



Your guide to applying for cover What you need to know

April 2009

SecureHealth Care, Care Plus and Care Plus Superior

SecureHealth
private medical insurance

Your private medical insurance from SecureHealth is underwritten by AXA PPP healthcare, therefore any reference to 'we, us, our' in this document means AXA PPP healthcare.

SecureHealth

This leaflet is a general guide only. Your membership handbook gives full details of the cover provided. It is important that you read your membership statement together with your other policy documents. If you have any questions, please ask the person arranging your private medical insurance (PMI) cover, or phone us and our staff will be glad to help you.

A specimen copy of the policy is available on request if you wish to see it before applying for cover. In any event, you will also have 14 days from the time you receive your final policy documents to review them. If, during this period, you tell us that you have changed your mind, we will send a full refund of any premiums you have paid.

The purpose of Private Medical Insurance

Insurance policies provide cover against an unexpected event happening after the start of the policy. In health insurance this means cover for the cost of private medical treatment for unforeseen medical conditions arising after your policy starts (subject to the policy terms and conditions).

Your policy will not cover treatment of medical conditions which you already have when your policy starts– or have had in the recent past – these are called 'pre-existing conditions'. Nor does the policy usually cover medical conditions which are related to specified pre-existing conditions, as shown in the table below. A related condition means any symptom, disease, illness or injury which is associated with another symptom, disease, illness or injury.

Specific circumstances apply, as shown in the table below if you:

- have been diagnosed with diabetes,
- are currently undergoing treatment for raised blood pressure (hypertension),
- are under investigation, having treatment or undergoing monitoring as a result of a Prostate Specific Antigen (test).

<i>If you:</i>	<i>We will not pay for treatment of:</i>
Have been diagnosed with diabetes	<ul style="list-style-type: none">• Diabetes• Ischaemic heart disease• Cataract• Diabetic retinopathy• Diabetic renal disease• Arterial disease• Stroke
Are currently undergoing treatment for raised blood pressure (hypertension)	<ul style="list-style-type: none">• Raised blood pressure (hypertension)• Ischaemic heart disease• Stroke• Hypertensive renal failure
Are under investigation, having treatment or undergoing monitoring as a result of Prostate Specific Antigen (PSA) test	<ul style="list-style-type: none">• Any disorder of the prostate

This guide explains how we deal with pre-existing conditions.

Your choices

You have a choice between two ways of applying for the cover we provide.

1. Full medical underwriting

This is based on your completing a health questionnaire (also called a Medical History Declaration).

If you choose this option, you will be asked a number of questions on a health questionnaire. These will enable us to understand your medical history (and that of any member of your family whom you wish to insure). It is important that you consider the questions carefully for each person to be covered and answer them fully. Our underwriters will review your details and decide the basis on which we can accept you (and any family members) for cover. If necessary, we may need to ask your doctor for any further information we need to help us to do this.

If you have a pre-existing condition that may need treatment in the future, we will usually exclude it from the cover along with any specified conditions related to it if it is one of the medical conditions shown in the table above. We will show any exclusions on the membership statement you receive from us when we have processed your application. (The same process will also apply for any members of your family included in your application.)

If we exclude treatment for a pre-existing condition at the time your policy starts we will, in some cases, review the exclusion in future should you wish us to do so.

Of course, eligible treatment of new, unexpected medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

Note: You must ensure that you provide full and accurate information in completing the medical history declaration form. Failure to do so may mean that we cannot cover a claim or even invalidate your policy entirely. If you are unsure whether we would want to know about a particular condition, you should tell us about it.

What is the advantage of full medical underwriting?

Although this option involves more of your time when completing your application form, it does mean that, when you receive your policy documentation, you will know which conditions are excluded from cover.

2. Moratorium

With this option you do not need to fill in a medical declaration form. Instead, we automatically exclude for a period of two consecutive years from the time your policy started any medical condition for which you (and any member of your family included in your application) have received treatment and/or medication, or asked advice on, or had symptoms of, during the five years immediately before your policy started. This relates not only to those conditions for which you had already received a firm diagnosis but also to treatment of any medical condition for which you actually had symptoms, even though no diagnosis had been attached to those symptoms. All that matters is that you know, or ought reasonably to have known, that something was wrong even if you had not consulted a doctor.

In addition, you will not be covered for treatment of any of the specified related conditions listed above for any of the medical conditions shown.

However:

- If you need treatment after that two year period has elapsed for those medical conditions which were not covered in the first two years then you will be able to claim; BUT ONLY IF you have not had any medical treatment or any medical advice, or taken any drugs or medicine, or followed any special diets in respect of those pre-existing medical conditions for the period of two consecutive years after joining.
- If you have had any such treatment for the pre-existing condition within the period of two years then you won't be able to claim for that medical condition or any specified related conditions in the circumstances shown above until you have gone for a period of two years without any treatment or advice or help or drugs.
- It follows that there are some medical conditions – those which continue or keep recurring – for which you will never be able to make a claim. This is because you will always need to have medical advice or take medication and therefore you will never be able to go for the period of two years without advice or medication. Those medical conditions and any specified related conditions for the medical conditions shown above are therefore completely excluded from cover for all time.

Eligible treatment of new unexpected medical conditions arising after the start of your policy will be covered immediately, subject to the policy terms and conditions.

Note: *we strongly advise you against delay in seeking medical advice and treatment during the moratorium for a pre-existing condition simply to obtain cover under your policy.*

What is the advantage of moratorium underwriting?

With this option, we ask you to give only basic information about yourself and any members of your family you wish to insure. We will not ask you to give details of your medical history, but rely on you to understand that we will not cover treatment of any medical condition which was in existence at any time during the five years immediately before your policy started or treatment of a specified related condition to a pre-existing condition as shown in the table above. As stated earlier the only exception is when you remain free of all treatment, medication and advice for that condition itself and any related conditions, for the relevant period.

If you would like to know more about how either method of accepting your application works in practice, please see the examples.

Examples of how both options work:

Here are some typical questions and answers

Q. *I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?*

A. If you choose the moratorium option you would not be covered for any further treatment relating to your knee operation, or the condition for which it was performed, during your first two years of continuous cover with us. After that time provided you have had no treatment, medication or medical advice, including post operative checks, for your knee problem in the preceding two years then you would be covered for any further treatment. If you choose to have a full medical assessment then you would be excluded from benefit for any further investigations and treatment related to your knee operation.

- Q. *Some time after my cover begins, I go to the doctor for a routine visit. A heart condition is diagnosed and it must have started to develop before my policy began. What is the position?*
- A. If you choose the moratorium option you would be covered provided there were no symptoms evident by the time your policy commenced and it is not a specified related condition to a pre-existing condition as shown in the table above. If you choose to declare your medical history you would be covered provided there were no symptoms relating to your heart condition which you should have disclosed to us at the time your policy commenced and it is not a specified related condition to a pre-existing condition as shown in the table above.
- Q. *What if I suspect I am suffering from a condition (for example, I have a lump) but have not seen a doctor about it, nor received any firm diagnosis before my cover starts? Will I be covered if I need to have any investigations or treatment for the condition once my policy has started?*
- A. Under the moratorium option you would not be covered for any treatment you would have to have because of the swelling. This is because symptoms were evident when you took out the policy. If you declared your medical history to us then we would expect you to declare all symptoms you were suffering from, whether or not a doctor had been consulted, and this would include the existence of the swelling. Those symptoms and the underlying cause of them would be excluded from benefit. It is probable that we would ask for a medical report from your doctor when you applied to join, so that you and we would know exactly what was being excluded from benefit.
- Q. *How do regular check-ups affect the moratorium?*
- A. It depends what the check-ups are for. For example:
If you have a specific condition before your policy starts and your doctor or specialist recommends that you continue to have check-ups for that condition, then we will not cover the cost of private treatment received for that condition for a period of two years from the time your policy started. If the condition is one of those specified in the table above, you would also not be covered for the related conditions shown. Cover will then only apply once you have been discharged from care and have no further treatment, medication or advice for a continuous period of two years. In the same situation described above, if you choose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for that condition (though not the routine check-ups) if you do not need any medication, treatment or advice for a continuous period of two years. If you have general health check-ups simply in the interests of maintaining good health and not for any particular condition, we ignore them when applying the moratorium.

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



SecureHealth is an intermediary which acts as your general agent and accepts responsibility for the advice provided and arrangement of your insurance.

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Underwritten and administered by AXA PPP healthcare limited.

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Registered Office: 5 Old Broad Street, London EC2N 1AD, United Kingdom.

Registered in England No. 3148119.

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