

APRIL UK

# REGIONAL PLUS PRIVATE MEDICAL INSURANCE PLAN

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Policy Document

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# Policy Summary



This document summarises the main features, benefits and exclusions of the Regional Plus Private Medical Insurance Plan. It does not contain the full terms and conditions which are set out in the Policy Document. Please also refer to **your** Certificate of Registration which will provide **you** with details of who is covered under this **policy**, details of any **excess** and specific exclusions which apply to **your policy**.

## What is the Regional Plus Private Medical Insurance Plan?

The Regional Plus Private Medical Insurance Plan provides access to high quality healthcare at selected private **hospitals** throughout the **UK**.

## Who is eligible to join?

**You** can take out the Regional Plus Private Medical Insurance Plan if **you** are between the ages of 16 and 74 inclusive and are a permanent and lawful resident of the **UK**, Isle of Man or Channel Islands. Any **dependants** to be covered must be aged 74 or under and a permanent and lawful resident of the **UK**, Isle of Man or Channel Islands. If **you** are between the ages of 0 and 15 inclusive, a parent or guardian may take out a plan for **you**, on a moratorium or full medical underwriting basis, and pay **your** premiums.

## Who provides this cover?

The Regional Plus Private Medical Insurance Plan is provided by Axeria Insurance Limited and governed by English Law. Axeria Insurance Limited is authorised under the Insurance Business Act (Cap.403 of the Laws of Malta) to carry on General Business of Insurance and is regulated by the Malta Financial Services Authority. The registered address of Axeria Insurance Limited is at Progetta House, Level 2, Tower Road, Swatar, Birkirkara BKR 4012, Malta.

## What benefits are available under the Regional Plus Private Medical Insurance Plan?

A summary is shown below. Benefits are per person per **policy year** unless stated. Please refer to the Policy Document for full details. There is an aggregate limit of £1m per person per **policy year** on benefits payable under this **policy**. Full cover is a total of £1,000,000 per person per **policy year** across all the benefits payable under this **policy** and provides for costs associated with **your** healthcare needs. To confirm all costs will be paid please contact the APRIL UK Claims Team in advance of any **treatment**.

Significant Features and Benefits	Cover - All benefits listed are subject to terms and conditions. Your Certificate of Registration will show the level of cover you have chosen.		
In-patient and day-patient treatment	Foundation Cover	Foundation and Limited Out-patient Cover	Foundation and full Out-patient Cover
Hospital accommodation and nursing care	✓	✓	✓
Prescribed drugs and dressings	✓	✓	✓
Operating theatre fees	✓	✓	✓
Radiotherapy and chemotherapy	✓	✓	✓
Consultations, radiology, pathology	✓	✓	✓
Diagnostic tests including MRI/CT/PET scans	✓	✓	✓
Physiotherapy	✓	✓	✓
Surgeons, physicians and anaesthetists fees	✓	✓	✓
Oral surgery (non dental)	✓	✓	✓
Parent accommodation	✓	✓	✓
Eligible prosthesis	✓	✓	✓

Other benefits	Foundation Cover	Foundation and Limited Out-patient Cover	Foundation and Full Out-patient Cover
Private ambulance between hospitals	✓	✓	✓
Home nursing	13 weeks per policy year	13 weeks per policy year	13 weeks per policy year
NHS cash benefit	£100 per day/night (Up to 30 days per policy year)	£100 per day/night (Up to 30 days per policy year)	£100 per day/night (Up to 30 days per policy year)
NHS cancer cash benefit	£300 per day/night (Up to 30 days per policy year)	£300 per day/night (Up to 30 days per policy year)	£300 per day/night (Up to 30 days per policy year)

Out-patient benefits	Foundation Cover	Foundation and Limited Out-patient Cover	Foundation and Full Out-patient Cover
Specialist consultations, pathology, x-rays, diagnostic tests, physiotherapy	✗	£500 per policy year (Shared between all benefits)	✓ (Physiotherapy is limited to £500 per policy year)
MRI/CT/PET scans	✗	✓	✓

## Optional benefit

You can choose to add psychiatric benefit to **your** foundation cover as an add-on at an additional cost. The benefit listed is subject to terms and conditions.

Psychiatric Benefits	
In-patient, day-patient and out-patient treatment	£8,000 per policy year (Out-patient treatment limited to £1,000 per policy year)

Your Certificate of Registration will show the level of cover you have chosen.

## Cancer benefits

Please refer to *Summary of Cancer Benefit* in the Policy Document for more information.

## Significant exclusions and limitations

Benefit is not provided for the following:

- Accident and Emergency **treatment**.
- Alcoholism, alcohol, drug, substance abuse and other addictive conditions.
- Appliances, devices, aids or prosthesis.
- Chronic and long-term **medical conditions**.
- Complementary medicine.
- Cosmetic procedures except following an accident or surgery for **cancer**.
- Costs where **we** have been unable to assess part or all of **your** claim due to unavailable medical information **we** have requested.
- Dental, sight and hearing disorders.
- Renal dialysis.
- Drugs and dressings.
- Experimental **treatment** and drugs.
- **General Practitioner (GP)** services, including any charges for completing a claim form.
- HIV/AIDS or any related **medical condition**.
- **Pre-existing conditions**, depending on underwriting method chosen.
- Pregnancy, childbirth and fertility.
- **Preventative treatment**.
- Professional sports or hazardous pursuits.
- Psychiatric conditions or mental illness, unless this has been selected and is reflected on **your** Certificate of Registration.
- Routine medical examinations, screening and tests.
- Self inflicted injury or illness.
- Sexually transmitted diseases.
- Sleep apnoea, snoring, or any other sleep related breathing disorder.
- Transplantation operations.
- **Treatment** outside of the **United Kingdom**.
- **Treatment** received in Health Resorts, Nature Cure Clinics, or similar establishments.
- War, terrorism and dangerous substance contamination.

Please refer to *What is not covered?* in the Policy Document for full details about exclusions.

## What excess payments do I have to pay?

There is a compulsory **excess** of £100 on this **policy**. However **you** may choose to have a £250, £500 or £1,000 **excess** to reduce **your** premiums. This is payable per person on their first claim each **policy year**.

## What hospitals can I use?

As standard **you** will have access to most private or NHS **hospitals** in the **UK**. Please refer to **our** Regional Plus Hospital Directory for a list of the most commonly used **hospitals**.

## How long will my cover last?

**Your policy** will be arranged for 12 months from the start date on **your** Certificate of Registration provided that premiums have been paid by **you**.

Before the end of **your policy year**, **we** will contact **you** to tell **you** the premiums and terms the **policy** will continue on, if the **policy** is still available. **We** will renew the **policy** on the new terms unless **you** ask **us** to make changes or tell **us** that **you** wish to cancel. If the **policy** is no longer available, **we** will do **our** best to offer **you** an alternative.

## Reviewing your cover

From time to time **your** personal circumstances may change. **You** should review **your** cover regularly to ensure that the **policy** and benefits are still suitable for **you**.

## When does my policy end?

**Your policy** will cease:

- If **You**, or **your** employer if a group scheme, cancel the **policy** at any time by letting APRIL UK know in writing, email or by telephone.
- If **You** are no longer a resident of the **UK**, Isle of Man or Channel Islands.
- **You**, or **your** employer if a group scheme, do not maintain payment of **your** premiums.
- At the end of the **policy year**, if the **policy you** have is no longer available and **we** do not have an alternative **policy** to offer **you**.

## Can I cancel this cover?

**You** have the statutory right to cancel the **policy** within 30 days of the **policy** start date. Cancellations can be sent in writing to: APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH. Or by email: enquiries@april-uk.com. Or by telephone: **01454 619500** (Monday to Friday, 8am – 5pm, excluding public holidays).

## How do I make a claim?

To make a claim, just call the APRIL UK Claims Team on **0203 819 7159**. Please do this before arranging any **treatment**, consultation or test. Please refer to *How to claim?* in the Policy Document for full details.

## What should I do if I have a complaint?

**We** aim to provide the highest standards of service at all times. Should anything go wrong please follow the steps below:

If **you** have a complaint about the administration of the **policy** please contact APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, or telephone **01454 619500**.

If **you** have a complaint about the claims handling of the **policy** please contact APRIL UK Claims Team, Healix House, Esher Green, Esher, Surrey, KT10 8AB, or telephone **0203 819 7159**, or email [apriluk@healix.com](mailto:apriluk@healix.com).

If **your** complaint addressed to any of the above parties is not resolved to **your** satisfaction, **you** may within 6 months of a final decision contact the Financial Ombudsman Service.

If you have a complaint about the policy wording, please contact Axeria Insurance Limited, Progetta House, Level 2, Tower Road, Swatar, Birkirkara BKR 4012, Malta. Telephone: +356 21377107. If your complaint is not resolved to your satisfaction, you may contact the Office of the Arbiter for Financial Services (Malta).

Please refer to *What should I do if I have a complaint?* in the Policy Document for full details.

## What happens if the insurer is unable to meet its liabilities?

In the unlikely event that Axeria Insurance Limited is unable to meet its obligations under this **policy**, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further details are available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or telephone **0800 678 1100**.

## Disclosures of interest

In terms of the provisions of Directive 2002/92/EC of the European Parliament and of the Council of 9 December 2002 on insurance mediation, we wish to inform you that APRIL S.A., a Company organised in terms of French Law with registration number 377994553RCS of Immeuble Aprilium, 114 Bd Vivier Merle, 69439 Lyon, France holds more than 10% of the voting rights of both APRIL UK and Axeria Insurance Limited. APRIL UK and Axeria Insurance Limited are affiliates by virtue of the common shareholding of APRIL S.A. as outlined above.

# Policy Document

## Policy Document

This **Policy** Document must be read as a whole and in conjunction with the relevant Certificate of Registration. The Certificate of Registration will provide **you** with details of who is covered under this **policy**, details of the **excess** or options chosen and specific exclusions which apply to **your policy**.

The plan covers the cost of **treatment** as shown in the current list of benefits on **your** Certificate of Registration if:

- **You** live permanently in the **United Kingdom** and have an acute surgical or **medical condition**.
- **You** are referred to a **specialist** who is covered under the plan by:
  - **Your General Practitioner**
  - A dentist for surgical **treatment** which may be covered under the plan
  - An optician for eye **treatment**, or
  - An occupational health physician or psychiatrist for psychiatric conditions
- **Treatment** for an accidental dental injury is received within six months of the injury, and
- The **treatment** is **medically necessary** and is covered in the detailed list of benefits on **your** Certificate of Registration.

The **policy** will cover **reasonable and customary costs** associated with **your** healthcare needs. To confirm all costs will be fully covered please contact the APRIL UK Claims Team in advance of any **treatment**.

It is important that:

- **you** check that the benefits **you** have requested are included in **Your** Certificate of Registration;
- **you** check that the information **you** have given **us** is accurate;
- **you** notify **your** adviser as soon as practicable of any inaccuracies in the information **you** have given **us**;
- **you** comply with **your** duties under each section and under the insurance as a whole.

The policy is underwritten by Axeria Insurance Limited, Progetta House, Level 2, Tower Road, Swatar, Birkirkara BKR 4012, Malta and administered by APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH. Axeria Insurance Limited is authorised under the Insurance Business Act (Cap.403 of the Laws of Malta) to carry on General Business of Insurance and is regulated by the Malta Financial Services Authority.

## Demands and needs

This Regional Plus Private Medical Insurance Plan is to cover the costs of planned private medical **treatment** that is **medically necessary**, for **acute conditions** that start after the **policy** begins, subject to the **policy** terms and conditions.

## Definitions

Where the following expressions appear in the Policy Document, either in single or plural form, they have the meaning set out below.

### 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.

### Biological therapies

Drugs or other substances that block the growth and spread of **cancer** by interfering with specific molecules that are involved in the growth, progression and spread of **cancer**. **Biological therapies** are sometimes called 'molecularly targeted drugs', 'molecularly targeted therapies', 'precision medicines', or similar names.

### Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

### Chronic conditions

A disease, illness or injury that has one or more of the following characteristics:

- It needs ongoing or long term monitoring through consultations, examinations, check-ups and/or tests.
- It needs ongoing or long term control or relief of symptoms
- It continues indefinitely.
- It comes back or is likely to come back.
- **You** need to be rehabilitated or specially trained to cope with it.
- It has no known cure.

### Congenital abnormalities

Any abnormalities, disorders or **medical conditions** which **you** have had from birth. This will apply whether these were diagnosed or known about in utero, at birth or become apparent later in life.

### Curative intent

Applies when **treatment** is administered with a reasonable expectation both that it will restore the patient close to the state of health enjoyed prior to the disease being diagnosed, and expect the patient to be disease free 5 years after commencement of the **treatment**.

### Day-patient

A patient 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.

### Dental treatment

Any dental condition or dentistry, including oro-surgical procedures, gum conditions (periodontal **treatment**) and malocclusion (orthodontic **treatment**).

### Dependant

A spouse or permanent partner of a **policyholder** or **group member** and any unmarried **dependant** children, living with **you** and aged under 25.

### Diagnostic tests

Investigations, such as x-rays or blood tests, to find or to help find the cause of **your** symptoms.

### Eligible appliance

A post-operative knee brace which is an essential and integral part of a cruciate ligament repair, or a post-operative spinal support device which is an essential and integral part of surgery to the spine.

### Eligible prosthesis

A device which is intended to remain permanently part of the body and is surgically implanted solely for one or more of the following purposes:

- a replacing
  - i. a joint or ligament, or
  - ii. one of the heart valves, or
  - iii. the aorta or an arterial blood vessel, or
  - iv. a sphincter muscle, or
  - v. the lens or cornea of the eye or
- b the control of urinary incontinence, or
- c the control of the electrical pathways of the heart, or
- d the relief of raised intra-cranial pressure.

### Excess

**Your excess** option is shown in the Certificate of Registration, the **excess** amount is applicable per person once every **policy year** of cover, which means that **you** are responsible for **treatment** costs up to the value of the **excess** applicable. The **excess** will be payable by **you** and not be deducted from any benefit limit and will be applied to the first eligible claim made by any eligible member or **dependant** in each **policy year** of cover. This is regardless of whether the **treatment** is for the same or a related condition, or for an entirely new condition.

### General practitioner (GP)

A medical practitioner holding a Certificate of General Practice Training and who is registered by the General Medical Council.

### Group member

An eligible employee detailed in the Group **Policy** Schedule.

### Home nursing

**We** will pay in full for **home nursing** charges for qualified **nurses** if recommended by a **specialist** and where **treatment** is:

- a Immediately after eligible private **in-patient hospital treatment**.
- b **Medically necessary** and without it **you** would be required to remain as an **in-patient**.
- c Needed for medical reasons (i.e. not social or domestic reasons unless **we** have agreed to this as part of **our** healthcare services).
- d Is under the direct supervision of a consultant.

**We** will need full clinical details before **we** give **our** authorisation and **you** must have **our** written agreement before **treatment** starts. **Home nursing** provided by a community psychiatric **nurse** is not covered by the plan.

### Hospital

A nursing home or independent **hospital** registered with the Healthcare Commission or an NHS pay bed.

### Hospital charges (*in-patient and day-patient*)

Includes:

- a **Hospital** accommodation in an eligible **hospital**, which primarily relate to bed charges which are directly related to the **treatment** received.
- b Ancillary charges, namely charges for operating theatre, nursing, admission, resident medical officer, drugs, dressings, and **eligible appliances** and **eligible prostheses** used by a **specialist** as an integral part of a **surgical procedure**.
- c **Diagnostic tests**, namely charges for pathology, X-rays, ECG, computerised tomography scans, magnetic resonance images, positron emission tomography and the interpretation of results by a **specialist**, wherever such charges are incurred.

### In-patient

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

### Insurer

Axeria Insurance Limited.

### Medical condition

Any disease, illness or injury and/or associated symptoms, other than a **chronic condition**.

### Medically necessary

Healthcare services necessary to evaluate, diagnose or treat an illness, injury, disease or its symptoms, which are:

- In accordance with generally accepted standards of medical practice.

- Clinically appropriate, in terms of type, frequency, extent, site and duration and thought to be effective for the patient's illness, injury or disease.
- Not primarily for the patient's or **specialist's** convenience, and
- No more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.

### NHS cash benefit

In the event that **you** elect to receive free **treatment** through the NHS **we** will pay an **NHS Cash Benefit** instead of any other benefit.

This benefit will only apply to claims for **day-patient** or **in-patient treatment** that would otherwise have been eligible for benefit under **your** plan. If **you** choose to occupy an amenity bed whilst receiving NHS **in-patient treatment**, this will not affect payment of this benefit. By amenity bed **we** mean a bed for which the NHS makes a charge but where **treatment** is being provided free of charge.

### NHS cancer cash benefit

In the event that **you** elect to receive free **cancer treatment** through the NHS, **we** will pay an **NHS Cancer Cash Benefit** following eligible **out-patient (radiotherapy, chemotherapy, blood transfusions or out-patient surgical procedures only), day-patient and in-patient treatment**, instead of any other benefit. This benefit will only be payable if the **treatment you** receive under the NHS would otherwise have been eligible for benefit under **your** plan. These benefits would be paid to **you** on receipt of the necessary documents which should be submitted within 6 months of the **treatment**.

### Nurse

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

### Occupational therapist / orthoptist

An **Occupational Therapist** or **Orthoptist** registered with the Health and Care Professions Council.

### Oral surgery

This benefit is payable for surgery performed in a **hospital** by an oral and maxillofacial surgeon and the surgery is not in respect of any dental condition or irreversible bone disease related to gum disease or damage.

### 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**.

### Parent accommodation

When it is considered **medically necessary** for a parent to accompany a child under the age of fourteen in the same **hospital**, full accommodation costs will be met.

### Psychiatric benefit

We will pay up to the limits shown for psychiatric conditions when referred by a **GP**. **Treatment** with a **psychological therapist** must be under the direct supervision of a consultant psychiatrist unless this is delivered by our Mental Health network provider.

For **day-patient** or **in-patient** psychiatric **treatment** we will pay up to the limits shown in an NHS or private unit for psychiatric conditions which, **we** agree are eligible in writing and in advance. All **treatment** must be under the direct control and supervision of a consultant psychiatrist. Without written authorisation **we** may not pay any benefit.

**Please note:** Psychiatric conditions are often long term in nature and may become **chronic conditions**, for which ongoing cover will not be available on **your** plan. If after a full review of all the medical information available, the condition is considered to have become chronic the plan will no longer pay benefits for the continuing or recurrent **treatment** of that condition (please refer to page 15 for full details on **chronic conditions**). Where possible, the nursing team will also provide guidance on making other arrangements for continued **treatment**.

### Psychological therapist

A practitioner recognised by **us** and registered as either:

- An accredited member of the British Association of Counselling and Psychotherapy (BACP); or
- A Chartered Psychologist registered with the British Psychological Society (BPS); or
- An Accredited Member of the British Association for Behavioural and Cognitive Psychotherapies (BABCP); or
- An Accredited Member of Scotland's Professional Body for Counselling and Psychotherapy (COSCA); or
- A psychologist registered with the Health and Care Professions Council (HCPC); or
- A practitioner who is registered (and therefore accredited) with the **United Kingdom** Council for Psychotherapy (UKCP) under one of the following Modality Sections: Behavioural and Cognitive; Psychotherapies section – Humanistic and Integrative section, Psychotherapeutic; Counselling section
  - Psychoanalytic and Psychodynamic section

### Physiotherapist

A practitioner of physiotherapy who is registered with the Health and Care Professions Council.

### Policy

The contract of insurance issued for the Regional Plus Private Medical Insurance Plan, providing cover as detailed in this Policy Document, the application and Certificate of Registration.

### Policy year

An annual contract commencing from the start date or annual renewal date on the **policyholder's** Certificate of Registration.

### Policyholder

The first named person detailed on the Certificate of Registration.

### Pre-existing condition

Any disease, illness or injury for which:

- **You** have received medication, advice or **treatment**, or
- **You** have experienced symptoms; whether the condition has been diagnosed or not, before the start of **your** cover.

### Preventative treatment

Medical or screening services used to identify whether **you** are likely to suffer from a disease, illness or injury in the future but where no clinical symptoms are currently present. Surgical **treatment** to remove undiseased tissue to prevent potential future disease, illness or injury.

### Private ambulance

We will pay for transport by a **private ambulance**, operated by a recognised **private ambulance** service in between **hospitals** when ordered for medical reasons.

### Reasonable and customary costs

We only pay **treatment** charges that are reasonable and customary. This means the amount **you** are charged by medical practitioners, other healthcare professionals and/or treatment facilities have to be in line with what the majority of **our** other members are charged for similar **treatment** or services.

### Specialist

A medical practitioner registered under the Medical Acts and given accreditation as a **specialist** in the **treatment** for which the patient has been referred by reason of holding or having held a consultant appointment in that speciality in an NHS **hospital** or by reason of holding in that speciality a Certificate of Higher Specialist Training or equivalent issued by the Higher Specialist Training Committee of the appropriate Royal College or Faculty.

### Specified obstetric procedures

Ectopic pregnancy, hydatidiform mole, evacuation of retained products, removal of retained placentas and post-partum haemorrhage.

### Speech therapist

A Speech and Language Therapist who is a member of the Royal College of Speech and Language Therapists. The speech therapy must be recommended by a **specialist** in charge of **treatment**.



### Surgical procedure

An operation as classified in accordance with the Schedule of Surgical Procedures used by the APRIL UK Claims Team and approved by its medical advisor.

### Therapist

Any other practitioner who satisfies such criteria as specified or who has, on application to **us**, been granted restricted recognition as a **therapist**.

### Treatment

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

### United Kingdom (UK)

Great Britain, Northern Ireland, the Channel Islands and Isle of Man.

### You / your

The person who has been accepted for insurance and is named on the Certificate of Registration.

### We, us, our

Axeria Insurance Limited.

### Benefits requirements

To qualify for benefits the following requirements must be met:

- a All **treatment** must be under the control of a **specialist**, arranged by the patient's **GP**/dentist/optician and be for a specific **medical condition**.
- b Nursing, including **home nursing**, must be under the direction of a **specialist**.
- c All expenditure must be necessarily incurred and be wholly and exclusively for the purpose of curing an **acute condition** and not to alleviate or monitor a **chronic condition**.
- d **In-patient, day-patient** and **out-patient** expenditure must be incurred in an eligible **hospital**. Benefits are not payable for any use of **hospital** accommodation which is arranged or continued for purposes of convalescence, rehabilitation or general nursing, or is mainly for any custodial, supervisory or domestic reasons.
- e All **out-patient diagnostic tests** must be ordered or prescribed by a **GP** or **specialist**. MRI, CT and PET scans must be on **specialist** referral and cannot be requested by the **GP**.

### What is not covered?

Benefit is not payable under the **policy** for the **treatment** or **diagnostic tests** arising from or related to the following:

- Accident and Emergency **treatment** - Most private **hospitals** are not set up to receive emergency

admissions. In the event of an emergency **you** should:

- Call for an NHS ambulance.
- Visit the accident and emergency department at the local NHS **hospital**.

If **you** are admitted as an **in-patient** at an NHS **hospital**, please ask somebody to telephone APRIL UK Claims Team as **you** may be able to claim for the **NHS cash benefit** shown on the benefits table in the Key Facts. If **you** subsequently wish to be transferred to a private facility for **treatment** of a condition eligible under the plan, cover will be provided if **you** receive approval from **us** in advance. **You** should contact APRIL UK Claims Team on **0203 819 7159** to discuss this. **You** will not be covered for:

- The cost of emergency **treatment** in a private walk-in centre, accident and emergency department or clinic.
- The cost of **treatment** in an intensive care or high dependency unit if **you** have been transferred specifically to receive this care.
- The costs of the transfer to a private facility specifically to receive **treatment** in an intensive care or high dependency unit.
- Alcoholism, alcohol, drug and substance abuse and/or dependency or any **treatment** related to such conditions.
- Appliances, devices, aids or prosthesis, supplied or fitted which are not an **eligible appliance** or **eligible prosthesis**.
- Assisted Reproduction. Children who are born following assisted conception will not be eligible for cover for the first 60 days.
- **Chronic conditions** or monitoring of chronic or long-term **medical conditions**.
- Cochlea implants, or any related **treatment**.
- Complementary medicine.
- **Congenital abnormalities**.
- Cosmetic or reconstructive surgery - **we** do not pay for any form of **treatment** to change **your** appearance, plastic or reconstructive surgery, **treatment** of keloid scars or scar revision, even when required for psychological reasons, unless it is **medically necessary** as a direct result of **you** having an accident or because of other surgery or **cancer**, which itself would have been covered under the **policy**. **We** will only pay for the initial course of reconstructive surgery if this was part of the original eligible **treatment** from the accident or **cancer**, and **you** have obtained **our** written authorisation before receiving the **treatment**. **We** will not pay for breast enlargement or reduction

or any **treatment** or procedure to change the shape or appearance of **your** breast(s) whether or not it is required for medical or psychological reasons, for example back ache or enlarged breasts in males.

**We** do not pay for any **treatment**, including surgery:

- Which is for or involves the removal of healthy tissue (i.e. tissue which is not diseased), surplus or fat tissue
- Where the intention of **treatment**, whether directly or indirectly, is the reduction or removal of surplus or fat tissue including weight loss.
- Deafness **treatment** for or arising from deafness caused by a **congenital abnormality**, maturing or ageing.
- Dental and oral **treatment**; the provision of dental implants or dentures, repair or replacement of damaged teeth (including crowns, bridges, dentures or any dental prostheses). The management of or **treatment** (including surgical operations) of jaw shrinkage or loss as a result of dental extractions or gum disease. **We** also do not pay for surgical operations for the **treatment** of bone disease when related to gum disease or tooth disease or damage.

**We** will pay for surgical operations carried out by **your specialist** to:

- Put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident.
- Treat irreversible bone disease involving the jaws which cannot be treated in any other way, but not if it is related to gum disease, tooth disease or damage.
- Surgically remove a complicated, buried or impacted tooth root, for example an impacted wisdom tooth.
- Development delay, learning and behavioural difficulties or speech therapy for or relating to any speech disorder such as stammering. However **we** may pay for short-term speech therapy which is **medically necessary** immediately following eligible **in-patient treatment**.
- Dialysis for chronic renal failure or end stage renal disease.
- Drugs, medicines and dressings other than those prescribed by a **specialist** for use during the course of **treatment** as an **in-patient** or **day-patient** and drugs, medicines and dressings prescribed by a **specialist** for a **surgical procedure** during the course of **treatment** as an **out-patient**.
- Expenditure arising from the release of weapons of mass destruction but not limited to nuclear/ biological and chemical weapons.
- Expenditure arising from acts of war and terrorism (whether or not a declaration of war or terrorist act was made), acts of hostility from foreign aggressors

including invasion, riots and civil commotion, strikes and lockouts, revolution, mutiny and rebellious acts and usurped power (seizure and maintenance by a person or group of an office of power by force).

- **Experimental treatment and drugs** which is regarded as experimental or unproven based on established medical practice in the **UK**. Drugs which are not approved by NICE, are experimental or unproven based on established medical practice in the **UK**. Drugs which are not approved by NICE (National Institute for Health and Care Excellence) for clinical effectiveness. Combinations of drugs which have not been proven to be effective in treating **your medical condition**.
- Fertility or infertility **treatment** or investigations, assisted reproduction, any type of contraception, sterilisation or reversal of sterilisation, or sexual dysfunction including impotence.
- Gender reassignment.
- **GP** services, including any charges a **GP** may make for completing a claim form.
- Hormone Replacement Therapy (HRT) or bone densitometry is not covered except where HRT is for the **treatment** of menopause resulting from medical intervention, subject to the eligibility and terms and conditions of the plan.
- Obesity or any weight loss **treatment** or **treatment** required as a result of obesity. This includes any form of weight loss surgery such as gastric banding, gastric bypass or the removal of surplus or fat tissue.
- **Out-patient treatment** unless **you** have chosen to include Limited or Full **Out-patient** Cover with **your policy** and paid the appropriate premium for this cover. (**Your** Certificate of Registration will show details of any additional sections for which **you** are covered). All **out-patient diagnostic tests** must be ordered or prescribed by a **GP** or **specialist**. MRI, CT and PET scans must be on **specialist** referral and cannot be requested by the **GP**.
- Personal expenses including telephone calls, newspapers, visitors meals and other such costs.
- **Pre-existing conditions**, depending on the underwriting method chosen. Please refer to 'Underwriting Choices' in the **Policy** Document for full details.
- Pregnancy, termination of pregnancy or childbirth (including ante-natal and post-natal care), other than **specified obstetric procedures**.
- **Preventative treatment - treatment** required for preventative reasons, to prevent disease occurring (including, but not limited to prophylactic mastectomy or oophorectomy), as part of health screening or health checks (e.g. sight or hearing tests), to establish whether a **medical condition** is present when there are no apparent symptoms,

or as part of genetic tests undertaken in order to establish whether or not **you** may be genetically disposed to the development of a **medical condition**.

- Psychiatric **medical conditions** or mental illness unless **you** have chosen the psychiatric benefit add-on option and paid the appropriate premium for this cover. (**Your** Certificate of Registration will show details of any additional sections for which **you** are covered).

All **treatment** must be pre-approved by the APRIL UK Claims Team.

- Residential stay in a **hospital** arranged wholly or partly for domestic reasons or which is not directly related to the **treatment** of a **medical condition**.
- Routine medical examinations, screening and tests, including sight testing.
- Self inflicted injury, disability or disease, including **treatment** related to attempted suicide.
- Sexually transmitted diseases.
- Short or long sight, astigmatism or any related **treatment**.
- Sleep apnoea, snoring, or any other sleep related breathing disorder.
- Surrogacy **treatment** needed for any procedure required to a mother or child as a result of a surrogate pregnancy until such time as the child has been accepted as an eligible **dependant** by the plan.
- Transplantation operations including bone marrow and autologous stem cell transfer, donor costs or any related **treatment** except corneal or skin grafts.
- **Treatment** arising from participation in hazardous pursuits - abseiling, bungee-jumping, combat sports, flying light aircraft, hang-gliding, horse racing or hunting or jumping or polo, ice hockey, martial arts, motor sports (both on land and on water), mountaineering and outdoor rock climbing, any form of aerial flight (except as a passenger or crew member travelling on a fully licensed standard type aircraft owned and operated by a recognised airline over an established route), parachuting and parasailing, pot-holing, rugby, scuba or sub aqua diving, all skiing (dry, snow, water, jet), surf boarding, white water rafting and any sport for which **you** receive remuneration or any form of professional or semi professional sport.
- **Treatment** which is in any way linked to Human Immunodeficiency Virus (HIV) or AIDS infection or any related illness once the diagnosis has been made.
- **Treatment** outside of the **UK**.
- **Treatment** that is not based on a referral route, place of **treatment** or type of **treatment** that is not covered by the plan. **We** do not pay for any **treatment** that has not been referred by **your**

**GP**, an optician for eye **treatment**, or a dentist for **dental treatment**.

- **Treatment** received in Health Resorts, Nature Cure Clinics, or similar establishments.
- **Treatment** solely to temporarily relieve symptoms or relieve symptoms associated with ageing, menopause or puberty.
- **Treatment** to desensitise or neutralise an allergic condition or disorder.
- **Treatment** which arises from, or is related to any exclusion listed in this **Policy** Document or **your** Certificate of Registration, or **treatment** which arises from or is related to a **surgical procedure** **we** do not cover.
- **Unlicensed drugs**

## Underwriting choices

### Moratorium

(ages 0 - 74)

Under this underwriting option, the **policy** will not pay for **treatment** of any **medical condition** or related condition for which **you**: have received medical **treatment** for, had symptoms of, have asked advice on, or to the best of **your** knowledge were aware existed in the five years before the start of cover. This is called a **pre-existing condition**.

However, subject to the **policy** terms and conditions, a **pre-existing condition** can become eligible for cover providing that when **you** first receive **treatment** you have not: consulted anyone (e.g. a **GP**, dental practitioner, optician or **therapist**, or anyone acting in such a capacity) for medical **treatment** or advice (including check-ups). Or taken medicines (including prescription or over-the-counter drugs, medicines, special diets or injections), or had symptoms for that **pre-existing condition** or any related condition for two continuous years after the start of **your** cover.

If **you** receive advice, medication, **diagnostic tests** or **treatment** for that **medical condition** within the first 2 years of **your** start date then the moratorium is not satisfied and **you** will only be covered after there has been a continuous period of 2 years where **you** have been advice, medication and **treatment** free for that condition.

### Full Medical Underwriting

(ages 0 - 74)

Under this underwriting option **you** will be required to complete a medical questionnaire regarding **your** medical history, which will be assessed by **our** underwriter. All **pre-existing conditions** or **treatment** **you** have received or suffered from before **your** insurance started under this **policy**, will not be covered, unless **you** have declared this in the medical questionnaire and **we** have agreed to provide cover. **Your** Certificate of Registration will detail any medical exclusions.

## Continued Personal Medical Exclusions (CPME)

(ages 0-74)

On group schemes one person between the ages of 65 – 74 can be covered for every five **group members**. Groups with three or four members can still accept one member on CPME between the ages of 65 - 74.

If **you** have an existing policy **you** can use CPME underwriting to transfer **your** private medical insurance cover over to **us** on the same individual underwriting terms that were applied by the previous insurer, providing that continuous cover is maintained.

This means that **we** will continue to provide cover for all **medical conditions** that were covered under **your** previous policy. However any medical exclusions or restrictions that were imposed on **your** private medical insurance cover by **your** previous insurer will also continue under **your** cover with **us**. Please note: if **you** are transferring on a CPME basis we reserve the right to exclude additional symptoms or conditions according to the information provided in the declaration.

Where this option is chosen, **you** must declare if anyone to be insured on this plan:

- Has in the last two years been diagnosed with, suffered from, being monitored for, or are currently awaiting investigations or being investigated for **cancer**, or any type of heart condition, or any type of musculoskeletal condition, or any type of psychiatric condition (where **you** have chosen to include **Psychiatric Benefit**).
- Is currently undergoing or expected to undergo **in-patient, day-patient** or **out-patient treatment** not already mentioned above.

If **you** currently have a policy that is written on a moratorium basis, **we** will apply **our** moratorium conditions starting from the date of **your** current policy start date, provided there has been no break in cover.

### For individual policies:

It is important that **you** understand that any information, statements or answers made by **you** to **us** are **your** responsibility. **You** must take reasonable care not to make misrepresentations when answering our questions. If **you** are careless in answering our questions or deliberately make a misrepresentation, this may render the insurance void from inception (the start of the **policy**) and enable the insurer to repudiate liability (entitle the insurer not to pay **your** claims). **You** are advised to keep copies of documentation sent to or received from **us** for **your** own protection. Please do consult **us** if **you** are in doubt of any aspect. The requirement for correct information not only applies at commencement and renewal of **your policy**, but also at any time during the period of insurance.

### For group policies:

If the insurance is arranged wholly or mainly for the

purposes of **your** trade, business or profession, e.g. Group Private Medical Insurance then **you** have a duty of “fair presentation of the risk”. This means that **you** have to:-

- Disclose to **us** every material circumstance to which **you** know or ought to have known, this includes information that can be revealed by a reasonable search of information available to **you** including information held by your broker; or to
- Provide **us** with sufficient information to put **us** on notice that we need to make further enquiries into those material circumstances.

A material circumstance is a circumstance which may influence the insurer's decision to cover a risk and/ or the terms that are applied. Examples of a material circumstance are where a member of the scheme has **pre-existing conditions**, is undergoing medical treatment or awaiting tests or has made claims under a private medical insurance policy.

The requirement for fair presentation of risk not only applies at commencement and renewal of **your policy**, but also anytime during the period of insurance.

**We** do not offer Medical History Disregarded underwriting. Babies up to three months can be accepted without underwriting. However any exclusions detailed in ‘What is not Covered’ will still be applied.

### How to make a claim

**You** should always call the APRIL UK Claims Team on **0203 819 7159** to pre-authorise **your treatment**, and **we** can help **you** to find a **specialist** and **hospital** or facility if required. The team can also ensure that they fully explain the extent of **your** benefits before **you** incur any **treatment** costs with **your specialist** or **hospital**. If **you** do not obtain authorisation from **us** before receiving **treatment**, **your** claim may be denied and **you** will be liable for all **treatment** costs incurred. If **you** have a medical emergency or require immediate **treatment** outside the Claims Team opening hours, please refer to Accident and Emergency **treatment** detailed in ‘What is not Covered’.

Always call the APRIL UK Claims Team before arranging or receiving any **treatment**. **We** will confirm:

- 1 Whether costs for **your** proposed **treatment**, **specialist** or **treatment** facility will be covered under the plan
- 2 Any limits that may apply in the benefits provided
- 3 Whether **we** require any supporting medical documentation in respect of the claim, and if the **treatment** cost will be subject to a deduction in respect of any plan **excess**.

In most cases **we** will treat **your** call to **us** as a claim once **we** are notified that **you** have received or are about to receive **your** consultation or **treatment**. In some cases **we** may be notified of this by **your specialist, treatment facility or other healthcare provider**.

In most cases, if **you** have contacted **us** to pre-authorise **your treatment**, **we** will settle all approved bills (subject to the **excess** applicable and up to agreed limits) directly with **your medical specialist or hospital**; or if **you** have already paid for the **treatment**, then **we** will reimburse **you**. If **you** pay for **treatment you** must send all bills or invoices to **us** within six months of the date **treatment** was delivered. **We** will only accept original bills; **we** cannot accept photocopies or originals with alterations on them. Failure to submit original invoices may result in the claim being denied.

#### Important information when making a claim

**We** may ask **you** to provide information to help **us** assess **your** claim. For example, **we** may ask **you** for one or more of the following:

- Medical reports and other information about the **treatment** for which **you** are claiming. If **we** request a medical report from **your specialist** and they charge for providing this **we** will pay the cost.
- Results of an independent medical examination **we** may ask **you** to undergo. **We** will pay for the cost of any independent medical examination **we** require **you** to have.
- Original accounts and invoices in connection with **your** claim including any related **treatment** cost covered by **your excess**.
- A referral letter and/or medical notes from **your GP**.

If any of the requested information is not available, this may affect **our** ability to assess **your** claim resulting in part or all of the claim being declined.

**Please note:** **we** will only pay for an independent medical examination or second opinion from a **specialist** if **we** deem it to be **medically necessary** and **we** have authorised this in advance and in writing.

The APRIL UK Claims Team will liaise with **you** and **your medical specialist** throughout **your treatment** and will request medical information, when **we** deem that this is required for the assessment of **your** claim. **You** will be asked for **your** consent before **we** do this.

#### Cancellation of treatment or non-attendance

**We** will pay claims under the following conditions:

- As per the rules and benefits of the plan applied to **you** on the date **you** received **your treatment**.
- If **treatment** was received whilst still a member of the plan.
- Only eligible costs actually incurred by **you** for

**treatment you** receive will be paid.

- **We** may not pay a claim if **you** break any terms and conditions of **your** membership.
- **You** may be charged for non-attendance which is not recoverable under this **policy**.

#### General rules

All expenditure must be necessarily incurred in line with agreed **hospital** and consultant charges and wholly and exclusively for the purpose of curing an **acute condition**.

- 1 Certificate of Registration will be issued upon acceptance, outlining the terms and conditions of the **policy**.
- 2 Eligibility for enrolment depends upon the proposed insured person being between the ages of 0 and 74 inclusive and being a permanent and lawful resident of the **UK, Isle of Man or Channel Islands**. Where the insured person is between the ages of 0 and 15 inclusive, their application must be authorised by a parent or guardian who must also pay the premiums.
- 3 Cover for employees enrolled under a Regional Plus Private Medical Insurance Plan group scheme will cease immediately upon their leaving the employment of the company.
- 4 All claims are assessed by reference to these Rules and the Schedule of Benefits applicable as at the date the **treatment** was received. The claimant must have been eligible at the time of receiving the **treatment** in respect of which the claim is made.
- 5 Benefit in respect of each claim is subject to any maximum amounts stated in the Policy Document, up to an aggregate limit of £1m per person per **policy year**.
- 6 In response to a claim, **we** may:
  - 6.1 Require a medical report giving such information as **we** reasonably require, and/or
  - 6.2 Appoint an independent medical examiner, and/or
  - 6.3 Require written confirmation from any parties whose charges are being claimed as to their customary levels of charge.
- 7 If **you** have any other insurance covering the benefits which have been provided, the APRIL UK Claims Team must be notified of that fact in writing at the time of making a claim and **we** reserve the right to decline payment of a claim in such circumstances.
- 8 The **insurer** reserves the right to revise or discontinue any or all of the Rules or the Schedule of Benefits from any renewal date. These changes will reflect any past or foreseeable changes in medical practice or procedures and the nature and extent of claims made or likely to be made generally

under the **policy**. Any such changes will be notified to the **policyholder** by giving thirty days notice in writing and upon renewal, the **policyholder** will be bound by those terms.

- 9 The premium is payable on the same day each month or annually in advance. The premium rate applying to the **policy** may be varied at any renewal by the **insurer** giving the **policyholder** written notice. The premiums are subject to Insurance Premium Tax at the current rate and this rate has already been included in the premium payable. Thirty days notice in writing will be given if the premium payable is affected. It is important to continue to pay the premium while benefits are being paid under this insurance in order to maintain the cover. In the event that any premium is not paid on the date due, the **policy** will terminate automatically.
- 10 **You** must give **us** written notification of any claim or right of action against any party which gives rise to the claim under this **policy**. **You** must take all steps **we** reasonably require in making a claim upon that other party. **We** shall be entitled to pursue in any **policyholders** name for **our** own benefit any claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under this **policy**. **We** shall have full discretion in the conduct of any proceedings and in the settlement of any such claim, but **we** shall have no responsibility for any claim for uninsured losses, in respect of which the **policyholder** and/or **dependants** should ensure that legal advice is taken.
- 11 Currently all benefits under this **policy** are non-taxable although this may change in line with any amendments to legislation.
- 12 The benefits under the **policy** cannot be assigned and the **policy** has no surrender value.
- 13 If the **policyholder** dies then the **dependants** will be given continuation options provided that there is a remaining adult who will be responsible for paying the premium.
- 14 Waiver by **us** of any term or condition of this **policy** will not prevent **us** from relying on such terms and conditions thereafter.
- 15 If any claim under this **policy** is in any respect fraudulent or unfounded, all benefit paid and/or payable in relation to the claim shall be forfeited by **you** and recoverable by **us**.
- 16 This **policy** provides benefit for **treatment** incurred during the **policy** period only. In the event that this **policy** is not renewed, **we** will cease paying for expenses incurred after the expiry date.
- 17 For the purposes of calculating your premium, **we** will use **your** residential address which is registered with your **GP**.

## How to Cancel your Policy

**You** may cancel this **policy** at any time. If a **policy** is cancelled no premium will be refunded to either the **policyholder** or his/her **dependants** and all benefits will immediately cease for the **policyholder** and his/her **dependants**. This **policy** will be automatically cancelled on the due date for payment of premium, upon non payment of any part of the premium, although **we** may at **our** discretion reinstate the cover if the premium is paid within 30 days of its due date. **We** may at any time terminate or cancel the **policy** or amend the terms of his/her cover if at any time the **policyholder** or **dependant** has:

- 1 Deliberately misled **us** by mis-statement or concealment of any material information;
- 2 Misled **us** by mis-statement or concealment of any material information, and that has led to **us** offering **you** cover. If this is the case a refund of premiums will be provided;
- 3 Knowingly claimed payment of any sum under this **policy** for any purpose other than as are provided for under this **policy**;
- 4 Agreed to any wrongful attempt by a third party to obtain a financial advantage to **our** detriment;
- 5 Otherwise failed to observe the terms and conditions of this **policy**.

## Law and Jurisdiction

Unless specifically agreed to the contrary this **policy** shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

## Sanctions Endorsement

The **insurer** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

## Rights of Third Parties

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

## How to make a complaint

If **you** have a complaint about the administration of the **policy** please contact APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol BS32 4QH, telephone **01454 619500** (Monday to Friday,

8am – 5pm, excluding public holidays) and **you** will be provided with details of their complaints procedure.

If **you** have a complaint about the claims handling of the **policy** please contact APRIL UK Claims Team, Healix House, Esher Green, Esher, Surrey KT10 8AB, or telephone **0203 819 7159**, or email [apriluk@healix.com](mailto:apriluk@healix.com).

If **your** complaint addressed to any of the above parties is not resolved to **your** satisfaction, **you** may within 6 months of a final decision contact: The Financial Ombudsman Service, Exchange Tower, London E14 9SR. Tel: **0800 023 4567 / 0300 123 9 123**. Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk). Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

If **you** have a complaint about the **policy** wording please contact Axeria Insurance Limited, Progetta House, Level 2, Tower Road, Swatar, Birkirkara BKR 4012, Malta. Telephone: +356 21377107. After this action, if you are still not satisfied with the way your complaint has been dealt with, you can ask the Office of the Arbiter for Financial Services (Malta) to review your case. Their contact details are the Office of the Arbiter for Financial Services, First Floor, St Calcedonius Square, Floriana FRN1530, Malta. Telephone +356 2124 9245. Email: [complaint.info@financialarbiter.org.mt](mailto:complaint.info@financialarbiter.org.mt) Website: [www.financialarbiter.org.mt](http://www.financialarbiter.org.mt)

Both the Financial Ombudsman Service and the Office of the Arbiter for Financial Services (Malta) have been set up by law to help settle individual disputes between consumers and financial firms. They can decide if we have acted wrongly and if you have lost out as a result. If this is the case they will tell us how to put things right and whether this involves compensation. Their service is independent, free of charge to you and we will always abide by their decisions. The making of a complaint does not affect your right to take legal proceedings.

Leaflets explaining the functions of the Financial Ombudsman Service and the Office of the Arbiter for Financial Services (Malta) are also available on request.

## APRIL UK Regional Plus Private Medical Insurance Plan

### Chronic conditions explained

If **you** are thinking about buying a private medical insurance **policy**, or have already bought one, **you** may have heard the term '**chronic condition**'.

Private Medical Insurance is designed to provide benefit towards the cost of short-term **treatment** of an **acute condition**, which starts after **you** have taken out **your policy**. It does not provide benefit for the **treatment** of long-term or **chronic conditions**.

This section explains how APRIL UK manages Regional Plus Private Medical Insurance Plan **policyholders** whose **medical condition** becomes a '**chronic condition**'. There are benefit limits and exclusions on all policies and **you** should check **your** Policy Document and contact **us** before incurring any costs.

### What is a chronic condition

**A chronic condition is defined as:** A disease, illness or injury that has one or more of the following characteristics:

- It needs ongoing or long term monitoring through consultations, examinations, check-ups and/or tests
- It needs ongoing or long term control or relief of symptoms
- It continues indefinitely
- It comes back or is likely to come back
- **You** need to be rehabilitated or specially trained to cope with it
- It has no known cure

### What does this mean in practice?

**We** will pay for eligible **treatment** arising out of a **chronic condition**, or for **treatment** of acute symptoms of a **chronic condition** that flare up. However, **we** only pay if the **treatment** is likely to lead to a complete recovery or to **you** being fully restored to **your** previous state of health, without **you** having to receive prolonged **treatment**. This exception does not apply to **treatment** of a **psychiatric condition**.

For example, **we** pay for **treatment** following a heart attack arising out of chronic heart disease. However, many **chronic conditions** are of a relapsing and remitting nature, requiring management of recurrent episodes where symptoms deteriorate e.g. multiple sclerosis, Crohn's disease, long-term depressive illness, psoriasis etc. The relapses are part of the normal illness course and therefore cannot be classed as acute complications of the disease and are not eligible for benefit.

**Please note** that in some cases it might not be clear, at the time of **treatment** that the disease, illness or injury being treated is a **chronic condition**. **We** may not pay the ongoing costs of continuing **treatment**, or for similar **treatment** even where **we** have previously paid for this type of or similar **treatment**.

If after a full review of all the medical information available, a condition is considered to have become a **chronic condition**, **you** will be given written notification that the plan will no longer pay benefits for the continuing

or recurrent **treatment** of the **chronic condition**.

**You** will also be given reasonable time to make other arrangements for continued **treatment**, and the plan will assist **you** and **your GP** to transfer management of **your chronic condition** to the NHS.

### What if my condition gets worse?

Although **we** may withdraw cover because **your** condition has become a **chronic condition**, it does not necessarily mean that cover is permanently withdrawn.

### Examples of chronic conditions

The following examples are intended to illustrate the cover **you** might expect from **your** Regional Plus Private Medical Insurance Plan if **you** develop a **medical condition** that may become a **chronic condition**. These examples are based on a **policy** which includes full cover for **out-patient treatment**. If **you** have selected another **policy** which has limited or no **out-patient** cover, **you** will not be covered for the **out-patient** costs of the examples provided. **You** should always contact **us** prior to receiving any **treatment** to ensure that **you** do not incur costs which **you** cannot recover.

#### Example 1 – Angina and Heart Disease

Alan has been with APRIL UK for many years. He develops chest pain and is referred by his **GP** to a **specialist**. He has a number of investigations and diagnosed as suffering from angina. Alan is placed on medication to control his symptoms. APRIL UK covers the investigations and **specialist** consultations required to diagnose Alan's chest pain. **We** would not cover the cost of the **outpatient** medication. Once the condition is diagnosed, **we** advise Alan that **we** are unable to provide further cover to monitor his condition.

Two years later, Alan's chest pain recurs more severely and his **specialist** recommends that he have a heart by-pass operation.

APRIL UK would cover the cost of the surgery and eligible **treatment** afterwards because its aim is to return Alan to his state of health immediately before suffering from angina. **We** will also cover the cost of a **specialist** post-operative check-up to ensure that his surgery has been successful.

#### Example 2 – Asthma

Eve has been with APRIL UK for five years when she develops breathing difficulties. Her **GP** refers her to a **specialist** who arranges for a number of tests. These reveal that Eve has asthma. Her **specialist** puts her on medication and recommends a follow-up consultation in three months, to see if her condition

has improved. At that consultation Eve states that her breathing has been much better, so the **specialist** suggests she have check-ups every four months.

APRIL UK covers Eve's consultations and tests until the diagnosis is made. **We** also agree, on this occasion, to pay for her first routine check-up. However, **we** advise her that **we** will not be able to cover the regular check-ups after this, because the condition is well controlled, and has become a **chronic condition**.

Eighteen months later, Eve has a bad asthma attack.

As this is an acute flare-up which is likely to respond quickly to **treatment** aiming to restore Eve to her previous state of health, **we** agree to cover the cost of the **hospital treatment** to stabilise her condition. **We** also agree to cover the cost of one follow-up to ensure that Eve's symptoms are controlled.

#### Example 3 – Diabetes

Deidre has been with APRIL UK for two years when she develops symptoms that indicate she may have diabetes. Her **GP** refers her to an endocrinology **specialist** who organises a series of investigations to confirm the diagnosis, and she then starts on oral medication to control her diabetes. After several months of regular consultations and some adjustments made to her medication regime, the **specialist** confirms the condition is now well controlled and explains he would like to see her every four months to review the condition. APRIL UK covers Deirdre's consultations and tests until the diagnosis is made. **We** also agree, on this occasion, to pay for her first routine check-up. However, **we** advise her that **we** will not be able to cover the regular check-ups after this, because the condition is well controlled, and has become a **chronic condition**.

One year later, Deirdre's diabetes becomes unstable and her **GP** arranges for her to go into **hospital** for **treatment**.

As this is an acute flare-up which is likely to respond quickly to **treatment** aiming to restore Deirdre to her previous state of health, **we** agree to cover the cost of the **hospital treatment** to stabilise her condition. **We** also agree to cover the cost of one follow-up to ensure that Deirdre's symptoms are controlled.



## APRIL UK Regional Plus Private Medical Insurance Plan

### Summary of cancer benefit

This section explains how **we** manage Regional Plus Private Medical Insurance Plan **policyholders** or their **dependants** who have **cancer**. It should be read in conjunction with the Policy Document, Certificate of Registration, **hospital** directory and any other documentation issued to **you**.

The Regional Plus Private Medical Insurance Plan will cover **you** for investigation and **treatment of cancer** within the benefit limits of **your policy**. This includes new **cancers** as well as a recurrence of a previous **cancer** (where it is not excluded under a pre-existing exclusion).

To confirm all costs will be paid please contact the APRIL UK Claims Team in advance of any **treatment**.

Cancer related benefits (in, day and out-patient basis)	
Consultations and specialist fees - prior and post diagnosis	✓
Diagnostic tests and scans - including Bone scan, CT/MRI/PET scans, Endoscopy, Ultrasound, X-ray	✓
Cancer drugs and therapy - including Chemotherapy, Hormone therapies, Bisphosphonates	✓
Biological therapies ('super drugs')	✓
<i>(Reviewed after 12 months of authorised use - see <b>Biological Therapies</b> below)</i>	
Radiotherapy	✓
Surgery and hospital charges - including removal of a tumour or reconstructive surgery	✓
Wigs	Up to £300
<i>During the lifetime of the plan</i>	
External prostheses	Up to £5,000
<i>During the lifetime of the plan</i>	
Palliative treatment - including side effects and sickness drugs	Up to £10,000
<i>During the lifetime of the plan</i>	

### Benefit for cancer

**We** use NICE (National Institute for Health and Care Excellence) as **our** main benchmark for deciding whether **treatment** and drugs are eligible under this plan. **Treatments** that have been approved by NICE for clinical effectiveness are covered, regardless of any decision by NICE regarding its cost effectiveness.

### Experimental and preventative health screening

This plan does not provide cover for preventative screening, on-going health checks, or **treatments** including medication, which are experimental, unproved based on established medical practice in the **United Kingdom** or not yet approved by NICE (National Institute for Health and Care Excellence), are being researched or that do not yet have sufficient peer-reviewed evidence to conclude that:

- The harmful effects are outweighed by the beneficial effects
- They are likely to lead to the same or better outcomes than available alternatives
- They are based on established medical practice in the **United Kingdom**.

This also includes medical procedures (including the use of unlicensed drugs or drugs which are not available under the NHS, even if they are on clinical trial).

### Cancer treatment

**We** will pay up to the **policy** limit, for **in-patient, day-patient** or **out-patient treatment** for a diagnosed malignancy. Cover includes **palliative treatment** up to a maximum limit of £10,000 for the lifetime of the plan. Ongoing check-ups will be covered providing they are **medically necessary** and recommended by a **specialist**.

### Palliative treatment

**Cancer treatment**, the primary effect of which is to alleviate symptoms rather than to achieve remission, cure or reduction in tumour size.

### Consultations and specialist fees

**We** will pay up to the **policy** limit, for **in-patient, day-patient** or **out-patient treatment** for a diagnosed malignancy until **treatment** is deemed, by **us**, to be palliative. If **you** require ongoing or continuing **treatment** that is palliative, it will be subject to the limits in the **cancer** table of benefits. When benefit is no longer payable, where possible the nursing team will provide guidance on making other arrangements for continued **treatment**.

### Biological therapies ('super drugs')

**We** will pay for **biological therapies** under the following conditions:

- They are licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and are used within the terms of that licence.
- Their use is justified by a substantial body of published evidence specific to the particular clinical situation; and
- They are being given with **curative intent** in the acute, active phase of **cancer treatment**; and

- **We** explicitly agree to pay for their use in advance.

**We** will pay for a course of **treatment** with **biological therapies** (Advanced Therapeutics) for **cancer** lasting up to a total of 12 calendar months providing **you** have an annual **policy** in force. This may be extended for active **treatment** and not for maintenance of remission, subject to expert advice from **your specialist** that there is evidence of continuing disease and clinical benefit and the drug continues to be given with **curative intent**.

If extended after 12 months, funding for **biological therapies** will be reviewed by **us** at 3 monthly intervals.

### Examples of cancer cover

The following examples are intended to illustrate the cover **you** might expect from the Regional Plus Private Medical Insurance Plan if **you** develop **cancer**. **You** should always contact **us** before receiving any **treatment** to ensure that **you** do not incur costs which **you** cannot recover.

#### Example 1

Beverley has been with APRIL UK for five years when she is diagnosed with breast **cancer**. Following discussion with her **specialist**, she decides to have her breast removed followed by breast reconstruction. Her **specialist** also recommends a course of radiotherapy and chemotherapy. In addition she is to have hormone therapy tablets for several years. Will her insurance cover this **treatment** plan and are there any limits to the cover?

APRIL UK would cover the cost of the mastectomy and breast reconstruction operations. If Beverley required further reconstructive operations, these would be covered providing they were **medically necessary** and required as a result of the original breast **cancer**.

Beverley would then be covered for her course of radiotherapy and chemotherapy provided that these are within normal clinical practice and the chemotherapy drugs have been approved by NICE (National Institute for Health and Care Excellence) for clinical effectiveness.

Beverley's hormone therapy tablets would not be covered as these are prescription drugs and Beverley would need to obtain these from her **GP**.

#### Example 2

Cara has previously had breast **cancer** which was treated by lumpectomy, radiotherapy and chemotherapy under her existing **policy**. She now has a recurrence in her other breast and has decided to have a mastectomy, radiotherapy and chemotherapy. Will her insurance cover this and are there any limits to cover?

Cara would be covered for her mastectomy, radiotherapy and chemotherapy. Cover for chemotherapy and radiotherapy would be provided as long as these are within normal clinical practice and the chemotherapy drugs have been approved by NICE (National Institute for Health and Care Excellence) for clinical effectiveness.

#### Example 3

Monica, who was previously treated for breast **cancer** under her existing **policy**, has a recurrence which has unfortunately spread to other parts of the body. Her **specialist** has recommended the following **treatment** plan:

- A course of six cycles of chemotherapy aimed at destroying **cancer** cells to be given over the next six months.
- Monthly infusions of a drug to help protect the bones against pain and fracture. This infusion is to be given for as long as it is working (hopefully years).

Will her insurance cover this **treatment** plan and are there any limits on the cover?

Monica will be covered for the six cycles of chemotherapy provided that these are within normal clinical practice and the chemotherapy drugs have been approved by NICE (National Institute for Health and Care Excellence) for clinical effectiveness.

The monthly infusion to help protect bones against pains and fractures will be covered during the **policy** period, provided that these are within normal clinical practice and have been approved by NICE (National Institute for Health and Care Excellence) for clinical effectiveness.

## Data protection act – information users

For the purposes of the Data Protection Act 1998, the Data Controller(s) in relation to any personal data **you** supply are APRIL UK and Axeria Insurance Limited.

### Insurance Administration

**Your** information may be used for the purposes of insurance administration by the **insurer**, its associated companies, agents, reinsurers and APRIL UK. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the **insurer's** compliance with any regulatory rules/codes. **Your** information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, **we** will ensure that anyone to whom **we** pass **your** information agrees to treat **your** information with the same level of protection as if **we** were dealing with it.

If **you** give **us** information about another person, in doing so **you** confirm that they have given **you** permission to provide it to **us** and for **us** to be able to process their personal data (including any sensitive personal data) and also that **you** have told them who **we** are and what **we** will use their data for, as set out in this notice. In the case of personal data, with limited exceptions, and on payment of the appropriate fee, **you** have the right to access and, if necessary, to rectify information held about **you**.

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

### Sensitive Personal Data

If **you** or **your dependant** make a claim under the **policy**, as part of **our** assessment of the terms of the **policy**, including any specific medical exclusions and claims administration, **we** may collect data which includes sensitive personal data as defined by the Data Protection Act. Under the Data Protection Act **we** are required to obtain **your** explicit consent before **we** process this type of information. By participating in the **policy** and making a claim, APRIL UK and APRIL UK Claims Team will be entitled to take these actions as **you** are giving consent to the processing of **your** sensitive medical information for the purposes set out above. However, **we** will confirm with **you** again at the time that any claim is made the fact that this processing will take place. **We** will also obtain any consent needed from **you** for **us** to obtain medical information from **your GP** or other medical practitioner in relation to a claim.

Medical information will be kept confidential and will only be disclosed to those involved in **your treatment** or care, including as appropriate **your GP**, dentist, or their agents,

and if applicable, to any person or organisation who may be responsible for meeting **your treatment** expenses, or their agents. Only in exceptional circumstances will **we** disclose medical information to other third parties or family members without the patient's explicit consent. APRIL UK Claims Team will not disclose medical information about **you** or **your dependants** to **your employer**. (Group schemes)

### Safeguarding your premium and claim payments

All premium payments from **you** and due to the **insurer** for this **policy** will be held by APRIL UK on behalf of the **insurer**. APRIL UK will hold any premium refund that is due to **you** from the **insurer** and the claims administrator will hold any claim benefits that are due to **you** from the **insurer**.

In this capacity APRIL UK and the claims administrator act as authorised agents of the **insurer**. This means that once a premium is paid to APRIL UK it is deemed to have been received by the **insurer** and that all claims benefits and premium refunds from the **insurer** are not deemed to have been paid until **you** have actually received them.

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