

product information

Choices

private medical insurance for individuals



universal
provident

the information provided in this summary is key information you should read.

keyfacts®

- The summary does not contain the full terms and conditions of your Choices policy. The full terms and conditions can be found in the policy document.
- The underwriter for this insurance is Personal Assurance Plc.
- The policy pays benefit for expenses incurred as a result of your undergoing private medical treatment for acute medical conditions.
- The extent of your cover is determined by the modules you have chosen for inclusion within your Choices policy.

Significant Benefits	Significant Exclusions & Limitations	Policy Reference
Module A1 Hospital charges Surgeons' and anaesthetists' fees Oncology, radiotherapy and chemotherapy MRI, CT and PET scans Nursing at home Private ambulance	Benefit is payable for costs incurred for treatment as an inpatient or day-patient. Additionally benefit for MRI, CT and PET scans is payable if these are undertaken as an outpatient.	Policy Document – Table of Benefits
Module A2 Treatment undertaken free of charge under the NHS Hospital charges Surgeons' and anaesthetists' fees Oncology, radiotherapy and chemotherapy	A benefit of £75 is payable for each night of your stay in hospital as an inpatient. Benefit is payable for costs incurred as an inpatient only, provided that the treatment is not available free of charge under the NHS within 90 days of your specialist deciding it is necessary.	Policy Document – Table of Benefits
Module B Outpatient specialist fees	Benefit is payable in full for all eligible charges incurred.	Policy Document – Table of Benefits
Module C1 Outpatient specialist fees	Benefit is payable for all eligible charges incurred to a maximum of £500 per person per year.	Policy Document – Table of Benefits
Module C2 Outpatient specialist fees	Benefit is payable for all eligible charges incurred to a maximum of £1,000 per person per year.	Policy Document – Table of Benefits
Module D Outpatient physiotherapy, complementary medicine, podiatry and chiropody.	Benefit is payable for all eligible charges incurred to a maximum of £500 per person per year.	Policy Document – Table of Benefits
Module E Psychiatric treatment	Benefit is payable for all eligible charges incurred to a maximum of £450 per person per year for outpatient treatment and to a maximum of £250 per day for up to 28 days per year for inpatient and day-patient treatment.	Policy Document – Table of Benefits
	This policy does not cover any claims relating to: <ul style="list-style-type: none"> • Alcohol, drug and substance abuse • Chronic illness • Dentistry • Experimental procedures or drugs • Fertility or infertility treatment • Participating in hazardous pursuits (see Policy Document – Definitions) • HIV/AIDS • Organ transplants • Pre-existing medical conditions • Routine examinations and tests • Self-inflicted injury • Sexually transmitted diseases • Termination of pregnancy • Treatment outside of the UK The above is not an exhaustive list of all policy exclusions – please refer to the Policy Document (Exclusions) for full details.	Policy Document – Exclusions
	Pre-authorisation – all claims for medical treatment must be pre-authorised by Universal Provident Limited.	Policy Document – Conditions
	Hospital Scales – the hospitals you may use are determined by the hospital scale you choose to be covered under. We offer three hospital scales (Scales A, B and C) with Scale A providing cover for the majority of hospitals in the UK. Please note that the hospital scales are based on the charges made by the hospitals and are not reflective of the level of treatment that can be expected. If you use a hospital in a higher scale than the one you are insured under, restriction in benefit will apply.	Policy Document – Table of Benefits and Conditions Hospital List
Eligibility	Choices is available to persons resident in the United Kingdom (other than the Channel Islands and Isle of Man), aged 18 to 74 years old.	

your right of cancellation

If for any reason you decide not to accept this insurance you have 14 days from the later of the date you receive the policy documents or the date on which your cover starts to return them to Universal Provident Limited at the address shown below and confirm you wish to cancel the cover. A full refund of any premium paid will be made and your application for insurance will be void.

If you do not exercise your right to cancel the cover your policy will remain in force and all premiums will be payable in accordance with the terms of the policy.

duration of cover

Choices provides 12 months of cover as long as your premiums are paid and up to date, and is renewable every year.

claims

If you believe you have a claim under this policy you should notify Universal Provident Limited on 0800 668 1312*.

complaints procedure

We always aim to provide a first class standard of service. However, if we have fallen short of this and you have a complaint, you should contact our Managing Director at the address shown below. Please give us your full name and address and your policy or claim number. Full details of our Complaints Procedure are available on request.

The Managing Director,
Universal Provident Limited,
John Ormond House,
899 Silbury Boulevard,
Central Milton Keynes MK9 3XL

Telephone: 0800 668 1321*

If you are still not satisfied you may ask the Financial Ombudsman Service to review your complaint, without affecting your right to take legal action, by contacting:

Financial Ombudsman Service
Exchange Tower
London E14 9SR

Telephone: 0800 023 4567

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the Scheme if we or the underwriter of Choices cannot meet our obligations. Further information about compensation scheme arrangements is available from the FSCS, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, 0800 678 1100 (Freephone) or 020 7741 4100. Website: www.fscs.org.uk

additional information

English law

The parties to the contract may choose the law applicable to it. The contract will be subject to English law unless otherwise agreed.

Statement of Demands and Needs

Universal Provident's Choices policy meets the demands and needs of those people who wish to ensure that the costs incurred in respect of private medical treatment are met.

documents

This document and all other documentation relating to your policy with Universal Provident are only available in the English language.

This document is available in larger print on request.

data protection

We will collect certain information about you in the course of considering your application and, if we issue a policy to you, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued and administering claims. We may pass your information to other insurance companies, underwriters, medical practitioners and claims administrators for these purposes and for fraud prevention purposes. We may also seek information from other insurance companies to check the answers you have provided. You may have a right of access to, and correction of, information that we hold about you.

Some of the information we collect about you may be classified as 'sensitive' – that is, information about physical or mental health, lifestyle activities and ethnic origins. Data protection laws impose specific conditions in relation to sensitive information, including the need to obtain your explicit consent before we process the information.

Occasionally access may be granted to other companies within Personal Group to enable them to bring to your attention products and services complementary to Universal Provident's business. Such access will only be allowed when we believe it is in our clients' interest; it will be carefully controlled and restricted to the minimum, non-sensitive, non-medical, information necessary for the purpose.

fraud prevention & detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:
 - a) Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
 - b) Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies;
 - c) Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

chronic conditions

In common with all other private medical insurance policies, the cover provided by Choices relates primarily to acute medical conditions, with only limited cover applying to chronic medical conditions. The following notes are intended to clarify the cover provided for chronic conditions.

what is a chronic condition?

A chronic condition is defined within our policy documents as:

a disease, illness or injury which has at least one 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 requires your rehabilitation or for you to be specially trained to cope with it;
- It continues indefinitely;
- It has no known cure;
- It comes back or is likely to come back.

Our approach to such conditions depends on whether or not the condition existed at the time you took out your policy (i.e. whether or not it is a pre-existing condition).

If it is a pre-existing condition then it will fall to be dealt with under one of the acceptance methods described above. It should be borne in mind that, if cover is arranged under a moratorium, the very nature of such conditions means that it is unlikely that a person will ever go for a two year period without any advice or treatment relating to a chronic condition and therefore cover will never apply. If cover is arranged on a fully underwritten basis it is likely that a specific exclusion will be applied in respect of the condition.

If a chronic condition develops after the start of a policy, cover is provided under the policy, but is restricted to the initial period of treatment up to stabilisation of the condition and then for any subsequent acute flare-ups of the condition, again until stabilisation (see below for further information in this respect).

what does this mean in practice?

If you have a medical condition that has developed since taking out your policy we will pay for any eligible treatment required to stabilise the condition. In deciding whether or not a condition is chronic we will seek whatever medical opinion is deemed appropriate. Once a condition has been declared to be chronic, no further cover will be available under the policy for the on-going management and monitoring of the condition. Should there be a worsening of the condition, the policy will provide cover to stabilise the condition once more.

If the chronic condition is pre-existing, in normal circumstances no cover will be available under the policy either for management/monitoring of the condition or even for acute flare-ups. However, under a moratorium policy, if you have gone two years without advice or treatment, cover may be available for acute flare-ups of a chronic condition.

what if your condition gets worse?

No cover is provided under the policy for on-going monitoring or management of a chronic condition. However, if there is a sudden deterioration in your condition (we refer to this as an acute flare-up), cover will apply under the policy (assuming that the condition is not pre-existing), but only for the treatment necessary to stabilise the condition once more.

Once the condition has been re-stabilised there will again be no cover for the on-going monitoring and management of the condition. Each time there is a flare-up of the condition, cover will apply until stabilised.

examples of chronic conditions

Below are some examples of circumstances involving chronic conditions, which we hope will explain the situation under our policies and clarify any issues you may have.

example 1 - angina and heart disease

Alan has been with Universal Provident for many years. He develops chest pain and is referred by his GP to a specialist. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.

We would pay for the consultation with the specialist and all of the diagnostic tests. However once the condition has been diagnosed as angina we would inform Alan that this is a chronic condition and that as such we would be unable pay for the ongoing medication (this would be deemed to be the management of a chronic condition).

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

This situation is an acute flare-up of the underlying chronic condition and as such is covered by the policy. However, once the operation has been successfully completed and the condition has been stabilised, cover would no longer apply to the management and monitoring of the condition.

example 2 - cancer

Beverley has been with Universal Provident for five years when she is diagnosed with breast cancer. Following discussion with her specialist she decides to have the 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?

Provided that Beverley's policy includes Module A1 we would cover the cost of the removal and reconstruction together with the radiotherapy and chemotherapy in full, within her chosen hospital scale. Hormone therapy will be payable for a maximum of 12 months following the breast reconstruction.

Cara has previously had breast cancer which was previously 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 the cover?

Provided that Cara's policy includes Module A1 we would cover the cost of all of the treatment proposed in full, within her chosen hospital scale.

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 recommends 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);
- Weekly infusions of a drug to suppress the growth of the cancer. These infusions are to be given for as long as they are working (hopefully years).

Will her insurance cover this treatment and are there any limits to the cover?

Provided that Monica's policy includes Module A1 and that the intent of all treatment given is to cure disease, we would cover the cost of chemotherapy in full, within her chosen hospital scale. With regard to the monthly and weekly infusions, we will only pay for these for a maximum of 12 months.

Sharon would like to be admitted to a hospice for care aimed solely at relieving symptoms.

Will her insurance cover this and are there any limits?

Sharon's policy will contain an exclusion of palliative treatment, being treatment that is aimed at managing symptoms and/or improving the quality of life, rather than to cure or alter the disease. As such no cover will be provided for the proposed treatment.

example 3 - hip pain

Bob has been with Universal Provident for three years when he develops hip pain. His GP refers him to an osteopath who treats him every other day for two weeks and then recommends that he return once a month for additional treatment to prevent a recurrence of his original symptoms.

The initial two weeks treatment would be covered as this is intended to stabilise the underlying condition. However the further monthly treatment would not be covered as this is preventative treatment and is not curing a medical condition.

example 4 - diabetes

Deidre has been with Universal Provident 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 the diabetes. After several months of regular consultations and some adjustments to the 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.

We would cover the cost of the initial consultation with the specialist together with the costs relating to the investigations. The cost of the medication would not be covered as this not only forms part of the management of the chronic condition, but the policy also specifically excludes the cost of outpatient drugs. Similarly we would be unable to consider the cost of the four-monthly check-ups as this forms part of the monitoring of the chronic condition.

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

This would be considered an acute flare-up of the underlying chronic condition and as such our policies would pay for the cost of the treatment necessary to stabilise the condition once more. Once stabilised and Deidre is again having four-monthly specialist consultations, the policy cover would no longer apply.

example 5 - asthma

Eve has been with Universal Provident for five years when she develops breathing difficulties. Her GP refers her to a specialist who arranges 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 her breathing has been much better, so the specialist suggests she has check-ups every four months.

We would cover the cost of the initial consultation with the specialist together with the costs relating to the investigations. The cost of the medication would not be covered as this not only forms part of the management of the chronic condition, but the policy also specifically excludes the cost of outpatient drugs. The follow up consultation would be covered as this would be deemed to be part of the initial treatment. We would be unable to consider the cost of the four-monthly check-ups as this forms part of the monitoring of the chronic condition.

Eighteen months later Eve has a bad asthma attack.

This would be considered an acute flare-up of the underlying chronic condition and as such our policies would pay for the cost of the treatment necessary to stabilise the condition once more. Once stabilised and Eve is again having four-monthly specialist consultations, the policy cover would no longer apply.

If you have any concerns regarding the eligibility of a medical condition under the terms of a Universal Provident policy, please telephone our helpline on 0800 668 1321*, who will be pleased to discuss matters professionally and in complete confidentiality.

how you can apply for cover

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.

Your policy is not intended to cover conditions that you already have before your policy starts – these are called “pre-existing conditions”. Conditions that are related to pre-existing conditions are also not usually covered. A related condition is one that is caused by, or could be the cause of, another condition.

Your policy will not cover all medical treatments. You should check your policy carefully to see which treatments are covered and which are not.

your private medical insurance underwriting options

Underwriting is the process by which an insurer decides on what terms it will accept a person for cover based on the information they supply. This section of the leaflet is designed to explain the two most common methods by which you can apply for cover, so that you can decide which one best suits your requirements.

your choices

You have a choice between two ways of applying for the cover Choices provides.

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 about your health. 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. We will review your details and decide the basis on which we can accept you 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 conditions related to it. We will show any exclusions on the policy schedule 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 when your policy starts we will, in some cases, review the exclusion in future should you wish us to do so.

Of course, any new 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 answer to the questionnaire. Failure to do so may mean that we cannot cover a claim or even that your policy is void. 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 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 health statement. Instead, we automatically exclude any pre-existing medical conditions for which you (and any family member included in your application) have received treatment and/or medication or asked advice on, or had symptoms of (whether or not diagnosed), during the five years immediately before your Private Medical Insurance cover started.

However, if you do not have any treatment, medication or advice for those pre-existing conditions, and any directly related conditions, for two continuous years after your policy starts, then we will reinstate cover for those conditions.

You should understand that long-term medical conditions, which are likely to continue to need regular or periodic treatment, medication or medical advice, will never be covered by your policy.

You should not delay seeking medical advice or treatment for a pre-existing condition simply to obtain cover under your policy.

Of course, as with full medical underwriting, new medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

What is the advantage of moratorium underwriting?

If you choose this option you will only be asked to provide basic information about you and any members of your family you wish to insure. You will not be asked to disclose details of your medical history, but it relies on you to understand that if you have any medical conditions these will be excluded from cover. Also if you can satisfy the criteria (two years) outlined in the above section, for a pre-existing condition then treatment for that condition will automatically be covered should it later recur, subject to the policy terms and conditions.

examples of how both options work:

Example 1 – I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?

Full medical underwriting

Having disclosed this operation (and the reason it was necessary) a suitable exclusion would be placed on your policy. As such no cover would apply to the condition, and related conditions. You could, in the future, ask us to review the exclusion if the operation was successful and you have suffered no further problems in this respect since the operation.

Moratorium

Under the terms of the moratorium the condition (and related conditions) would be excluded. If, after the start of your cover, you went two continuous years without further treatment or medication for, or advice on the condition, the condition would be covered should it recur later.

Example 2 – Some time after my cover begins, I go to the doctor for a routine visit. A heart condition is diagnosed and must have started to develop before my policy began. What is the position?

Full medical underwriting

At the time you completed your health questionnaire you were unaware that you had any condition and you could not therefore be expected to disclose anything. As such, cover would be provided for the condition.

Moratorium

At the time you applied for cover you were not displaying any symptoms, nor had you had any treatment, medication or advice for the condition – you were unaware that you had a condition. As such the condition would not be classed as pre-existing and cover would apply under your policy.

Example 3 – 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?

Full medical underwriting

Part of the health questionnaire will ask whether you have any condition that may need treatment in the future. You should therefore disclose such conditions even though you may not yet have had any treatment or even sought advice. Once you have disclosed the condition we will apply a suitable exclusion and thus, cover will not apply to any treatment or medication required in the future.

Moratorium

The moratorium applies to any pre-existing condition whether or not there has been any treatment, medication or advice relating to it and whether or not it has been diagnosed. As such, the condition will be excluded under the terms of the moratorium.

For moratorium only – Example 4 – How do regular check-ups affect the moratorium?

If you suffer from a pre-existing condition that requires you to have regular check-ups, you will not be able to go for two continuous years without treatment, medication or advice, as long as the check-ups continue. Consequently the pre-existing condition will be excluded under the terms of the moratorium, until the check-ups cease and you are able to go for two continuous years without treatment, medication or advice.

switching from another insurer

If you already hold a private medical insurance policy with another insurer you may be eligible to transfer to Universal Provident on a Continued Personal Medical Exclusions (CPME) basis. This means that we will not wish to impose any new specific personal medical exclusions on your policy based on your medical history. We will however wish to continue to impose any such exclusions that were applied by your current insurer. If your current insurance is subject to a moratorium we will continue this under your new policy. To be eligible to switch on a CPME basis you must satisfactorily complete a Supplementary CPME Application Form, which includes a brief declaration regarding your current health and medical history, and let us have a copy of your current insurance certificate detailing the terms applicable to your cover.

Please note that your cover will be subject to the terms and conditions of the standard Universal Provident policy, which may vary from those of your current policy.

universal provident's stance on cancer treatment

Please refer to your policy document and/or the separate document entitled "Your cover for cancer treatment explained".

John Ormond House, 899 Silbury Boulevard, Central Milton Keynes MK9 3XL.

Tel: 0800 668 1321* Fax: 0845 120 1027

Visit us at: www.universalprovident.co.uk

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