blood vessels, hence we will not fund treatment for diabetic retinopathy or cardiovascular treatment if you are diagnosed with diabetes.
16. Mental health and behavioural disorders- We will not pay for conditions requiring the services of a psychiatrist, psychologist, developmental therapist or counsellor or where admission to a psychiatric bed is required.

PRE-EXISTING CONDITIONS

17. **Pre-existing medical conditions** – Please see “How your policy works with pre-existing conditions and their symptoms” on page 8.

OTHER TREATMENTS AND SITUATIONS THAT ARE NOT COVERED

18. **Active War, Terrorism and Nuclear Risks** – these are standard industry exclusions required by **insurers** and definitions can be found in the Glossary on page 19.
19. Activities not directly related to your treatment – Such as any report writing or provision of certificates.

20. Bills not directly related to your treatment – Such as telephone and meals for guests.
21. Complimentary medicine – We will not pay for any management that is considered to be complimentary medicine such as acupuncture, osteopathy or homeopathy.
22. Dental treatment – We will not pay for any dental or oral treatment.
23. Experimental or unproven treatment – We will not fund any treatment that is not approved by the National Institute of Clinical Excellence, NICE, or considered by it to be under evaluation.
24. HIV/AIDS – We will not pay for any condition arising as a result of AIDS or HIV exposure.
25. Infertility or contraception – We will not fund any treatment to investigate or manage infertility or procedures done for contraceptive purposes.
26. **Out-patient** drugs, dressings or medical appliances – We will not fund any **out-patient** medicine, dressings or medical appliances, including hearing aids.
27. Overseas treatment - We will not pay for any treatment undertaken outside the United Kingdom unless agreed in advance.
28. Prevention and Surveillance - We will not pay for any preventative treatment - such as vaccinations, health screening or procedures for surveillance of clinical conditions.
29. Routine eye care – We will not fund any visits to opticians, pay for glasses or contact lenses or for corrective laser eye surgery.
30. Treatment or admission where no approved procedure is planned – We only authorise treatment or **hospital** admissions where a procedure approved under the scheme is being undertaken. We approve over four hundred procedures representing the bulk of those that are routinely performed in the private sector. The list of procedures covered by this **policy** is on our website. Please read clarification given below.
31. Treatment undertaken by non-specialists – We will only fund treatment if undertaken by a **medical specialist** who is approved by us.
32. Unauthorised claims – We will not fund claims unless they are pre-approved by us.
33. Visits to your GP - We will not pay for any GP visits.

4. HOW TO MAKE A CLAIM

This section contains everything you need to know about how to make a claim and what to do when you need treatment.

CONTACT DETAILS:

Should you wish to make a claim on your **policy** or have any questions as to whether a condition is covered by this **policy**, please call us on **0800 037 0036** between 9am to 5pm Monday to Friday or e-mail us at **info@countymedical.co.uk**

What to do when your GP tells you that you need a consultation or specialist treatment

If your GP says that you need a **consultation** or a **diagnostic test**, inform them you wish to go private and ask them for an 'open referral' letter explaining your condition. With an open referral your GP doesn't name a particular specialist.

As soon as you've seen your GP, you should contact us, using any of the methods detailed above, before you see a specialist. It is important you contact us as it means that we can tell you what you're covered for. This will also mean you don't end up having to pay for treatment that you are not covered for.

Where possible, we will assess your claim over the phone, however we may need to ask for more details about your **medical condition**. Sometimes we will need to contact your GP or specialist for more information before we can authorise a claim. Alternatively, we may send you a form that you need to take to your GP to get completed.

You or your GP must provide us with the information we ask for by the date that we ask for it or you may not be covered for your claim.

CHOOSING A CONSULTANT

As soon as we have confirmed that you are covered, you will be given the choice of whether you wish to use one of our **network consultants** or one of your own choice.

CHOOSING A CONSULTANT THAT IS PART OF OUR CONSULTANT NETWORK

Should you wish to use one of our **network consultants** we will appoint you a case manager who will be responsible for arranging your appointment and they will assist you throughout your **treatment**.

Your case manager will make an appointment with one of our **network consultants** who will perform any **consultations** and investigations that are needed.

Bills will be sent to us and we will settle them directly with the **consultant** after the deduction of any excess which you are obliged to pay.

CHOOSING A CONSULTANT THAT IS NOT PART OF OUR CONSULTANT NETWORK

If you are selecting a **consultant** that is not part of our network, for example should you would prefer to use a specific **consultant**, or if your GP has already named a specialist then you will need to ensure that the person treating you meets our criteria for being defined as a consultant. You will need to call us on **0800 037 0036** or alternatively send us an email at **info@countymedical.co.uk** and we will confirm the position with you. You will also need to arrange any appointment with a **consultant** that is not part of our network.

The amount of benefit that we pay can be found in the TABLE OF BENEFITS sections on pages 4 and 5.

Any resulting bills will need to be sent to you and you will need to forward these to us so that we can refund you up to our agreed limits after the deduction of any excess which you are obliged to pay.

What to do when your Consultant tells you that you need Surgery

CHOOSING A HOSPITAL WHEN YOU NEED TREATMENT

Should your **consultant** inform you that you require a **medical procedure** then you must contact us using the contact details provided on page 11. As soon as we have confirmed that you are covered, you will be given the choice of whether you wish to use one of the County Medical **network hospitals** or one of your own choice.

CHOOSING A HOSPITAL THAT IS PART OF OUR HOSPITAL NETWORK

Should you wish to use one of our County Medical **network hospitals** we will appoint you a case manager (if you have not already been allocated one) who will be responsible for arranging your appointment and they will assist you throughout your treatment.

Bills will be sent to us and we will settle them directly with the **hospital** after the deduction of the excess which you are obliged to pay.

CHOOSING A HOSPITAL THAT IS NOT PART OF OUR HOSPITAL NETWORK

If you are selecting a **hospital** that is not part of the County Medical **network hospitals**, once we have confirmed cover we will advise you of the limits for the costs that we will pay. These will vary according to your **medical condition** in line with the prices for our **network consultants** and County Medical **network hospitals**.

You will also need to arrange any appointment yourself.

The maximum amount of benefit that we pay for using a **hospital** that is not in our network can be found on page 6 of this handbook.

Any resulting bills will need to be sent to you and you will need to forward these to us so that we can refund you up to our agreed limits after the deduction of the excess which you are obliged to pay.

Other information

DO I NEED TO TELL THE HOSPITAL WHERE I HAVE MY TREATMENT THAT I AM A COUNTY MEDICAL MEMBER?

Once your claim has been approved, if you are being treated in a **hospital** that is part of the County Medical **network hospitals**, you must inform the **hospital** where you have your treatment that you are County Medical member. This will mean that the fees charged for your treatment are those that we have agreed with the **hospital**.

WHAT SHOULD I DO IF I NEED FURTHER TREATMENT?

If you need further treatment, then you must call us on **0800 037 0036** or alternatively send us an email at info@countymedical.co.uk first so that we can confirm your cover.

WHAT INFORMATION DO I NEED TO PROVIDE WHEN I MAKE A CLAIM?

When you call us, we'll explain if your treatment is covered and normally you won't need to fill in any forms. However, sometimes we may need more detailed medical information, including access to your medical records. For example this can be to ensure that your claim meets the **policy** conditions and is not a **pre-existing medical condition** (if these are not covered by your **policy**).

We may need more detailed information in any of the following ways:

- We may need to write to your GP or your **consultant** to send us more details about your **medical condition**. Any charges for this are covered by your plan.
- If we have any questions regarding the diagnosis, we may have to ask a specialist to advise us on the medical facts or examine you. In these cases, we will pay for the specialist to do this.
- We may also ask you to give us consent to access your medical records.

Please note that if you are not willing to give us any information that we ask for, or you do not consent to our accessing your medical records, then we may not be able to assess your claim and may not be able to pay it.

WHAT HAPPENS IF MY TREATMENT ISN'T COVERED?

If your **policy** does not cover your required treatment, we'll explain the reasons for this to you and we will also tell you about what we can do to support you through your NHS treatment.

WHAT HAPPENS IF I NEED EMERGENCY TREATMENT?

In an emergency, please call 999 for an NHS ambulance or go to a **hospital** Accident and Emergency department.

Should you require further treatment after your emergency treatment, please call us, as we may be able to cover it.

5. CONDITIONS

Here we explain how long your policy lasts for, how you can cancel it if you need to as well as other general information such as how your excess works.

ABOUT THIS POLICY

Your County Medical personal healthcare plan is an annual insurance **policy** which can be renewed each year.

Various provisions in this **policy** restrict your coverage. Please read the entire **policy** carefully to determine your rights, duties and what is and what is not covered.

The "What's not covered" section on page 9 lists exclusions and situations that are not covered under this **policy**.

Your **policy** is for an initial **policy period** of 12 months. Your **premium** is payable by instalments monthly in advance or by a single annual payment, in advance.

WHO CAN BE COVERED UNDER THIS POLICY?

We will cover you if you live in the United Kingdom, Channel Islands or the Isle of Man for a minimum of 180 days a year and are aged between 18 and 70 years old at inception of this **policy**, other than for any additional **cancer** coverage in which case you can be no older than 60 years old at inception.

You can add your spouse or partner who is living permanently with you under this **policy** providing that they also live in the United Kingdom, Channel Islands or the Isle of Man for a minimum of 180 days a year and are aged at least 18 years old.

Your children can be added to this **policy** once they have become 2 years old and until they reach the age of eighteen years old.

HOW LONG DOES YOUR POLICY LAST FOR?

This is an annual **policy** which you can renew each year. However, your cover will end automatically on the date that any of these events happen:

- You stop living in the United Kingdom, Channel Islands or the Isle of Man for a minimum of 180 days a year.
- You or we cancel this **policy** as shown below.
- You stop paying your **premium** and fail to put this right in 30 days.

If, at the end of your annual **policy period**, we decide to offer renewal, then at least 21 days before your **policy period** ends, you will receive details of your cover for the next 12 months, together with a new **policy schedule**.

If we do offer renewal, please note that your new **policy** may contain a different **premium**, cover and/or other terms to that of your existing **policy**. Any new terms will be explained clearly to you in good time before renewal, so that you can decide whether to accept the new **policy** or not.

If, at the end of your annual **policy period**, we decide not to offer renewal, then we will write to you advising you of this at least 21 days before your **policy period** ends.

CANCELLING YOUR POLICY DURING THE COOLING OFF PERIOD

Should you decide that you do not want the cover provided by this **policy**, please contact the scheme **administrator** within 30 days of receiving your **policy** documents. Any **premium** that you have paid will be refunded provided that you have not made or notified us of a claim under the **policy**.

Contact details are as follows:

Compass Underwriting Ltd,
50 Mark Lane,
London EC3R 7QR.
Tel No: 020 7398 0100.
Fax No: 020 7398 0109.
E-mail: info@compassuw.co.uk

CANCELLING YOUR POLICY AFTER THE COOLING OFF PERIOD

You can cancel your **policy** at any other time simply by contacting the scheme **administrator** (contact details as above).

If **premiums** are paid by Direct Debit, then **premium** payments will cease from the next instalment date and we will calculate the return **premium** due for the year at pro-rata according to the outstanding month at the date of cancellation and will refund this amount to you.

If **premiums** are paid annually in advance then we will calculate the return **premium** due for the year at pro-rata according to the remaining **policy** period at the date of cancellation and will refund this amount to you.

If a claim has been made during the current **policy period** then you must pay us the balance of the full annual **premium** for that **policy period**.

Please note that **premium** instalments should be maintained during any period of claim.

INSURERS' RIGHTS OF CANCELLATION

We can also cancel this insurance by giving you thirty (30) days' notice in writing. We will only do this for a valid reason (examples of valid reasons include but are not limited to):

- non-payment of **premium** (If the **premium** still remains outstanding after the 30 day notification period);
- a change in risk occurring which means that we can no longer provide you with insurance cover;
- non-cooperation or failure to supply any information or documentation we request; or
- threatening or abusive behaviour or the use of threatening or abusive language.

If we cancel this **policy** then **premium** payments will cease from the next instalment date following receipt of the cancellation notice.

HOW DOES YOUR EXCESS WORK?

Your **policy schedule** will tell you if you have an excess and how much it is. This section tells you how to pay it.

Your excess is the amount that each person covered under this **policy** contributes to any claims in each **policy period**.

We will deduct your excess from the first claim in each **policy period**. For example if your excess is £100 and you make a claim for £500 then we would pay £400.

Should you have more than one claim then you will only be charged the excess once in each **policy period**.

Should your claim be for a treatment that has a financial limit then we will apply the limit before we take the excess off.

Should you incur costs in a **policy period** and also incur additional costs in the following **policy period** for the same condition, then we will take the excess off the costs incurred in the current **policy period**, as well as the costs incurred in the following **policy period**.

6. LEGAL INFORMATION

This section contains the details of your rights and responsibilities we have to each other including how to complain.

General Legal Information about your policy

LAW AND LEGAL PROCEEDINGS APPLICABLE TO THIS POLICY

Unless you and we agree otherwise, the law which applies to this contract is the law which applies to the part of the United Kingdom in which you live, or if you live in the Channel Islands or Isle of Man, the law of whichever of those two places you live.

Any legal proceedings between you and the insurers in connection with this contract will, therefore, only take place in the courts of the part of the United Kingdom, the Channel Islands or the Isle of Man in which you live.

TRANSFERRING THIS POLICY (ASSIGNMENT)

You cannot transfer this **policy** to someone else. We will only pay claims to you or your estate.

RIGHTS OF THIRD PARTIES

A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

FRAUDULENT CLAIMS OR MISLEADING INFORMATION

You must make sure that whenever you have to provide any information, it is true, accurate, and complete to the best of your knowledge and belief.

If any information that you (or anyone acting on your behalf) provides is not accurate or is not complete, this **policy** may not protect you if you need to make a claim.

We have to take a robust approach to fraud prevention in order to keep **premium** rates down so that you do not have to pay for other people's dishonesty. If any claim under this **policy** is fraudulent or is intended to mislead, or if any misleading or fraudulent means are used by you, or anyone acting on your behalf, to obtain benefit under this **policy**, then your right to any benefit under this **policy** will end, your **policy** will be cancelled and we will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.

To prevent fraud, **insurers** sometimes share information. Details about your insurance application and any claim that you make may be exchanged between our **administrators**.

SANCTIONS

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Your Personal Information Notice

We are County Medical Limited, an appointed representative of Compass Underwriting Limited who have arranged this insurance on behalf of Endurance Worldwide Insurance Limited, as stated in the contract of insurance and/or in the certificate of insurance.

THE BASICS

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

OTHER PEOPLE'S DETAILS YOU PROVIDE TO US

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

WANT MORE DETAILS?

For more information about how we use your personal information please see our full privacy notice(s), which is/ are available online on our website(s) or in other formats on request.

CONTACTING US AND YOUR RIGHTS

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

County Medical Healthcare Ltd

c/o Compass Underwriting Limited
1st Floor
50 Mark Lane,
London EC3R 7QR.

You can see a copy of our Privacy Policy at www.countymedical.co.uk/privacy

COMPENSATION

Endurance Worldwide Insurance Limited is covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we are unable to meet our obligations to you under this insurance. If you were entitled to compensation under this Scheme, the level and extent of the compensation would depend on the nature of this insurance. Further information about the scheme is available from the Financial Services Compensation Scheme at www.fscs.org.uk or by telephoning **0800 678 1100**.

7. MAKING A COMPLAINT

The aim is to provide you with a high-quality service at all times, every effort will always be made to sort out any enquiry or problem that you may have. If you have any questions or concerns about your **policy** or the handling of a claim you should, in the first instance, please contact:

**The Managing Director,
Compass Underwriting Ltd,
50 Mark Lane,
London, EC3R 7QR**

Tel No: **020 7398 0100**
Fax No: **020 7398 0109**
E-mail: **info@compassuw.co.uk**

IF YOUR COMPLAINT CAN BE RESOLVED WITHIN THREE BUSINESS DAYS:

We will aim to resolve your concerns within three business days, following receipt of your complaint. A written Summary Resolution Communication will be provided to you if the complaint is resolved to your satisfaction.

In the unlikely event that you remain dissatisfied, you may be entitled to refer the matter to the Financial Ombudsman Service, free of charge.

IF YOUR COMPLAINT CANNOT BE RESOLVED WITHIN THREE BUSINESS DAYS:

We will send you an acknowledgement letter to explain your complaint has been escalated to the Head of Compliance, who will investigate your complaint and keep you informed throughout the process.

We will investigate your complaint and provide one of the following within 8 weeks of receipt of your complaint:

- A final response letter explaining the outcome of our investigation, the reason for our decision and information on how to steps to take, should you remain dissatisfied; or
- A holding letter confirming when we anticipate we will have concluded our investigation.

REFERRING TO THE FINANCIAL OMBUDSMAN SERVICE:

Should you remain dissatisfied with the outcome of our investigation or we are unable to conclude our investigation within 8 weeks, you may be able to refer your complaint to the Financial Ombudsman Service (*if eligible), provided you do so within 6 months of the date of the Final Response.

The Financial Ombudsman Service contact details:

**Financial Ombudsman Service
Exchange Tower
London
E14 9SR**

Email: **complaint.info@financialombudsman.org.uk**
Telephone: **0800 023 4567** or **0300 123 9123**
Website: **www.financial-ombudsman.org.uk**

This procedure is in addition to any other legal rights You may have to take legal proceedings.

* The Financial Ombudsman Service may not be able to consider a complaint if you have not provided us with the opportunity to resolve it first, or if you are:

- a business with more than 10 employees and a group annual turnover of more than €2 million; or
- a trustee of a trust with a net asset value of more than £1 million; or
- a charity with an annual income of more than £1 million.

ONLINE DISPUTE RESOLUTION

If you were sold this product online or by other electronic means and within the European Union (EU) you may refer your complaint to the EU Online Dispute Resolution (ODR) platform. Upon receipt of your complaint the ODR will escalate your complaint to your local dispute resolution service – this process is free and conducted entirely online. You can access the ODR platform on <http://ec.europa.eu/odr>.

8. GLOSSARY OF TERMS

In this section you can find a list of terms in this handbook that have specific meanings when they appear in bold.

Word	Meaning
Acute condition	A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Active war	The active participation in a war by an insured person who is considered under English Law to be under instruction from or employed by the armed forces of any country.
Administrator(s)	Compass Underwriting Limited.
Advice	Any consultation regarding a pre-existing medical condition or a related medical condition from a GP, medical specialist or therapist including the issue of any prescription or repeat prescription.
Cancer(s)	A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Carcinoma in situ	A cancer in which the cancerous growth or tumour is still confined to the site from which it started, and which has not spread to or invaded the surrounding tissue or other organs in the body.
Chronic condition(s)	A disease, illness or injury that has one or more of the following characteristics: <ul style="list-style-type: none">• 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.
Consultation	A visit to a consultant .
Consultant(s)	A medical specialist who has specialist training in an area of medicine, is fully registered under the Medical Acts and is recognised by us as a specialist.
Day-patient	A patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery, but does not occupy a bed overnight.
Hospital	An independent hospital or a NHS Hospital in the United Kingdom with specialist facilities for medical and surgical procedures .

Word	Meaning
Insurer(s) / Insurer's	Endurance Worldwide Insurance Limited, a wholly owned subsidiary of Sompo Holdings Inc., registered in England and Wales, Registration Number 04413524, home state United Kingdom. Registered Office: 2 Minster Court, 1st Floor, Mincing Lane, London, EC3R 7BB. Endurance Worldwide Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 219654.
Insured Person(s)	Persons covered under this policy as listed in the policy schedule .
In-patient	A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.
Latent cancers	Cancers which are believed to have remained localized and asymptomatic for a long period; for example, small carcinoma of the prostate in older men, often found incidentally by a biopsy.
Major surgery	An operation upon an organ within the cranium, chest, abdomen, or pelvic cavity or involving removal of the breast.
Medical condition(s)	A disease, illness or injury other than psychiatric illness.
Medical network	A network hospital or a network consultant as approved by us.
Medical procedure(s)	A medical procedure which is listed in the schedule of medical procedures and which is carried out by a medical specialist .
Medical specialist	A doctor included on the Specialist Register of the General Medical Council.
Network hospital(s)	A hospital which is part of the County Medical network of NHS hospitals . The up to date list is available on our website.
Network consultant(s)	A consultant who is part of the County Medical network of approved consultants .
Nuclear risks	Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosion or other hazardous properties of any explosive nuclear assembly or nuclear component.
Out-patient	A patient who attends a hospital , consulting room, or out-patient clinic and is not admitted as a day-patient or an in-patient .
Policy	The full terms of the insurance contract between you and the insurer this policy document and the policy schedule and any endorsements, (if applicable).
Policy period	The 12 months from your start date or last renewal date . If you have decided not to renew your policy then all cover will automatically cease at the end of your policy period .
Policy schedule	The document that you receive with this policy , which sets out the specific details of your cover.
Pre-existing medical condition(s)	Any disease, illness or injury for which: <ul style="list-style-type: none"> • You have received medication, advice or treatment; or • You have experienced symptoms; whether the condition has been diagnosed or not in the 5 years before your start date.

Word	Meaning
Premium(s)	The amount (shown in your policy schedule) that you pay for the cover under this policy for the specified policy period . This premium is payable by monthly instalments in advance.
Recurrent cancers	Cancer that has recurred (returned), usually after a period of time, during which the cancer could not be detected. The cancer may come back to the same place as the original (primary) tumour or to another place in the body.
Related medical condition(s)	Any symptom, disease, illness or injury, which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.
Second or subsequent primary cancer)	A cancer which occurs in someone who has had a previous cancer and which is not connected to the original tumour.
Schedule of medical procedures	The County Medical list of medical procedures that we cover which can be found at www.countymedical.co.uk
Renewal date	The annual anniversary of the start date of your policy when the scheme administrators will contact you to agree a further policy period .
Start date	The date the administrators accept your application for cover. This will be shown on your policy schedule .
Surgery	An operation or other invasive surgical intervention listed in our schedule of procedures .
Surgical Procedure(s)	Operations or other invasive surgical intervention listed in our schedule of procedures .
Terrorism	An act, including but not limited to the use or threat of force and/or violence, of any person or group(s) or persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

9. WHO THE INSURERS AND ADMINISTRATORS ARE FOR THIS POLICY

This section explains who the insurers are and how your policy is administered.

This **policy** has been arranged by Compass Underwriting Ltd on behalf of Endurance Worldwide Insurance Limited, a wholly owned subsidiary of Sampo Holdings Inc., registered in England and Wales, Registration Number 04413524, home state United Kingdom. Registered Office: 2 Minster Court, 1st Floor, Mincing Lane, London, EC3R 7BB.

Endurance Worldwide Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 219654. Our Firm Reference Numbers and other details can be found on the Financial Services Register at www.fca.org.uk.

County Medical Healthcare Limited is registered in England and Wales Reg. No. 08272908, registered office; 93 Tabernacle Street, London EC2A 4BA. County Medical is a trading name of County Medical Healthcare Ltd County Medical is an appointed representative of Compass Underwriting Limited whose registered address is Brierly Place, New London Road, Chelmsford. Essex CM2 0AP.

Compass Underwriting Limited is authorised and regulated by the Financial Conduct Authority under reference 304908. Our Firm Reference Numbers and other details can be found on the Financial Services Register at www.fca.org.uk.

All **premium** payments from you and due to us for this policy will be held by the scheme **administrator** on our behalf. They will also hold any **premium** refund that is due to you from us. Claim benefits for that are due to you from us will be paid by the **administrator**.

In this capacity the scheme **administrator** is acting as our authorised agent.

This means that once a **premium** is paid to the scheme **administrator** it is considered to have been received by Us and that all claims benefits, legal expenses and **premium** refunds from us are not considered to have been paid until you have actually received them.

Please note that telephone calls between you, us and our **administrators** may be recorded as part of our quality control process.

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