Welcome to H3.

World Class, Local Cover.

Policy Document

To make a claim call
028 9046 9994

For all other enquiries call
028 9046 9990

Contents

Health Insurance Policy

Introduction

This Policy of insurance is arranged by H3 Insurance and underwritten by Assicurazioni Generali S.p.A.

Assicurazioni Generali S.p.A. UK Branch registered office is: **100 Leman Street, London E1 8AJ**

Company incorporated in Trieste in 1831. Share capital €1,565,165,364 fully paid-up. Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy.
Italian tax identification and companies registry number 00079760328.
Authorised and regulated by Istituto per la Vigilanza sulle Assicurazioni (IVASS). Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Registered in the IVASS register of insurance and reinsurance companies under no. 1.00003.
Parent company of Generali Group and entered in the IVASS register of insurance groups under no. 026.
UK company registration no. BR1185.

H3 Insurance has arranged this Insurance Healthcare Policy for YOU and will be the point of contact for any queries and CLAIMs relating to this Policy. H3 Insurance will administer this Policy for YOU.

H3 Insurance is a trading name of Insure I Limited, whose registered office is: **Unit 1, Channel Wharf, 21 Old Channel Road, Belfast, BT3 9DE. Company registration number NI072940.** Insure I Limited is authorised and regulated by the Financial Conduct Authority. FCA number 505225.

H3 Insurance has arranged agreed rates for medical TREATMENT in H3 INSURANCE NETWORK FACILITY in Northern Ireland or Great Britain and, where TREATMENT is provided in Northern Ireland or Great Britain in H3 registered Network Facilities, these agreed rates shall form the basis of the cover provided by this Policy. H3 Insurance will ensure that YOU are never billed more for medical TREATMENT in Northern Ireland or Great Britain than is set out in these agreed rates.

If YOU choose to see a private PHYSICIAN who is not registered in the H3 Network registered Facility or to be treated in private HOSPITAL or medical facility which is not registered with H3, YOU will be liable for any costs in EXCESS of the agreed price for the same TREATMENT in an H3 registered Network Facility. If adequate TREATMENT is not available in an H3

registered Network Facility, costs may be covered in an alternative facility, subject to PRE-AUTHORISATION by H3 Insurance.

This Policy describes the benefits which are available. However, the cover which will be provided to each INSURED PERSON will be in accordance with the type of Healthcare Insurance Plan selected, as shown in the MEMBERSHIP CERTIFICATE issued to the POLICY OWNER and/or the INSURED PERSON and with the TABLE OF BENEFITS which attach to and form part of this Policy. Any benefit not included in the cover selected and the TABLE OF BENEFITS does not apply. Premium payments should be made to H3 Insurance in Pounds Sterling.

In the event of the INSURED PERSON's mental incapacity or death, his or her legal personal representative (provided one has been correctly appointed before the onset of mental incapacity or death) shall have the right to act for him/her or his/her estate.

This Health Insurance Policy ("Policy") comprises:

1. The policy wording set out in this document which contains full details of the benefits, terms, conditions and exclusions of this Policy.
2. YOUR MEMBERSHIP CERTIFICATE showing who is covered under the Policy and which type of Plan has been selected.
3. YOUR TABLE OF BENEFITS set out in this document which sets out the benefits and maximum amounts payable under the applicable Plan.

Please read these documents fully and carefully to familiarise yourself with the details of YOUR Plan and with what is and is not covered for each INSURED PERSON. Any benefit not included in the Plan selected does not apply.

Please note that there are specific conditions and exclusions which apply to specific sections of the Policy and there are general conditions and exclusions which apply to the Policy as a whole. YOUR MEMBERSHIP CERTIFICATE is YOUR evidence that YOU have been accepted for cover. This Policy is effective from the COMMENCEMENT DATE specified in YOUR MEMBERSHIP CERTIFICATE.

WE will provide the services and benefits described in this Policy during the PERIOD OF INSURANCE to the limits of cover and subject to all other terms, conditions and exclusions contained in this Policy and following payment of the appropriate premium for the level of cover selected.

Where words in this document have been capitalised, such as 'MEMBERSHIP CERTIFICATE', it means they have been given a special meaning which is explained in the 'Definitions' Section. Throughout this document, 'WE', 'US or OUR' means Assicurazioni Generali S.p.A. and 'YOU' or 'YOUR' means the POLICY OWNER or INSURED PERSON as relevant and applicable.

This Policy is subject to the law of England and Wales.

1.0 Benefits and Services

1.1 Following payment of the appropriate premium and subject to:

(a) The exclusions set out throughout this Policy

(b) The Terms and Conditions at section 7.0

(c) The EXCESS specified in YOUR MEMBERSHIP CERTIFICATE

WE will arrange and/or pay for the benefits and services shown in the TABLE OF BENEFITS and this Policy for TREATMENT following an INSURED EVENT.

If YOU choose to be treated in HOSPITAL or medical facility which is not registered with H3 Insurance, YOU may be liable for any shortfall in costs. If adequate TREATMENT is not available in an H3 INSURANCE NETWORK FACILITY, costs may be covered in an alternative facility, subject to PRE-AUTHORISATION by H3 Insurance.

1.2 It is recommended that YOU receive TREATMENT at an H3 INSURANCE registered NETWORK FACILITY, where H3 Insurance has agreed rates for TREATMENT. If YOU receive TREATMENT at another HOSPITAL or with another PHYSICIAN who are not in the H3 INSURANCE NETWORK FACILITY then YOU may incur MEDICAL EXPENSES which YOU will be personally liable for, irrespective of the POLICY LIMITS. YOU should refer to the Exclusions section (6.1) of this Policy.

1.3 WE will pay the USUAL REASONABLE AND CUSTOMARY CHARGE (limited in the UK) to the amounts set out in the special rates agreed between, H3 Insurance and US and the Medical Provider) up to the POLICY LIMITS for each INSURED PERSON in each PERIOD OF INSURANCE.

1.4 WE will not pay more than the amount specified in the TABLE OF BENEFITS in respect of any single INSURED PERSON throughout the entire lifetime of that single INSURED PERSON, regardless of how many PERIODS OF INSURANCE that person is insured by US.

1.5 OUR liability for any CLAIM by an INSURED PERSON will cease immediately on the date of their deletion from cover under this Policy or when this Policy terminates.

1.6 Benefits are payable on behalf of the INSURED PERSON to the licensed medical providers of the medical TREATMENT and services insured under this Policy.

1.7 Benefit payments shall be processed by the H3 Insurance CLAIMs team specialised in the handling of medical CLAIMs who are appointed by US. In certain circumstances, CLAIMS will be referred to US to process.

1.8 The INSURED PERSON and/or POLICY OWNER must inform US immediately of any change in the information given on the Application Form, in particular, relating to the INSURED PERSON's address or the birth or adoption of a child or any other change involving the INSURED PERSON.

New-born babies must be enrolled on the Policy as a DEPENDANT within the first 14 days. If the new born is enrolled after 14 days, they may be subject to eligibility restrictions, including exclusion of any pre-existing conditions.

1.9 The INSURED PERSON must take all reasonable steps to avoid or minimise any CLAIM.

1.10 The INSURED PERSON must act as if uninsured.

2.0 Medical Underwriting

2.1 Full Medical Underwriting

This applies if, at the time of application for this Policy, YOU have completed a Statement of Health Form declaring any PRE-EXISTING MEDICAL CONDITION. No CLAIM arising directly or indirectly from such conditions will be covered unless or until WE have accepted them in writing.

2.2 Continued Moratorium

Where YOU have been previously covered by moratorium underwriting, WE may offer continued moratorium underwriting. In such a case, the moratorium deferment period still applies but is backdated to when YOUR cover first started with YOUR previous insurer.

2.3 Continued Personal Medical Exclusions

a) This applies if YOU have joined this Policy as a member of a group or company which is transferring from a previous Policy which has been fully medically underwritten by another insurer or which has been the subject of moratorium underwriting and YOUR group or company has selected CPME underwriting terms.

b) Any exclusions, medical underwriting terms, unexpired moratorium or WAITING PERIODS which applied to YOUR previous Policy will be carried forward and continued under this Policy, provided there has been no break in cover.

2.4 Medical History Disregarded (MHD)

This applies if YOU have joined this Policy as a member of a group or company of more than 30 employees and YOUR group or company has selected MHD underwriting terms. No PRE-EXISTING MEDICAL CONDITION (with the exception of CHRONIC conditions) will be excluded under this Policy.

2.5 Moratorium

If YOUR application for this Policy has not been underwritten on any of the above terms a moratorium will apply. This means that any medical condition (except for a CHRONIC condition) which existed in the five years prior to the COMMENCEMENT DATE of this Policy and which remains symptom-free and TREATMENT-free for any period of 24 consecutive months after the COMMENCEMENT DATE of this Policy shall cease to be excluded or be subject to any special terms specified on the MEMBERSHIP CERTIFICATE or endorsed on this Policy.

3.0 Policy Excess

3.1. Where an EXCESS applies to YOUR Policy, it will be stated in the MEMBERSHIP CERTIFICATE.

3.2. This sum is payable once per INSURED PERSON per PERIOD OF INSURANCE. If a CLAIM carries over into the next PERIOD OF INSURANCE, the INSURED PERSON will be required to pay another EXCESS.

3.3. Where an EXCESS payment is due, an INSURED PERSON must settle this directly with the medical provider.

4.0 Table of Benefits

The following tables set out the cover provided by each of OUR plan options.

1. YOU must obtain a GP referral for treatment (unless you have opted for the no GP referral option on YOUR Policy)

2. YOU must pre-authorise all treatment with the H3 claims team to ensure YOU are covered under YOUR Policy.

Plan Type	H3 Premier	H3 Priority
4.1 INPATIENT Cover		
HOSPITAL Fees (INPATIENT/Day patient)	Covered in full	Covered in full
Specialist/Consultant Fees	Covered in full	Covered in full
Diagnostic Tests	Covered in full	Covered in full
Psychiatric TREATMENT (if selected as an option)	Up to 30 days per year	Up to 30 days per year
Parental Accomodation	Covered up to age 16	Covered up to age 16
DAY-CASE Surgery	Covered in Full	Covered in Full
EMERGENCY DENTAL TREATMENT	Covered in Full	Covered in Full
ACUTE episodes of CHRONIC Conditions	Covered in Full	Covered in Full

PLEASE REFER TO SECTION 5 POST PROCEDURE SUPERVISION

4.2 OUTPATIENT Cover		
Overall POLICY LIMITS as an OUTPATIENT	Covered in Full	£1,200*
Specialist/Consultancy fees	Covered in Full	Covered in full to Outpatient policy limit
Diagnostic Tests	Covered in Full	Covered in full to Outpatient policy limit
MRI, PET & CT Scans	Covered in Full	Covered in full
Therapies	Covered in Full	Covered in full to Outpatient policy limit
Psychiatric TREATMENT (if selected as an option)	£1,000	£1,000

4.3 Other Key Benefits		
Medical Devices	Covered in full	Covered in full
Pregnancy Complications	Covered in full	Covered in full
Home Nursing	Covered in full	£3,000
NHS Cash Benefit	£50 per day (up to £1,000)	£50 per day (up to £1,000)
Minor Injuries (if selected as an option) applicable in Northern Ireland only	Covered in Full (£25 excess per event)	Covered in Full (£25 excess per event)
* Please note that only Kingsbridge Private Hospital minor injuries is applicable for cover under 5.3 Minor Injury Treatment.		
4.4 Standard Cancer TREATMENT		
Diagnostic Tests	Covered in Full	
Surgery	No Cover	
NHS ONCOLOGY Cash Benefit	£100 for each ONCOLOGY TREATMENT up to a maximum of £2,000 per year	
4.5 Enhanced Cancer TREATMENT (If selected as an option)		
HOSPITAL Fees (INPATIENT/day patient)	Covered in Full	
Specialist/Consultancy Fees	Covered in Full	
Diagnostic Tests	Covered in Full	
Radiotherapy/Chemotherapy	Covered in Full where unavailable on NHS	
Private Drugs	Covered in Full where unavailable on NHS	
Hospice Cash Benefit	£50 per day limited to £5,000	
Residential PALLIATIVE Care	£100 per night to £10,000	
NHS ONCOLOGY Cash Benefit	£150 for each ONCOLOGY TREATMENT up to a maximum of £3,500 per year	
4.6 Comprehensive Cancer TREATMENT (If selected as an option)		
HOSPITAL Fees (INPATIENT/day patient)	Covered in Full	
Specialist/Consultancy Fees	Covered in Full	
Diagnostic Tests	Covered in Full	
Radiotherapy/Chemotherapy	Covered in Full	
Private Drugs	Covered in Full	
Hospice Cash Benefit	£50 per day limited to £5,000	
Residential PALLIATIVE Care	Covered in Full	
NHS ONCOLOGY Cash Benefit	£150 for each ONCOLOGY TREATMENT up to a maximum of £3,500 per year	

*Please note this benefit is subject to an overall OUTPATIENT benefit limit of £1,200 per year

5.0 Medical and Hospital Benefits

WE will arrange and pay for the INSURED PERSON's INPATIENT or DAY-CARE admission to the HOSPITAL and for the following MEDICAL EXPENSES and services when recommended and/or approved by OUR MEDICAL ADVISOR.

5.1 INPATIENT Cover

HOSPITAL Fees

a) Accommodation in a single-bedded room, meals, all HOSPITAL medical facilities, medical TREATMENT and services ordered by a PHYSICIAN for INPATIENT or DAY-CARE admission.

b) Intensive care unit accommodation when MEDICALLY NECESSARY.

Specialist/Consultant Fees

Surgeon's & Anaesthetist's charges, PHYSICIAN's charges, consultations.

Diagnostic Tests and TREATMENT

Diagnostic procedures (including CT, MRI and PET scans), surgical APPLIANCES and PROSTHESIS which are required intra-operatively, PHYSIOTHERAPY, PRESCRIPTION DRUGS and DRESSINGS.

Psychiatric TREATMENT

TREATMENT of a MENTAL HEALTH DISORDER, psychiatric, or psychological disorders on an INPATIENT basis only and for a maximum period of 30 days in any one PERIOD OF INSURANCE.

Excludes treatment for drug and alcohol abuse or dependency including cases of dual diagnosis. Limit of two inpatient admissions per member in any five year period.

Post Procedure Supervision

During the three-month period immediately following the INSURED PERSON's Procedure/Surgery or an Inpatient admission in a Hospital, post- HOSPITAL TREATMENT received on an OUTPATIENT basis provided the INSURED PERSON remains under the control and supervision of the treating PHYSICIAN or specialist consultant or such TREATMENT has been ordered by the PHYSICIAN and for which TREATMENT is directly resultant from the ACCIDENT or ILLNESS for which the INSURED PERSON was HOSPITALISED.

Parental Accommodation

If the INSURED PERSON is a child aged under 16 who requires hospitalisation, this benefit includes necessary overnight accommodation for one parent in the same HOSPITAL, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel. This benefit is limited to 21 nights per Policy year and must be pre-authorised with H3.

DAY-CARE Surgery

DAY-CARE surgery of a type formerly carried out on an INPATIENT basis.

EMERGENCY DENTAL TREATMENT

EMERGENCY DENTAL TREATMENT as a result of an ACCIDENT needing INPATIENT hospitalisation necessary as a result of an extra-oral impact (impact from outside the mouth) received within 48 hours from the date and time of the ACCIDENT. If treatment exceeds one year we reserve the right to review the treatment plan and amend the cover provided.

5.2 OUTPATIENT Cover

WE will pay necessary costs agreed by US up to the POLICY LIMITS for OUTPATIENT services.

Specialist/Consultant Fees

PHYSICIAN fees and specialist consultations.

Diagnostic Tests

Laboratory and X-Ray fees, medical scanning, imagery services which are covered up to POLICY LIMITS, if referred by a consultant. Exception: MRI, PET and CT scans are covered in full, if referred by a consultant

Therapies

We can pay up to POLICY LIMTS for TREATMENT by a Chiropractor, Osteopath, Physiotherapist and Podiatrist (excluding gait analysis, biomechanical assessment and orthotics).

You must contact H3 for authorisation prior to attending therapy treatment.

OUTPATIENT Psychiatric TREATMENT

TREATMENT of mental ILLNESS, psychiatric and psychological disorders as an OUTPATIENT, up to POLICY LIMITS. Must be referred and recommended by a physician and also must be pre- authorised by H3.

Excludes treatment for drug and alcohol abuse or dependency, including cases of dual diagnosis.

5.3 Additional Benefits

Medical Devices

Where a MEDICAL ADVISOR considers it MEDICALLY NECESSARY, WE will pay up to any applicable POLICY LIMITS for the hire of crutches, walkers, wheelchairs and equipment.

Pregnancy Complications

If any medical complications arise in connection with pregnancy or childbirth, YOU will be covered up to the POLICY LIMIT in respect of any necessary MEDICAL EXPENSES arising from such medical complications (subject still to the INSURED PERSON's completing 10 months of cover from the initial COMMENCEMENT DATE of this Policy). Cover is in place for the following complications: toxaemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post- partum haemorrhage; retained placenta membrane; miscarriage; stillbirths;

MEDICALLY NECESSARY emergency Caesarean sections; MEDICALLY NECESSARY termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

Home Nursing

Following a valid CLAIM for INPATIENT TREATMENT under this section and on discharge, WE will pay up to the amount specified in the TABLE OF BENEFITS for MEDICALLY NECESSARY services of a licensed nurse in the INSURED PERSON's home when prescribed by a PHYSICIAN and directly related to such TREATMENT. This is limited to 30 days in any Policy year.

NHS HOSPITAL Cash Benefit

WE will pay this benefit (following discharge from an NHS HOSPITAL) up to the amounts specified in the TABLE OF BENEFITS if there are no TREATMENT and HOSPITAL

accommodation charges consequent upon hospitalisation for an ILLNESS or INJURY which would ordinarily be covered under this Policy.

Minor Injury TREATMENT (Northern Ireland Only)

WE will cover the costs of TREATMENT for emergency minor injuries which are treated at Kingsbridge Private HOSPITAL Private Casualty, Belfast.

Cover is provided for:

a) Sprains and strains;

b) Minor breaks and dislocations;

c) Minor burns;

d) Cuts and wounds;

e) Sports related injuries;

f) Minor head injuries.

Cover is not provided for:

a) Chest pain;

b) Breathing difficulties;

c) Pregnancy related conditions;

d) Serious head injuries;

e) CHRONIC medical conditions.

If YOU are a member of a group scheme, minor injury cover is a plan option. Please check YOUR MEMBERSHIP CERTIFICATE to confirm if this plan option has been included in YOUR cover.

YOU do not have to contact H3 Health Insurance for pre-authorisation of CLAIM for use of this minor injury benefit. YOU must contact H3 Health Insurance after the INSURED EVENT to process the CLAIM.

WE will cover the costs of TREATMENT for Emergency Minor Injuries - only when the TREATMENT has been provided at Kingsbridge Private HOSPITAL, Belfast.

Where advice or TREATMENT has been given at other locations, WE will not class this as an INSURED EVENT and will not cover any associated costs.
Exclusion: a £ 25 EXCESS is applicable per INSURED PERSON per INSURED EVENT for this benefit.

5.4 Standard Cancer TREATMENT

WE will pay for:

Diagnostic tests

Diagnostic procedures (including CT, MRI and PET scans) up to POLICY LIMITS. WE do not cover any type of preventative screening. This includes genetic testing.

NHS ONCOLOGY Cash Benefit

When YOU have YOUR ONCOLOGY TREATMENT in a NHS facility WE will pay YOU the cash benefit in the TABLE OF BENEFITS.

YOU may CLAIM under either NHS Cash Benefit or NHS ONCOLOGY Cash Benefit but not for both.

5.5 Enhanced Cancer TREATMENT

Provided the additional Premium has been paid and this cover is shown on YOUR MEMBERSHIP CERTIFICATE, in addition to the standard CANCER TREATMENT WE will pay for TREATMENT for all stages of CANCER including both cure and PALLIATIVE care including:

HOSPITAL fees

(a) Accommodation in a single-bedded room and meals.

(b) All HOSPITAL medical facilities.

(c) Medical TREATMENT and services ordered by a PHYSICIAN for INPATIENT or day care admission.

(d) intensive care unit accommodation, when MEDICALLY NECESSARY.

(e) PHYSIOTHERAPY.

(f) PRESCRIPTION DRUGS AND DRESSINGS.

Specialist/Consultant fees

PHYSICIAN and anaesthetist's charges, and consultations pre-authorised by H3 Insurance.

Diagnostic tests

DIAGNOSTIC TESTS (including CT, MRI and PET scans). WE do not cover preventative screening, which includes genetic screening.

Radiotherapy/Chemotherapy

Radiotherapy and/or chemotherapy provided on an INPATIENT or OUTPATIENT basis where unavailable in the NHS.

Surgery

Surgery, reconstruction surgery, surgical APPLIANCES and PROSTHESIS which are required intra-operatively.

This includes:

(a) One procedure for breast reconstruction following removal of one or both breast(s) as part of the TREATMENT for CANCER of the breast. This might be either immediate or delayed and carried out in up to 3 stages and may be applicable to one or both sides;

(b) After reconstruction has been completed WE will not cover complications arising from or related to the surgery and/or insertion of a PROSTHESIS;

(c) One procedure to restore symmetry following cancer surgery in the opposite breast;

(d) As an alternative to reconstruction surgery, following removal of one or both breast(s) WE will cover one (or two if both breasts have been removed) non- surgical breast insert(s) once per Policy lifetime.

Private Drugs

Cover will be authorised for use of private drugs, on the grounds that:

(a) The drug is unavailable on the NHS; and

(b) The drug been recommended for use by a PHYSICIAN and the drugs are approved by the National Institute for Health and Clinical Excellence (NICE) or approved by the European Medicines Agency (EMA) or Medicines & Healthcare Products Regulatory Agency (MHRA) and is used within terms of its licence.

TREATMENT not yet approved by NICE, EMA or MHRA may be considered where there is credible scientific evidence available to support its use and its use has been approved by the recognised regulatory authority in another jurisdiction and/ or where OUR MEDICAL ADVISOR has approved its use.

Residential PALLIATIVE Hospice Care

WE will pay up to £100 per day up to a maximum of £10,000 for PALLIATIVE and hospice care if it is MEDICALLY NECESSARY.

Hospice/Cash Benefit

Where it has been approved by US, the INSURED PERSON can elect to use Hospice Care for INPATIENT or OUTPATIENT TREATMENT, and WE will pay £50 cash donation per day up to the POLICY LIMIT.

This benefit is paid out only in accordance with the Policy Terms and Conditions to the facility.

NHS ONCOLOGY Cash Benefit

If YOU choose to have YOUR ONCOLOGY TREATMENT in a NHS facility WE will pay YOU a cash benefit in the TABLE OF BENEFITS.

5.6 Comprehensive Cancer TREATMENT

Provided the additional Premium has been paid and this cover is shown on your MEMBERSHIP CERTIFICATE, in Addition to the Standard and Enhanced Cancer TREATMENT WE will pay for TREATMENT for all stages of cancer including both cure and PALLIATIVE care including:

HOSPITAL fees

(a) Accommodation in a single-bedded room and meals.

(b) All HOSPITAL medical facilities.

(c) Medical TREATMENT and services ordered by a PHYSICIAN for INPATIENT or Day Care admission.

(d) Intensive Care Unit accommodation, when MEDICALLY NECESSARY.

(e) PHYSIOTHERAPY.

(f) PRESCRIPTION DRUGS.

Specialist/Consultant fees

PHYSICIAN and anaesthetist's charges, and consultations pre-authorised by H3 Insurance

Diagnostic tests

Diagnostic procedures (Including CT, MRI and PET scans).This does not include elective health screening.

Radiotherapy/Chemotherapy

Radiotherapy and/or chemotherapy provided on an INPATIENT or OUTPATIENT basis.

Surgery

Surgery, reconstruction surgery, surgical appliances and prostheses which are required intra-operatively.

This includes:

(a) One procedure for breast reconstruction following removal of one or both breast(s) as part of the TREATMENT for cancer of the breast. This might be either immediate or delayed and carried out in up to 3 stages and may be applicable to one or both sides;

(b) After reconstruction has been completed WE will not cover complications arising from or related to the surgery and/or insertion of a prosthesis;

(c) One procedure to restore symmetry following cancer surgery in the opposite breast;

(d) As an alternative to reconstruction surgery, following removal of one or both breast(s) we will cover one (or two if both breasts have been removed) non- surgical breast insert(s) once per policy lifetime.

Private Drugs
Cover will be authorised for use of private drugs, on the grounds that the drug been recommended for use by a PHYSICIAN and the drugs are approved by the National Institute for Health and Clinical Excellence (NICE).

TREATMENT not yet approved by NICE may be considered where there is credible scientific evidence available to support its use and its use has been approved by the recognised regulatory authority in another jurisdiction and/ or where OUR MEDICAL ADVISOR has approved its use.

Residential PALLIATIVE Hospice Care
WE will pay for PALLIATIVE and Hospice Care if it is MEDICALLY NECESSARY.

Hospice/Cash Benefit
Where it has been approved by US, the INSURED PERSON can elect to use Hospice Care for INPATIENT or OUTPATIENT TREATMENT, and WE will pay £50 cash donation per day up to the POLICY LIMIT. This benefit is paid out only in accordance with the Policy Terms and Conditions to the facility.

NHS ONCOLOGY Cash Benefit
If YOU choose to have YOUR ONCOLOGY TREATMENT in a NHS Facility We will pay YOU a cash benefit in the TABLE OF BENEFITS.

YOU may CLAIM under either NHS Cash Benefit or NHS ONCOLOGY Cash Benefit but not for both.

6.0 Policy Exclusions

YOU are not covered and WE will not pay under this Policy for:

6.1 Private TREATMENT outside H3 INSURANCE NETWORK FACILITY

If YOU choose to receive private TREATMENT outside an H3 INSURANCE NETWORK FACILITY, HOSPITAL or PHYSICIAN, WE will only cover the cost of YOUR TREATMENT up to the agreed price for the same TREATMENT in an H3 INSURANCE NETWORK FACILITY subject always to the POLICY LIMITS set out in the TABLE OF BENEFITS.

6.2 Artificial life maintenance

Artificial life maintenance including life support machine use where such maintenance is judged by the treating MEDICAL ADVISOR/SPECIALIST that it will not result in recovery or restore YOU to YOUR previous state of health.

6.3 CHRONIC Conditions

This Policy does not cover any day-to-day monitoring or routine management of CHRONIC conditions. This includes any consultations, medication, injections, DIAGNOSTIC TESTS or scans.

This does not apply to:

(a) CANCER.

(b) The first onset or an acute exacerbation of a Chronic Condition where Treatment is covered for the sole purpose of returning the Member to their previous state of health (prior to the acute exacerbation).

6.4 COSMETIC TREATMENT and Eating Disorders

This Policy does not cover:

a) Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue (including warts and skin tags) weight loss or weight problems, TREATMENT or advice for eating disorders, even if they are psychology related conditions, for example, gynaecomastia breast reduction or augmentation (regardless of any relation to back problems) or any TREATMENT designed to change YOUR appearance are also excluded from this Policy unless required as a direct result of an ACCIDENT or surgery for CANCER (if enhanced CANCER cover is chosen as an option) which occurs during the PERIOD OF INSURANCE

6.5 Conflicts/acts of terrorism

Claims resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, civil commotion, military or usurped power or any ACT OF TERRORISM, except where such injury/illness is sustained as an innocent bystander and where there was no exposure to nuclear, chemical or biological weapons or contamination.

6.6 Convalescence

Provision of care when it is used solely or primarily for convalescence, supervision, pain management or any other purpose other than for receiving eligible TREATMENT as specified in the TABLE OF BENEFITS or for receiving services which would not normally require trained medical professionals to provide such assistance.

6.7 Dentistry

This Policy does not cover:

a) Any routine dental TREATMENT including but not limited to dental TREATMENT for general wear and tear, general dental procedures, cosmetic, restorative work or remedial work as well as ORTHODONTIC TREATMENT of any kind; This includes the TREATMENT of bone disease if related to gum disease or tooth disease or damage.

b) TREATMENT made necessary by the ACCIDENT if the INJURY was caused by:

i. Eating or drinking anything, even if it contains a foreign body;

ii. Normal wear and tear;

iii. Tooth brushing or any other oral hygiene procedure;

iv. Any means other than extra-oral impact.

c) Restorative or remedial work, the use of any precious metals and ORTHODONTIC TREATMENT of any kind or Dental Surgery performed in a HOSPITAL, unless Dental Surgery is the only TREATMENT available to alleviate the pain.

6.8 Developmental

This Policy does not cover investigations and/or TREATMENT for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, autistic spectrum disorder, behavioural problems or child development.

6.9 Dialysis

This Policy does not cover CHRONIC or end-stage kidney failure which has required regular or long-term dialysis.

6.10 Dressings & Medication

This Policy does not cover OUTPATIENT dressings and medication or those to be taken home from HOSPITAL.

6.11 Drug or Substance Abuse

This Policy does not cover TREATMENT for drug and substance abuse (including alcohol) or dependency or other addictive condition and any condition arising directly or indirectly there from.

6.12 Experimental TREATMENT

This Policy does not cover any medical TREATMENT and consequences of experimental and unproven medical TREATMENT or drug therapy except in the attempt to save human life.

6.13 Epidemics

Healthcare services relating to internationally and locally recognised epidemics, or pandemics.

6.14 Fertility/Hormone TREATMENT

This Policy does not cover:

a) TREATMENT or advice relating to infertility, assisted reproductive related conditions or therapy. Investigations and treatment of recurrent miscarriage.

b) Hormone replacement therapy for the TREATMENT of psychological or natural changes as a result of ageing, such as menopause.

6.15 Hearing Related Conditions

This Policy does not cover hearing aids or devices or cochlear implants or any hearing related conditions which arise due to CONGENITAL abnormality or ageing.

Exception: DIAGNOSTIC TESTS to investigate the cause of deafness are covered by this Policy.

6.16 Medical equipment/medical error

Claims directly or indirectly arising from medical error or the failure of any medical/surgical equipment or device of any kind.

6.17 Not following advice

TREATMENT arising from or related to YOUR failure to seek or follow medical advice or TREATMENT, YOUR unreasonable delay in seeking or following such medical advice or TREATMENT or for complications arising from ignoring such advice.

6.18 Nursing Home Care & Convalescence

This Policy does not cover accommodation and TREATMENT costs in a nursing home, hydro spa, nature clinic, health farm or the alike or a HOSPITAL where the establishment concerned has effectively become the INSURED PERSON's home or permanent residence and the admission is arranged wholly or partly for domestic reasons.

6.19 Optometry

This Policy does not cover costs related to the routine testing of eyes, surgery to correct short or long sight or any other eye defect, unless caused as a result of an ACCIDENT or ILLNESS occurring during the PERIOD OF INSURANCE. This includes wet and dry AMD.

Exception: Cover is in place for cataract surgery.

6.20 ORGAN TRANSPLANT

This Policy does not cover the costs of artificial heart implantation or the costs associated with locating a replacement organ or any costs incurred for the removal of the organ from the donor, transportation costs of the organ and all associated administration costs and all costs associated with organs not specified within the meaning ORGAN TRANSPLANT in Section 11.0.

6.21 Overseas TREATMENT

This Policy does not cover any TREATMENT provided outside the UK. Where travel is required to access medical TREATMENT, any costs incurred for travel or accommodation are not covered by this Policy.

6.22 Persistent vegetative state/ neurological damage

Hospital TREATMENT for more than 90 continuous days for permanent NEUROLOGICAL DAMAGE or if you are in a PERSISTANT VEGETATIVE STATE. For the purpose of this Policy, coma lasting more than 90 continuous days will be classed as permanent NEUROLOGICAL DAMAGE.

6.23 Pregnancy

This Policy does not cover:

a) TREATMENT for routine pregnancy including pre-natal examinations, scans, post-natal examinations, costs of normal childbirth and home delivery;

b) Antenatal classes, midwifery costs, complications relating to a planned home delivery and transfer to HOSPITAL for routine childbirth (unless OUR MEDICAL ADVISOR considers it necessary due to medical complications);

c) Elective Caesarean section deliveries not agreed by OUR MEDICAL ADVISOR as MEDICALLY NECESSARY, the TREATMENT consequent of such deliveries, or termination of pregnancy.

6.24 Prostheses

This Policy does not cover the cost of purchase of basic PROSTHESIS, MEDICAL DEVICES or equipment such as wheelchairs, hearing aids, false limbs, crutches, dentures or orthotics.

6.25 Self-Inflicted INJURY

This Policy does not cover any CLAIM arising from:

a) Self-inflicted INJURY (including suicide or attempted suicide);

b) Needless self-exposure to peril (except in an attempt to save human life);

c) Travel undertaken against medical advice.

6.26 Sexual Health

This Policy does not cover any form of contraception, sterilisation (or its reversal), fertilisation, vasectomy, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition.

6.27 Sleep Disorders

This Policy does not cover investigations into or TREATMENT for sleep disorders including sleep apnoea, snoring or other sleep related problems.

6.28 Sports Related Exclusions

This Policy does not cover CLAIMs arising as a result of the INSURED PERSON's participation in professional sport including sponsored events (not including recreational or amateur participation) or any hazardous sport or activity such as (but not limited to) the following: motor sports, aerial sports, scuba diving below 30 metres or where a PADI Certificate is not held, any sport involving animals, speed competition, skiing off-piste and racing of any form (other than on foot).

If a hazardous sport or activity is not specified in this list, the INSURED PERSON must contact H3 to ascertain if it is acceptable for insurance before cover will apply.

6.29 TISSUE TRANSPLANTS

This Policy does not cover medical TREATMENT associated with cryopreservation, implantation or re-implantation of living cells or living tissue whether autologous or provided by a donor, other than for TISSUE TRANSPLANTS as defined, and not exceeding the POLICY LIMITS.

6.30 Vaccinations and Screening

This Policy does not cover costs associated with vaccinations, preventative health screening, routine preventative examinations or monitoring.

6.31 Services Provided by a Family Member

This Policy does not cover costs related to medical TREATMENT performed by a medical practitioner, PHYSICIAN or consultant who is related to the INSURED PERSON unless previously approved by US.

6.32 Military Service

This Policy does not cover any CLAIM arising when the INSURED PERSON is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict.

6.33 Search & Rescue

This Policy does not cover any expenses relating to search and rescue operations to find an INSURED PERSON in mountains, at sea, in the desert, in the jungle and similar remote locations including air or sea rescue charges for evacuation to shore from a vessel or from the sea.

6.34 Weapons of Mass Destruction

This Policy does not cover any CLAIM in any way caused or contributed to by the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

6.35 CONGENITAL CONDITIONS or Birth Defects

This Policy does not cover TREATMENT or services related to any CLAIM arising from birth injuries or defects, HEREDITARY DISORDER or CONGENITAL CONDITIONS or anomalies more than two months following birth.

6.36 War, Terrorism and Acts of Hostility

This Policy does not cover any CLAIMs whatsoever resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), ACT OF TERRORISM, civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil commotion or riot of any kind (for the purpose of this exclusion, an ACT OF TERRORISM means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear).

6.37 HIV and AIDS

This policy does not cover treatment relating to or arising from HIV and AIDS.

6.38 REHABILITATION

This Policy does not cover costs associated with REHABILITATION unless it forms an integral part of medical TREATMENT received as an INPATIENT and is under the control or supervision of a specialist and is undertaken in a recognised REHABILITATION unit.

6.39 UNLICENCED/UNRECOGNISED TREATMENT

TREATMENT provided or under the direction of a MEDICAL ADVISOR/ SPECIALIST or medical facility that is not recognised by the relevant authorities in the country where the TREATMENT takes place as having

specialised knowledge, or expertise in, the TREATMENT of the MEDICAL CONDITION or injury being treated.

6.40 General Exclusions

YOU are not insured, and WE will not pay under any part of this Policy for:

a) Any new claim arising within the first 21 days of the DATE OF ENTRY;

b) Any expense, medical or procedures relating thereto not specifically stated in this Policy as being insured;

c) Sums in excess of the POLICY LIMITS;

d) Any expense which WE and/or OUR MEDICAL ADVISOR considers to be unreasonable, unnecessary or excessive;

e) Costs which would have been incurred if the INSURED EVENT had not occurred;

f) The EXCESS specified in this Policy, the TABLE OF BENEFITS or YOUR MEMBERSHIP CERTIFICATE;

g) Any CLAIM arising from a PRE-EXISTING MEDICAL CONDITION unless and until such a condition has been declared to US and WE have accepted it in writing;

h) Any CLAIM arising from a medical condition which, under CPME underwriting, would be excluded by the previous insurer;

i) Any CLAIM relating to HOSPITALs outside the H3 INSURANCE NETWORK FACILITY, unless pre-authorised as a MEDICALLY NECESSARY TREATMENT pathway.

j) Any amount incurred in any CLAIM treated more than the agreed rates agreed between H3 Insurance, and H3 INSURANCE NETWORK FACILITY, save only that: if H3 Insurance have entered into liquidation or administration, reasonable and customary costs incurred after the latest date of such liquidation or administration shall be borne by US.

7.0 General Terms and Conditions

7.1 The POLICY OWNER must:

(a) provide timely, accurate and complete information in relation to the liabilities being insured under this Policy and its operation; and

(b) provide timely, accurate and complete information in relation to any claim being made under this Policy.

7.1.1 At the COMMENCEMENT DATE, each RENEWAL DATE, and whenever changes are made under the Policy terms, the POLICY OWNER must make a fair presentation of the risk.

7.1.2 If the POLICY OWNER deliberately or recklessly fails to comply with Section 7.1.1, the WE shall be entitled to:

(a) void the Policy, which means that WE will treat it as if it had never existed and refuse all claims without returning the premium paid by the POLICY OWNER; and

(b) recover from the POLICY OWNER any amount WE have already paid for any CLAIMS.

7.1.3 If the POLICY OWNER does not comply with Section 7.1.1 and the non-compliance is not deliberate or reckless, then:

(a) if WE would not have provided the POLICY OWNER with any cover WE will have the option to:

  a. void the Policy, which means that WE will treat it as if it had never existed and repay the premium paid; and

  b. recover from the POLICY OWNER any amount WE have already paid for any CLAIMS.

(b) If WE would have applied different terms to the cover (other than in relation to premium) WE will have the option to treat the Policy as if those different terms apply.

(c) If WE would have charged the POLICY OWNER a higher premium for providing the cover, WE will proportionately reduce any CLAIM by reference to the same ratio that the premium actually charged bears to the premium that would have been charged. For example if WE would have doubled the premium, WE will only pay half of any CLAIM.

(d) WE will not invoke the remedies which might otherwise have been available to US under this Section 7.1 if the failure to make a fair presentation of the risk concerns only facts or information provided by INSURED PERSONS which relate to one or more INSURED PERSONS or their DEPENDENTS and not the POLICY OWNER, provided that if the INSURED PERSONS or DEPENDENTS concerned or the POLICY OWNER acting on their behalf makes a careless misrepresentation of fact, WE may invoke the remedies available to US under this Section 7.1 as against that particular INSURED PERSON or DEPENDENT, as if a separate insurance contract had been issued to them leaving the remainder of the Policy unaffected.

7.2 The INSURED PERSON and/or POLICY OWNER must inform US immediately of any change in the information given on the Application Form relating to the INSURED PERSON's address or the birth or adoption of a child or any other change involving the INSURED PERSON.

New-born babies can be added to the Policy from the date of birth provided

notification of birth is received within 14 days; otherwise the addition will take effect from the date of notification.

7.3 Full compliance with the terms and conditions of this Policy is necessary before a CLAIM will be paid.

7.4 In all cases, WE require a completed CLAIM form together with full original supporting evidence to substantiate the expense, such as receipts and reports.

7.5 The INSURED PERSON must take all reasonable steps to avoid or minimise any CLAIM and must act as if uninsured.

7.6 Failure to pre-authorise services with mandatory pre-authorisation, may mean that some or all of the costs involved will be your responsibility to pay.

7.7 If a GP referral is not received your claim may not be authorised and you will be responsible for the cost of your treatment.

7.8 The provision of benefits and services under this Policy is subject to local availability, national law, regulation and authorisations.

7.9 Where the INSURED PERSON has a right to take action against a third party in respect of an ACCIDENT or INJURY following which WE have paid or undertaken to pay benefits under this Policy, WE are entitled to take over the INSURED PERSON's rights in the defence or settlement of a CLAIM or to take proceedings in the INSURED PERSON's name for OUR own benefit against another party and WE shall have full discretion in such matters.

7.10 WE may, at any time, pay to the INSURED PERSON OUR full liability under this Policy after which WE shall have no further liability in any respect.

7.11 If another insurance company or a state scheme pays part of the INSURED PERSON's CLAIM, the INSURED PERSON must send US the original bill which clearly shows the amount paid by the insurer or scheme.

7.12 This Policy shall be subject to the exclusive jurisdiction of the Courts of England.

7.13 If any fraudulent means or devices are used by the POLICY OWNER or an INSURED PERSON to obtain any benefit under this Policy, it shall be void and/or cover under it in respect of an INSURED PERSON shall be void and the premium paid shall be forfeited. WE may demand immediate repayment of any such benefit paid.

7.14 WE shall not cancel this Policy for covered medical reasons unless WE decide not to continue to underwrite this type of insurance. If this does occur, WE shall give the POLICY OWNER not less than 120 days' notice in writing prior to the next annual RENEWAL DATE.

7.15 The POLICY OWNER must advise US immediately of any INSURED PERSON leaving or joining the Policy during the current PERIOD OF INSURANCE.

Joiners and leavers will be added/ deleted from the Policy from the date of notification or from such later date notified. Premiums due or refundable in respect of such INSURED PERSONs shall be charged or credited on a daily pro-rata basis.

7.16 The POLICY OWNER may terminate this Policy after expiry of an initial period of 6 months following its COMMENCEMENT DATE;

Termination shall take effect from the date the notice is received or on any later date

specified in the notice. If premium has been paid for any period beyond the date of termination then, subject to there being no CLAIMs against the Policy, a pro-rata refund will be made equivalent to the unexpired portion of the PERIOD OF INSURANCE less a ten per cent (10%) deduction for administration costs. No refund will be paid if the unexpired portion is less than two complete months.

7.17 WE may refuse to renew this Policy and/or an INSURED PERSON's cover under it but, if WE offer renewal terms in writing and no notice of termination or unwillingness to renew on such terms has been received in writing within 14 days of OUR offer, this Policy shall automatically renew for a further 12 months on those renewal terms.

7.18 WE will automatically cancel YOUR cover if YOU fail to pay YOUR premium on or before the date it is due or if WE are unable to collect YOUR premium from YOUR debit or credit card or if WE are unable to collect YOUR premium by Direct Debit. However, WE may allow YOUR cover to continue without YOU having to complete a new application form and statement of health form if YOU pay the outstanding premium within 30 days of its due date. If YOU incur MEDICAL EXPENSES during this 30-day period, WE will not settle YOUR CLAIM until WE have received the full outstanding premium due. If a health screening is included within the Policy and has been completed prior to the date of cancellation, the INSURED PERSON may be charged any outstanding costs of the health screening.

If YOUR premium is outstanding for more than 30 days, YOU can apply to have YOUR cover reinstated but YOU will have to complete and send to US a statement of health form together with payment of all outstanding premiums. If YOUR state of health has changed, WE reserve the right to decline the renewal of YOUR cover or to continue to insure YOU at special terms. Cover can only be renewed once WE have received a satisfactory statement of health form and payment of all outstanding premiums. If a renewal premium is outstanding for more than 60 days, YOU will have to apply for a new Policy and the PRE-EXISTING MEDICAL CONDITION exclusion (6.3) will apply from YOUR DATE OF ENTRY to YOUR new Policy.

7.19 At the renewal of an INSURED PERSON's cover under this Policy, PRE- EXISTING MEDICAL CONDITIONs prior to the DATE OF ENTRY of an INSURED PERSON will continue to be excluded or be subject to the special terms shown on the MEMBERSHIP CERTIFICATE or endorsed on this Policy during the whole of the following PERIOD OF INSURANCE.

7.20 If WE authorise TREATMENT or payment for it, which proves to be the INSURED PERSON's responsibility, whether because it is subject to an exclusion, DEDUCTIBLE or otherwise, the INSURED PERSON shall pay US all sums (or the appropriate proportion, as the case may be) WE have paid or incurred.

7.21 The INSURED PERSON may elect to use the H3 Rapid Medical Assessment service, if chosen as an option on the Policy, as an alternative to seeking a referral from their own GP. The fee for this service will be added to the total CLAIM value minus any applicable Policy DEDUCTIBLE. If the INSURED PERSON's CLAIM is not eligible for TREATMENT, the INSURED PERSON will be charged for this service.

8.0 Making a Claim

The following explains what to do if medical TREATMENT is needed.

8.1 In order to make a CLAIM on YOUR Policy, YOU should contact H3 Health Insurance's Claims team to report the CLAIM and to enable them to gather information and provide authorisation.

8.2 If YOU need to make a CLAIM on YOUR Policy, there are several ways in which you can do so:

By Telephone: **028 9046 9994**

Email: **claims@h3insurance.com**

By writing to: **H3 Insurance CLAIMs**
Unit 1 Channel Wharf,
21 Old Channel Road,
Belfast, BT3 9DE

CLAIMS are managed and progressed by the H3 claims team Monday-Friday 9am-5pm.

To submit a claim by email, please complete our online claim form at **www.h3insurance.com/claims.**

THIS POLICY DOES REQUIRE YOU TO SEE YOUR GP IN ORDER TO OBTAIN A REFERRAL LETTER UNLESS YOU HAVE OPTED FOR THE NO GP REFERRAL OPTION ON YOUR POLICY.

If the TREATMENT scheduled is eligible for cover, WE can confirm the level of benefit applicable and authorise the TREATMENT, subject to the terms and conditions of this Policy.

8.3 It is important to note that if WE authorise TREATMENT which ultimately transpires to have been related to a condition excluded by the Policy, for example, TREATMENT for an undeclared and unaccepted PRE-EXISTING MEDICAL CONDITION, the INSURED PERSON will be responsible for all costs, including those settled by US. In such cases, the INSURED PERSON must repay US all costs WE have paid.

8.4 In case of an emergency, if the INSURED PERSON is physically prevented from contacting US immediately, the INSURED PERSON or someone designated by him/her must contact Us within 48 hours. The INSURED PERSON must make no admission of liability, offer, promise or payment without OUR prior consent. WE must be telephoned first.

8.5 In respect of any other costs, the INSURED PERSON will be required to reimburse to US, within one month of OUR request to the INSURED PERSON, any costs or expenses WE have paid out on the INSURED PERSON'S behalf which are not covered under the terms of the Policy.

8.6 The INSURED PERSON must give US written details of any CLAIM within 28 days of OUR request. As often as WE require, the INSURED PERSON shall submit to medical examination at OUR expense. In the event of the death of an INSURED PERSON, WE shall be entitled to an autopsy carried out at OUR expense (where this is not forbidden by local law). The INSURED PERSON must supply US with a written statement substantiating their CLAIM together (at his/her own expense) with all original invoices, certificates, information, evidence and receipts that WE require.

9.0 How do I Complain

WE aim to provide a first-class service at all times. However, if YOU have any complaint the following procedure is available to YOU to resolve the situation.

The person who sold YOU the Plan should be able to answer any questions and deal with any problems regarding the interpretation, application or operation of the Plan and its coverage.

If YOU have a complaint regarding the standard of service YOU have received under the Policy, in the first instance please contact:

H3 Insurance Claims
Unit 1 Channel Wharf
21 Old Channel Road, Belfast
BT3 9DE
Tel: 028 9046 9990
Email: info@h3insurance.com

If you remain dissatisfied, you may contact US at:
By phone - **0207 265 6200**
By email - **ClientResolution@generali.co.uk**
By letter - **Client Resolution Team, Generali, London E1 8AJ**

Please ensure YOU provide US with all the relevant correspondence,documentation, evidence and situation details when YOU lodge YOUR complaint. WE will acknowledge YOUR complaint promptly in writing. YOUR complaint will be thoroughly considered and investigated, and WE will keep YOU informed of any appropriate developments. WE aim to give YOU a decision within four weeks*. If WE are unable to reach this target WE will write to YOU explaining why and advising when WE hope to reach a decision. It may take up to a maximum of eight weeks to provide a final decision. If YOU remain dissatisfied upon OUR final response or if YOU have failed to receive a final decision from US within eight weeks* of OUR receipt of YOUR complaint, YOU may be able to refer YOUR case to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh wall London
E14 9SR

**Note: The timescales given above are dependent upon YOU responding promptly to any correspondence WE send YOU.*

10.0 Data Protection

10.1 In order for US to provide insurance quotes, insurance policies or deal with any claims, WE need to collect and process personal data about YOU and YOUR DEPENDENTS, including:

- individual details, such as name, address, date of birth and YOUR employer;
- risk details, which is information WE need to collect in order to assess the risk to be insured and provide a quote. This may include data relating to YOUR and YOUR DEPENDENT'S health;
- current and past claims details, which may also include data relating to YOUR and YOUR DEPENDENT'S health.

10.2 WE might collect YOUR and YOUR DEPENDENT'S personal data from various sources, including YOUR employer, YOUR employer's insurance broker and medical experts appointed to treat YOU in the event of a claim.

10.3 WE will keep YOUR personal data only for so long as is necessary and for the purpose for which it was originally collected.

10.4 The provision of insurance involves the sharing of personal data between different insurance market participants and third parties who provide services in connection with the insurance, such as medical experts, each of whom may be located outside of the European Economic Area.

10.5 If YOU have any questions in relation to OUR use of YOUR or YOUR dependent's personal data, please visit **https://www.generaliglobalhealth.com/Info/privacy-information.html** or contact:

The Data Protection Officer
Assicurazioni Generali S.p.A
100 Leman Street, London E1 8AJ

If YOU have any questions in relation to H3 Insurance's use of YOUR personal data, please visit **h3insurance.com** and click on the Privacy Policy link in the 'About Us' section, or contact:

The Data Protection Officer
Insure I Limited
Unit 1 Channel Wharf
21 Old Channel Road, Belfast, BT3 9DE.

11.0 Definitions

Wherever the following words and phrases shown below capitalised in this Policy (and in the MEMBERSHIP CERTIFICATE and the TABLE OF BENEFITS attaching to and forming part of the Policy), they will always have the meanings defined below.

ACCIDENT means a sudden and unforeseen bodily INJURY caused by violent or external means

ACT OF TERRORISM means an act, including but not limited to, the threat or use of force or violence of any person or group of persons whether acting alone or on behalf of any organisations or governments, committed for political, religious, ideological or similar purposes or reasons including the intention to influence governments and/or to put the public or any section of the public, in fear.

ACUTE means the sudden onset of a medical condition which is likely to respond quickly to TREATMENT.

APPLIANCES mean devices and equipment when used as an integral part of a surgical procedure administered by a MEDICAL ADVISOR/SPECIALIST except those defined as PROSTHESIS or MEDICAL DEVICES.

CANCER is defined as a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

CHRONIC 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 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.

CLAIM means YOUR request for payment of benefits under this Plan.

COMMENCEMENT DATE means the date on which this Policy becomes effective, as specified in the MEMBERSHIP CERTIFICATE.

CONGENITAL means:

(i) a disease of physical abnormality from birth, even if diagnosed in later life.

(ii) a person having a particular trait from birth.

(iii) can be inherited.

COSMETIC TREATMENT means TREATMENT for cosmetic or psychological reasons to improve YOUR appearance, including but not limited to:

(i) remodelled nose

(ii) face lift

(iii) cosmetic density

(iv) hair transplants

(v) breast transplants

(vi) fat tissue

DATE OF ENTRY means the date that cover first starts for an INSURED PERSON.

DAY-CASE means TREATMENT provided in a HOSPITAL where YOU are admitted but are not required, for medical reasons, to stay overnight.

DEDUCTIBLE/EXCESS means the fixed amount per INSURED PERSON per PERIOD OF INSURANCE which YOU must pay, when specified in this Plan (including the TABLE OF BENEFITS and MEMBERSHIP CERTIFICATE), before WE pay YOUR CLAIM

DEPENDANT means:

(i) YOUR legal spouse (or partner of the same or opposite sex who, at the time of the INSURED EVENT, has been living with the INSURED PERSON for more than six continuous months) who is not legally separated from YOU; and

(ii) YOUR unmarried children, (including step-child, foster child or legally adopted child) who are:

(a) aged under 25 on the date YOU are first included under this Plan or at any subsequent renewal of the Plan; and

(b) financially dependent on YOU for support.

DIAGNOSTIC TESTS are investigations such as x-rays, blood tests and pathology to assist in finding the cause of symptoms of a MEDICAL CONDITION.

EXCESS is defined under **DEDUCTIBLE/ EXCESS** above.

H3 INSURANCE NETWORK FACILITY means a HOSPITAL, PHYSICIAN or similar medical TREATMENT centre approved by H3 Insurance. A current list can be obtained from H3 Insurance. If specialist TREATMENT is not offered within the H3 INSURANCE NETWORK FACILITY (this must be pre-authorised by H3 Insurance).

HEREDITARY DISORDER means the passing on of genetic characteristics of one species through the generations. An individual's genetic information is contained in their gene cells.

HOSPITAL(ISED) means any institution under the constant supervision of a resident PHYSICIAN which is legally licensed as a medical or surgical HOSPITAL in the UK.

ILLNESS means any sickness, disease, disorder or alteration in YOUR medical condition diagnosed by a PHYSICIAN.

INJURY means physical damage or harm caused to the body because of an ACCIDENT.

INPATIENT means TREATMENT provided in a HOSPITAL where YOU are admitted and, out of medical necessity, occupy a bed for one or more nights but not exceeding 12 months in total for any one INSURED EVENT.

INSURED EVENT means an ACCIDENT or ILLNESS occurring during the PERIOD OF INSURANCE within the United Kingdom which entitles the INSURED PERSON to CLAIM.

INSURED PERSON means any PERSON (including any DEPENDANTS) entitled to benefit under this Plan each of whom is named or described on a completed Application Form or subsequent notification for whom the appropriate premium has been paid, and whom WE have accepted for cover as a participant on this Policy.

MEDICAL ADVISOR means the medical practitioner WE choose to advise on CLAIMs under this Plan.

MEDICAL EXPENSES mean expenses incurred for TREATMENT of an ACCIDENT or ILLNESS because of an INSURED EVENT.

MEDICAL DEVICES
Any medical items, supplies, equipment or devices used during medical treatment or homecare. These may include but are not limited to orthopaedic supports and braces (including arch-supports), crutches, wheelchairs, speaking aids and any medical or surgical supplies.

MEDICALLY NECESSARY means services to diagnose or treat a patient following ILLNESS or ACCIDENT in keeping with signs and symptoms, proven to have medical value, is in accordance with generally accepted medical standards, not required for mere comfort and convenience, lasting a medically appropriate duration and could not have been omitted without adversely affecting the insured person's condition. The decision of OUR MEDICAL ADVISOR on the question whether any diagnosis or TREATMENT is MEDICALLY NECESSARY will be final.

MEMBERSHIP CERTIFICATE means the document attaching to and forming part of this Policy, stating amongst other things, the POLICY OWNER, the INSURED PERSON, the Hospital Region, the PERIOD OF INSURANCE and any special provisions which apply to this Plan.

NEUROLOGICAL DAMAGE means any disorder of the nervous system. Structural, biochemical or electrical abnormalities in the brain, spinal cord or other nerves.

ONCOLOGY means specialist fees, DIAGNOSTIC TESTS, radiotherapy, chemotherapy, home nursing and HOSPITAL charges incurred in relation to the planning and carrying out of TREATMENT of CANCER from the point of diagnosis.

ORGAN TRANSPLANT means medical TREATMENT incurred in respect of kidney, heart, heart-lung, liver, pancreas transplants, and does NOT include the implantation of an artificial heart.

ORTHODONTIC means the TREATMENT for irregularities in the teeth and/or jaw.

OUTPATIENT means medical TREATMENT provided to the INSURED PERSON or ordered by a PHYSICIAN when it is not MEDICALLY NECESSARY for an INSURED PERSON to be admitted as an INPATIENT or DAY-CARE patient in a HOSPITAL or any other facility for medical care.

PALLIATIVE means TREATMENT, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the ILLNESS or INJURY causing the symptoms.

PERIOD(S) OF INSURANCE means the period of 12 consecutive months from the COMMENCEMENT DATE or RENEWAL DATE specified in the MEMBERSHIP CERTIFICATE for which the appropriate premium has been paid.

PERSISTENT VEGETATIVE STATE means a condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, being kept alive only be medical intervention.

PHYSICIAN means a legally licensed Medical Practitioner who is a doctor recognised by the law of the country where TREATMENT covered under this Policy is provided and who, in rendering such TREATMENT is practising within the scope of his / her licence and training.

PHYSIOTHERAPY means TREATMENT recommended by a PHYSICIAN for medical reasons following an insured incident and provided by a licensed Physiotherapist.

POLICY OWNER means the Company, Corporation, Organisation, Employer or Individual who subscribes to this Plan and pays or undertakes to pay the appropriate premium on behalf of the INSURED PERSON(s).

POLICY LIMIT(S) means the limit of applicable benefit (per INSURED EVENT, per PERIOD OF INSURANCE, or YOUR lifetime, as the case may be) shown in the TABLE OF BENEFITS.

PRE-AUTHORISATION is the confirmation needed from US before receiving TREATMENT of an injury or MEDICAL CONDITION for selected BENEFITS as defined in the BENEFIT SCHEDULE.

PRE-EXISTING MEDICAL CONDITION when applying to the Application Form and the Plan means: a diagnosed medical or psychological condition from which YOU have suffered, or for which the YOU have received medical TREATMENT (including PRESCRIPTION DRUGS or medicines), for which you have sought advice'; or

(i) an ILLNESS or INJURY causing symptoms which have manifested themselves during the 24-month period prior to YOU being medically insured by US on an uninterrupted basis.

PRESCRIPTION DRUGS and DRESSINGS means medications whose sale and use are legally restricted to the order of a PHYSICIAN.

PROSTHESIS means an artificial substitute or replacement for part of the body limited to eyes, joints and limbs. For internal prosthesis, refer to 'APPLIANCES'.

REHABILITATION means TREATMENT(s) designed to facilitate recovery from INJURY, ILLNESS, or disease so as to regain maximum self- sufficiency, form and function in as near normal manner as possible.

RENEWAL DATE means each anniversary of the COMMENCEMENT DATE.

TABLE OF BENEFITS means the document attaching to and forming part of this Policy, stating (amongst other things), the benefits provided under each of the available sections, and the maximum amounts payable in respect of those benefits (YOUR POLICY LIMITS).

TISSUE TRANSPLANT means **medical TREATMENT incurred in respect of** bone marrow and corneal transplants.

TREATMENT means any MEDICALLY NECESSARY surgical procedure, PRESCRIPTION DRUGS or medical intervention which is required to cure an INJURY or ILLNESS or to provide relief during ACUTE episodes of a CHRONIC condition incurred during the PERIOD of INSURANCE.

USUAL, REASONABLE AND CUSTOMARY CHARGE means a charge which is the lower of:

(i) the medical provider's usual charge for furnishing the TREATMENT, service or supply; or

(ii) the charge which WE determine to be the general rate charged by others who render or furnish such TREATMENTs, services or supplies to persons:

  (a) who reside in the same area (as determined by US); and

  (b) whose INJURY or ILLNESS is comparable in nature and severity. WE will determine the USUAL, REASONABLE AND CUSTOMARY CHARGE for a TREATMENT, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of medical providers in the area. WE will consider such factors as: complexity; degree of skill needed; type of specialist required; range of services or supplies provided by a facility; and the prevailing charge in other areas. In the following cases, the maximum charge must not exceed:

(i) an assistant surgeon: 20% of the primary surgeon's fee; and

(ii) an anaesthesiologist: 30% of primary surgeon's fee.

WAITING PERIOD is a period of time starting on the DATE OF ENTRY of the INSURED PERSON, during which the INSURED PERSON is not entitled to COVER for particular BENEFITS. YOUR BENEFIT SCHEDULE will indicate which BENEFITS are subject to waiting periods. For example, there is a specific waiting period of 10 months from DATE OF ENTRY for claims relating to pregnancy complications.

WE or US / OUR means Assicurazioni Generali S.p.A.

YOU or YOUR means the INSURED PERSON who has been accepted for cover by US under a Plan, each of whom is named on a valid MEMBERSHIP CERTIFICATE and for whom the appropriate premium has been paid to US.

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