



YOUR POLICY BOOK

ACCIDENT HEALTHCARE



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ACCIDENT HEALTHCARE BENEFITS

Saga aims to provide the highest level of care and service possible for customers, so your Saga Car Insurance/Saga Motorhome Insurance policy includes additional benefits, underwritten by AXA PPP healthcare Limited, that provide access to treatment after a road traffic accident.

Please read this additional Policy Book carefully, together with your Motor Insurance Policy Book, to make sure the insurance cover you have chosen is the most appropriate for you.

If you need to claim the Accident Healthcare benefits, you can find details of how to do so on [pages 6-9](#).

We are committed to giving customers different ways to access products. To contact us by Next Generation Text on any of the numbers listed in the Policy Book just prefix the number listed with 18001. For example, our Customer Service Team can be contacted by Next Generation Text on 18001 0800 056 9167 or our claims team can be contacted on 18001 0800 027 1339.

Calls to all the telephone numbers above may be recorded in case of subsequent query.

SECTION 1 – INTRODUCTION

What is the purpose of this Policy Book?

This Policy Book sets out the terms that apply to the Accident Healthcare benefits of your Saga Car Insurance/Saga Motorhome Insurance **policy**. It is an important document as it details:

- the benefits and limitations of this section of your **policy**; and
- how to make a claim.

Each section of this document looks at a different aspect of your cover and is set out in a similar style. At the beginning of each section you will find a short summary of the terms in that section, in a question and answer format. This is followed by a table containing more detailed **policy** wording.

Throughout this document certain words and phrases appear in bold type to indicate they have a special medical or legal meaning. You will find a glossary of these words opposite.

Accident Healthcare is underwritten by AXA PPP healthcare Limited, therefore any reference to 'we, us, our' in this document means AXA PPP healthcare. Where we refer to 'you' or 'your' throughout this document, we mean the **policyholder** and **spouse/partner**.

GLOSSARY

Throughout this document certain words and phrases appear in bold. Where these words appear they have a special medical or legal meaning. These meanings are set out below. To aid customer understanding some of these words and phrases have been approved by the Association of British Insurers and the Plain English Campaign. These particular terms will be commonly used by most medical insurers and are highlighted below by a ◇ symbol.

Benefits table	The table showing the maximum benefits we will pay you under this section of your policy .
Clinical practitioner	A practising member of certain professions allied to medicine who, in all cases, meets our recognition criteria for benefit purposes in their field of practice and who we have told in writing that we currently recognise them as a clinical practitioner for benefit purposes. However, we will only pay out-patient treatment benefits for such services when a specialist refers you to them (except where the benefits table allows otherwise). When such persons provide such services to you as part of your in-patient or day-patient treatment those services will form part of the private hospital charges. The professions concerned are dieticians, nurses, orthoptists, speech therapists, audiologists, physiotherapists, psychologists and psychotherapists. A full explanation of the criteria we use to determine these matters is available on request.

Complementary practitioner	<p>A medical practitioner with full registration under the Medical Acts, who specialises in homeopathy or acupuncture or a practitioner in osteopathy or chiropractic who is registered under the relevant Act; and who, in all cases, meets our criteria for complementary practitioner recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as a complementary practitioner for benefit purposes in that field for the provision of out-patient treatment only.</p> <p>A full explanation of the criteria we use to decide these matters is available on request.</p>	Day-patient unit	<p>A centre in which day-patient treatment is carried out.</p>
Conventional treatment	<p>Treatment that:</p> <ul style="list-style-type: none"> • is established as best medical practice and is practised widely within the UK; and • is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the treatment is provided; and has either: <ul style="list-style-type: none"> • been approved by NICE (The National Institute for Health and Care Excellence) as a treatment which may be used in routine practice; or • been proven to be effective and safe for the treatment of your medical condition through high-quality clinical trial evidence (full criteria on request). 	Diagnostic tests ◇	<p>Investigations, such as x-rays or blood tests, to find or to help find the cause of your symptoms.</p> <p>The diagnostic tests we pay for when they are performed by your specialist are listed in Chapter 21 of the Schedule of Procedures and Fees.</p>
Data Protection Legislation	<p>The General Data Protection Regulation ((EU) 2016/679) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK.</p>	Eligible	<p>Those treatments and charges which are covered by your policy.</p> <p>In order to determine whether a treatment or charge is covered, all sections of this document should be read together, and are subject to all the terms, benefits and exclusions set out in this document.</p>
Day-patient ◇	<p>A patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but do not occupy a bed overnight.</p>	External prosthesis	<p>An artificial, removable replacement for a part of the body.</p>
		GP	<p>A general practitioner on the General Medical Council (GMC) GP register.</p> <p>We will only accept referrals from your NHS GP practice.</p>
		Hospital	<p>Any establishment which is licensed as a medical or surgical hospital in the United Kingdom.</p>
		Injury	<p>Physical injury to you caused by a road traffic accident involving a moving motor vehicle.</p>
		In-patient ◇	<p>A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.</p>
		Medical condition	<p>Any disease or illness, which is directly attributable to and is caused by an injury.</p>

Medical device	Any instrument, apparatus, appliance, software implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings.	Specialist (Cont.)	For out-patient treatment only: a medical practitioner with full registration under the Medical Acts, who specialises in psycho-sexual medicine, musculoskeletal or sports medicine, or a practitioner in surgical dentistry or podiatric surgery who is registered under the relevant Act; and who, in all cases, meets our criteria for limited specialist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as a specialist for benefit purposes in that field for the provision of out-patient treatment only.
Open referral	Where your GP states that treatment is necessary and which type of specialist you require that treatment from, but does not specify the specialist's name.		
Out-patient ◇	A patient who attends a hospital , consulting room, or out-patient clinic and is not admitted as a day-patient or an in-patient .		
Policy	The insurance contract between you and us. Its full terms are set out in the current versions of the following documents as sent to you from time to time: <ul style="list-style-type: none"> • these terms and the benefits table setting out your cover • your Saga Motor Insurance Schedule. 		A full explanation of the criteria we use to decide these matters is available on request.
Policyholder	The first person named on the policy Schedule.	Spouse/partner	The policyholder's current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the policyholder .
Road	A public highway, private road or car park to which the public has a normal right of access.	Surgical procedure	An operation or other invasive surgical intervention listed in the Schedule of Procedures and Fees.
Scanning centre	A centre in which out-patient CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is performed.	Treatment ◇	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury .
Specialist	A medical practitioner with particular training in an area of medicine (such as consultant surgeons, consultant anaesthetists and consultant physicians) with full registration under the Medical Acts, who meets our criteria for specialist recognition for benefit purposes, and whom we have told in writing that we currently recognise them as a specialist for benefit purposes in their field of practice.	United Kingdom (UK)	Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.
		Year	Twelve calendar months from when your policy began or was last renewed, as shown on your Saga Motor Insurance Schedule.

SECTION 2 – YOUR COVER

The purpose of your policy

2.1 This section of your **policy** is designed to cover you whether you are a driver, passenger, cyclist, motorcyclist or pedestrian, for **treatment** made necessary as a direct result of an **injury** sustained in a **road** traffic accident involving a moving motor vehicle in the **United Kingdom**, and which occurred on or after the date you joined this **policy**.

We will pay for the diagnosis and/or necessary active **treatment** of an **injury**:

- if the **road** traffic accident giving rise to the need for **treatment** was reported to the Police or the driver's motor insurer within 24 hours of its occurrence, unless this was not reasonably possible;
- provided the charges actually incurred are for items listed in your **benefits table** and subject to any limits shown there; except when the **treatment** is excluded by the **policy**.

This section of your **policy** does not cover you for:

- 2.1.1** Any **treatment** which is not directly attributable to a physical **injury** sustained in a **road** traffic accident which involved a moving motor vehicle.
- 2.1.2** Any **treatment** of an **injury** sustained at any time before the date you joined this **policy**.
- 2.1.3** **Treatment** needed in the accident and emergency department of the **hospital** or any immediate **treatment** needed in an intensive therapy unit or **treatment** which is received more than 12 months after the date of the **road** traffic accident. Cover commences when you no longer require **treatment** in an intensive therapy unit.
- 2.1.4** **Treatment** of an **injury** sustained as the driver or passenger in a vehicle taking part in racing or rallying of any kind or in any off-road activity.

2.1.5 **Treatment** received by you as the driver of any vehicle involved in a **road** traffic accident if, at the time of the **road** traffic accident, you

- did not hold a valid licence to drive the vehicle; or
- were not insured to drive the vehicle; or
- had more than the maximum legally permitted limit of alcohol in the blood; or
- were under the influence of drugs or substances, other than in accordance with a doctor's prescription.

2.1.6 **Treatment** of any **injury** sustained outside the **United Kingdom**.

2.2 The full terms of the insurance contract between the **policyholder** and us are set out in the current versions of the following documents, which are sent to the **policyholder** from time to time:

- your Saga Car Insurance/Saga Motorhome Insurance Schedule, and
- the terms set out in this document and the **benefits table** setting out your cover.

2.3 We will consider your claims carefully against all the terms, benefits and exclusions set out in this document, which should all be read together.

SECTION 3 – RECEIVING TREATMENT AND MAKING A CLAIM

The procedure you should follow to arrange treatment and make a claim.

To ensure your claim proceeds smoothly, please follow these simple steps.

Report the accident to the Police or the driver's motor insurer within 24 hours of its occurrence, unless this is not reasonably possible.

If you have not required emergency **treatment**, visit your **GP**.

If your **GP** advises you need **specialist treatment** please tell them you wish to go private and they can refer you directly to a **specialist** or give you an **open referral**. Please, contact the Saga Motor Insurance Claims Line on 0800 027 1339.

The team will pass your details on to the Accident Healthcare Claims Team at AXA PPP healthcare. We will contact you within one working day to assess whether your **treatment** is **eligible**.

Fast Track Appointments Service

We have a team who can help you find a **specialist**. This service is available if your **GP** has given you an **open referral**, meaning they do not specify the **specialist's** name.

We can also support you if you would like an alternative to the **specialist** your **GP** has referred you to. In many cases we can book the appointment with your **specialist** for you.

If you already have a referral, help us by having the following details available:

- **Specialist/specialist** type or group practice name.
- **Hospital** name and any admission dates if you know them.
- A procedure code if you are having a **surgical procedure**.

We will then:

- Check that we will pay the **specialist's** fees in full or find a **specialist** for you through our Fast Track Appointments Service.
- Send you a claim form if required.
- Complete your section of the claim form and ask the **specialist** to complete it and return it to AXA PPP healthcare.

(Note: if you ask your **GP** to complete the claim form they may make a charge, which we will not refund.)

Working Body

When you experience muscle, bone or joint pain, it is important that you get the most appropriate support early. With 'Working Body' you can get access to advice and **treatment** without the need for a **GP** referral. Once the Saga Motor Claims team has passed your details to us, we will contact you within one working day, and our Claims Personal Advisory Team can talk you through the process of arranging a free telephone assessment.

If you use Working Body for advice this will not impact your overall benefit level. However, if a Working Body physiotherapist recommends **treatment** then we may need to make some checks before any **treatment** can be authorised and claims are paid subject to the terms of your **policy**.

If you require further **treatment** contact us to confirm your cover.

Send in any outstanding accounts for **treatment** to AXA PPP healthcare.

Please send any correspondence to:
Accident Healthcare Claims Team, AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN11 2PL

What happens if I require emergency treatment?

This section of your **policy** does not cover you for **treatment** needed in the accident and emergency department of the **hospital** or for the immediate **treatment** needed in the intensive therapy unit of a **hospital**. However if you are admitted as an **in-patient** at an NHS **hospital**, please ask somebody to telephone us as you may be able to claim for the NHS cash benefit shown in the **benefits table** on [pages 18 and 19](#).

How are my medical bills settled?

We normally receive bills for **treatment** directly from **specialists** or **hospitals**.

However, if you receive a bill for payment, please forward it to us. We can settle **eligible** bills direct with the **hospital** or **specialist**.

Do I need to tell the place where I have my treatment that I have private medical insurance with Saga?

Yes, you must tell the place where you have your **treatment** that you have private medical insurance cover with Saga (which is underwritten by AXA PPP healthcare). This will mean that the fees charged for your **treatment** are those AXA PPP healthcare have agreed with the **hospital** or centre.

What happens if I've paid the bills myself already, or if I receive a bill?

If you paid your medical bills yourself and your **treatment** is covered, we will refund you the rates we have agreed with the **hospital** or centre, minus any excess. Please send the original receipts from the **specialist** or **hospital** to AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

You should send us any receipts for **treatment** within 6 months after you've had your **treatment**, unless this is not reasonably possible.

If you receive a bill, please call us and we'll explain what to do next.

What must I provide when making a claim?

3.1 Before we can consider a claim you must ensure that:

- you obtain and complete any form required by us in order to provide us with the necessary information and necessary legal permissions to handle your medical information and assess your claim. We will require this as soon as possible and no later than six months from the date the **treatment** starts (unless this was not reasonably possible); and
- we receive original invoices for **treatment** costs either from you or directly from whoever has provided your **treatment**; and
- you or the **policyholder** promptly give us all the information we request.

Do I need to provide any other information?

3.2 It may not always be possible to assess the eligibility of your claim from the claim form alone. In such situations we may require additional information and it is your responsibility to provide any reasonable additional information to enable us to assess your claim.

In order to establish the eligibility of any claim, we may request access to your medical records including medical referral letters. If you unreasonably refuse to agree to such access we will refuse your claim and will recoup any previous monies that we have paid in respect of that **medical condition**.

3.3 There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may at our own cost ask a specialist, chosen by us, to advise us about the medical facts relating to a claim or to examine you in connection with the claim. In choosing a relevant specialist we will take into account your personal circumstances. You must co-operate with any specialist chosen by us or we will not pay your claim.

What should I do if I have cover on another insurance policy?

3.4 You must tell us if you can claim any of the cost from another insurance policy.

If another insurance policy is involved we will only pay our proper share.

What should I do if the benefits I am claiming for relate to an injury or medical condition caused by another person?

3.5 You must tell us on the claim form if you believe something or someone else (i.e. a third party) contributed to or caused the need for your **treatment**. This does not change the benefits you can claim under your **policy** (your 'Claim') and also means you can potentially be repaid for any costs you paid yourself, such as your excess or any private **treatment** that wasn't

covered by your **policy**.

- 3.6** Where you bring a claim against a third party (a 'Third Party Claim'), you or your representative must:
- include all monies paid by us for **treatment** in respect of the injuries in your claim against the third party ('our Outlay'); and
 - include interest on our Outlay at 8% pa; and
 - keep us fully informed about the progress of your Third Party Claim and any action against the third party or any pre-action matters; and
 - agree any proposed reduction to our Outlay and interest with us prior to settlement. If no such agreement has been sought we retain the right to recover 100% of our Outlay and interest directly from you; and
 - repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement; and
 - provide us with details of any settlement in full.

Should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:

- If the claim against the third party settles in full, you must repay our Outlay (and any interest) in full, or we shall be entitled to recover from you what you owe us; or
- If you recover only a percentage of your claim for damages you must repay the same percentage of our Outlay to us; or
- If your claim is repaid as a global settlement (where our Outlay is not individually identified), you must repay our Outlay in the same proportion as the global settlement bears to your total claim for damages against the third party.

Even if you decide not to make a claim against a third party for the recovery of damages, we retain the right (at our own expense) to make a claim in your name against the third party for our Outlay and interest. You must co-operate with all reasonable requests in this respect.

The rights and remedies in this clause are in addition and not instead of rights or remedies provided by law.

SECTION 4 – TYPE OF TREATMENT

What treatments are not covered?

There are a number of **treatments** (listed under 4.2) that your **policy** does not cover.

These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded from cover to keep premiums at an affordable level (such as **out-patient** drugs and dressings).

4.1 We pay for **eligible**:

- (a) **Diagnostic tests** ordered by a **GP** or ordered or performed by a **specialist**.
- (b) **Diagnostic tests** arranged by us when these tests are routinely required as part of your referral to a **specialist** to quickly and effectively diagnose or identify what **treatment** may be required.
- (c) Up to £5,000 towards the cost of an **external prosthesis** needed following an accident or surgery for a **medical condition**, providing:
 - you had cover with us at the time of the accident or surgery that led to the need for the prosthesis and have had continuous cover with us since; and
 - any claim for an **external prosthesis** is made within the 12 month period of cover following the date of the accident.If you want to claim this benefit please call our Claims Personal Advisory Team so we can explain what to do next. Please remember to ask the provider of your **external prosthesis** for full receipts as we cannot pay claims without a receipt.
- (d) First reconstructive surgery to restore function or appearance after a **road** traffic accident, provided that:
 - we have covered you under this **policy** when the accident happened; and
 - it is done within 12 months of the date on which the **road** traffic accident occurred; and

- we agree the cost of the **treatment** in writing before it is done.
- (e) **In-patient** rehabilitation of up to 28 days when:
 - it is part of **treatment** of an acute condition that is covered by your **policy**; and
 - it is carried out by a **specialist** in rehabilitation; and
 - it is carried out in a recognised rehabilitation **hospital** or unit which we have written to confirming it is covered by the **policy**; and
 - it could not be carried out on a **day-patient** or **out-patient** basis or in another appropriate setting; and
 - the costs have been agreed by us before the rehabilitation begins.

We will extend **in-patient** rehabilitation to a maximum of 180 days in cases of severe central nervous system damage caused by an external trauma.

4.2 What we do not pay for:

- (a) **Diagnostic tests** other than as detailed in 4.1(a) and 4.1(b).
- (b) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).
- (c) Any **treatment** of an **injury** sustained at any time before the day you took out this **policy**.
- (d) Any drugs or dressings that:
 - you are given to take home following **in-patient**, **day-patient** or **out-patient treatment**; or
 - could be prescribed by your **GP** or bought without a prescription; or
 - are taken or administered when you attend a **hospital**, consulting room or clinic for **out-patient treatment**.
- (e) The costs of the purchase, hire or fitting of any external appliance, such as crutches, joints supports, braces, mechanical walking aids or other mobility aids, any external device such as **treatment** or monitoring devices, or any **external prosthesis**, except as detailed in 4.1(c).
- (f) The costs of any replacement teeth or hair, including wigs or hair transplants.
- (g) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**.
- (h) Any **treatment** that is connected with the use of cosmetic (beauty) products or is needed as a result of using a cosmetic (beauty) product.
- (i) Any surgery or **treatment** required to receive an organ, donate an organ, **treatment** needed in preparation or as a result of a transplant, the cost of collecting donor organs, tissue or harvesting cells from a donor, or any related administration costs.
- (j) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- (k) **Treatment** of any mental health conditions – except neuropsychiatric **treatment** needed as the result of a head **injury** – even when such illness is directly attributable to a **road** traffic accident.
- (l) Any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with **treatment**.
- (m) Special nursing in **hospital** unless we have agreed beforehand that it is necessary and appropriate.
- (n) Any costs incurred as a consequence of **treatment** that is not **eligible** under your **policy**, including increased **treatment** costs.
- (o) Any **treatment** costs incurred as a result of your active involvement in criminal activity.
- (p) Any separate charge made by a **specialist** for consultations within 10 days after they have performed the **surgical procedure**.

Will my policy cover me for dental treatment?

No, there is no cover for **treatment** provided by a dentist or for any dental procedures or orthodontics. However we will pay for the re-insertion of your own teeth following a trauma, if carried out by an oral or maxillofacial surgeon.

Will my policy cover me for new or unproven treatments?

Your **policy** only covers you for **treatment** and **surgical procedures** that are **conventional treatments**.

We define **conventional treatment** as **treatment** that:

- is established as best medical practice and is practised widely within the **UK**; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided;

and has either

- been shown to be safe and effective for the **treatment** of your **medical condition** through substantive peer reviewed clinical trials in published authoritative medical journals; or
- been approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice; or
- been proven to be effective and safe for the **treatment** of your **medical condition** through high quality clinical trial evidence (full criteria available on request).

Are there any additional requirements for drug treatments?

If the **treatment** is a drug, the drug must be:

- licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency; and
- used according to that licence.

If you require new **treatments** you or your **specialist** must contact us at least 10 working days before **treatment**. This is so we can obtain full details of your **treatment**, support you with additional information and questions for your **specialist**, and advise you how much we will pay.

Are there any additional requirements for surgical treatments?

If the **treatment** is a **surgical procedure** it must also be listed and identified in our technical document, called the Schedule of Procedures and Fees, which includes all the **surgical procedures** we pay benefits for. If you would like a copy of the Schedule of Procedures and Fees please contact our Claims Personal Advisory Team.

Are there any additional requirements for medical devices?

If the **treatment** involves a **medical device** (including surgical devices and implants), it must:

- be approved by current EU Medical Device Regulations; and
- have moderate or high quality evidence of safety and effectiveness from either:
 - systemic reviews of randomised controlled trials; or
 - clinical trial evidence with three years of follow-up data.

SECTION 5 – RECURRENT, CONTINUING AND LONG-TERM TREATMENT

5.1 We pay for **eligible**:

- (a) **Treatment** of a **medical condition** which is commonly known to respond quickly to **treatment**. When the **medical condition** has stabilised we will stop making payments.

5.2 What we do not pay for:

- (a) **Treatment** which is received more than twelve months after the date of the **road** traffic accident.
- (b) More than 180 days' **in-patient treatment** in respect of any **road** traffic accident.
- (c) Non-surgical **treatment** of a **medical condition** which does not respond quickly to **treatment** or which continues or recurs.
- (d) The monitoring of a **medical condition** once it has been stabilised.

SECTION 6 – WHERE YOU ARE COVERED FOR TREATMENT

Which hospitals, day-patient units and other facilities do I have cover for?

You are covered for **treatment** in any **hospital, day-patient unit** or **scanning centre** in the **United Kingdom**, subject to any limits of this **policy**.

6.1 We pay for **eligible**:

- (a) Charges made by, or incurred in, a **hospital, day-patient unit** or **scanning centre** in the **UK**.
- (b) Charges made by, or incurred in a private **hospital** or any NHS hospital for ITU (Intensive Therapy Unit) **treatment** only when:
 - you are already having **eligible** private **treatment**; and
 - the ITU **treatment** immediately follows **eligible** private **treatment**; and
 - you or your next of kin have asked for the ITU **treatment** to be received privately; and
 - we have agreed the costs before you start the intensive care **treatment**.

6.2 What we do not pay for:

- (a) **Treatment** in an accident and emergency department of any **hospital** (except the cash benefit).
- (b) Immediate **treatment** needed in the intensive therapy unit of a **hospital** (except the cash benefit).
- (c) Any **treatment** received outside the **United Kingdom**.
- (d) Ancillary charges such as, but not limited to, newspapers, telephone calls and visitors' meals, incurred in a **hospital, day-patient unit** or **scanning centre**.
- (e) Transportation by taxi.

SECTION 7 – WHO WE PAY FOR TREATMENT

Your Accident Healthcare cover provides benefit for **eligible treatment** provided by **specialists, complementary practitioners** and **clinical practitioners**. (You will find our definitions of **specialist, complementary practitioner** and **clinical practitioner** in the glossary on [pages 3 to 5](#).)

How do I find out whether the person I want to see for treatment is recognised?

You need to ring us before receiving any **treatment**. This will allow us to check our database and confirm whether the person you have been referred to is **eligible** for benefit.

What services provided by specialists, complementary practitioners and clinical practitioners are eligible for benefit?

Specialists' fees for consultations, **diagnostic tests, treatment** in **hospital** and **surgical procedures** are **eligible** for benefit, subject to any limits of this **policy**.

Clinical practitioners' (with the exception of physiotherapists') charges for **treatment** are only covered if you are referred to them by your **specialist** for **eligible treatment**.

Complementary practitioners' and physiotherapists' charges for **treatment** are covered when you are referred to them by your **GP** for **eligible treatment** subject to any limits of this **policy**. We would then pay up to an overall maximum of ten sessions of **treatment** within 12 months from the date of your **road** traffic accident with a physiotherapist and/or a **complementary practitioner**. If you require more than the overall maximum for your cover level, such **treatment** must be under the control of a **specialist**. The **specialist** will then be able to establish whether the **treatment** you are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

Will treatment charges be met in full?

We publish a document called the Schedule of Procedures and Fees which sets out what we will pay **specialists, complementary practitioners** and **clinical practitioners** for the services they provide to our customers. We will pay **eligible** fees in full when a **specialist, complementary practitioner** or **clinical practitioner** charges up to the level shown within the Schedule of Procedures and Fees. If you would like a copy of the Schedule of Procedures and Fees please contact the Accident Healthcare Claims Personal Advisory Team.

We strongly advise that you call us before you receive **treatment**, to confirm whether we will pay the **treatment** charges in full for the person you are planning to see. If we will not pay the fee in full we will tell you how much we will pay towards the cost of your **treatment**, from the Schedule of Procedures and Fees. We have identified **specialists, complementary practitioners** and **clinical practitioners** whose fees we pay in full, and these make up the majority of all **specialists** and practitioners.

What if an anaesthetist becomes involved in my treatment?

Before receiving surgical **treatment** it is advisable to establish which anaesthetist your **specialist** intends to use. This will mean we can tell you if that anaesthetist is one who we pay in full or, if this is not the case, what fee we will pay (as set out in the Schedule of Procedures and Fees). However, if you don't know when you call us which anaesthetist your **specialist** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full.

7.1 We pay for **eligible**:

- (a) **Treatment** charges made by a **specialist** or **complementary practitioner** only when you are referred to one by a **GP** or dentist.

- (b) **Treatment** charges made by a **clinical practitioner** when you are referred to one by the treating **specialist**. However if your **GP** refers you for **treatment** with a physiotherapist and/or a **complementary practitioner** we will pay up to the levels detailed in the **benefits table**. If more than the overall maximum number of sessions of **treatment** is required, further **treatment** must be referred by and be under the personal control of a **specialist**.
- (c) **Treatment** charges made at the level set out in our Schedule of Procedures and Fees or at the amount charged if lower than that level.

7.2 What we do not pay for:

- (a) Charges made by **specialists** or **complementary practitioners** unless you have been referred to one by a **GP** or dentist.
- (b) Any drugs or **treatment** when the person who refers you is a member of your family, or if the person who is treating you is a member of your family.
- (c) Charges made by anyone other than a **specialist, complementary practitioner** or **clinical practitioner** including charges for primary care services, such as any services of a **GP** or dentist.
- (d) Charges made by a **clinical practitioner** unless referred by a **specialist**. We will pay for **GP** referred physiotherapy as set out in the **benefits table** and 7.1(b).
- (e) **Treatment** charges made when they are above the level set out in our Schedule of Procedures and Fees.
- (f) **Treatment** charges made by a **specialist** or **complementary practitioner** or **clinical practitioner** (not referred to in 7.1(c)) who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.
- (g) Any charges made for written reports or any other administrative costs.

SECTION 8 – ADDITIONAL INFORMATION

Where can I find more information about the quality and cost of private treatment?

You can find independent information about the quality and cost of private treatment available from doctors and hospitals on the Private Healthcare Information Network www.phin.org.uk

What we do with your personal data

Here is a summary of the data privacy policy that you can find on our websites at: saga.co.uk/privacy-policy.aspx and axahealth.co.uk/privacy-policy

Please make sure that everyone covered by this **policy** reads this summary and the full data privacy policies on our websites. If you would like a copy of either of our full policies call us on the contact numbers contained in this Policy Book and we'll send you one.

We want to reassure you we never sell your personal information to third parties. We will only use your information in ways we are allowed to by law, which includes collecting only as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

Where use of your information by us relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your **policy** properly.

Much of the personal information Saga and the underwriter of your **policy**, AXA PPP healthcare Limited, hold about you is obtained when you apply for a Saga Accident Healthcare **policy**, and when a claim is made. This may include medical information we obtain from medical practitioners and other health consultants. We may also obtain information from third party suppliers of information such as credit reference agencies.

Saga will keep your information securely and use it to provide the highest standard of service in the administration of this **policy** and other products that you hold with Saga. Saga will also use it for audit, underwriting and pricing purposes and, in certain circumstances,

claims mediation and market research, and to maintain management information for business analysis.

AXA PPP healthcare will handle your information on a confidential basis and use it to process claims, for underwriting and pricing purposes, to maintain management information for business analysis, for research and to find out more about you. They will disclose your information, including your health information, to Saga only to the extent necessary for the purposes of audit, managing your **policy** and claims. Saga may also use the health information shared with them for other purposes but they will only do so in line with **Data Protection Legislation**.

In the event of a claim, AXA PPP healthcare may have to give some information about you and/or your **spouse/partner** to those involved in your/their treatment or care, but this will be done confidentially. With your/their consent AXA PPP healthcare may also disclose information to a representative you/your **spouse/partner** have chosen.

The fact that a **spouse/partner** has claimed (but not the full details of the claim) may be disclosed to the **policyholder** in order for Saga to properly manage the **policy**.

You should be aware that Saga and AXA PPP healthcare do not supply any information about you to anyone unless we believe it is lawful to do so, or when we are requested to do so by you and have your consent in advance. We may, at our discretion, appoint third parties to service the **policy** and claims, including other companies based outside the European Economic Area, and which may be in a country that does not offer the same level of data protection as within the European Economic Area. We will always use every reasonable effort to ensure sufficient protections are in place to safeguard your personal information.

Marketing policy

Saga may share your personal information, and your medical data, with other Saga Group (Saga plc and its subsidiaries) companies. Saga uses the data they collect from you, including special

categories of personal data, to contact you and personalise their communication. Saga and AXA PPP healthcare also use it for administrative purposes to provide the service you requested and for preparing quotations. If Saga has obtained your permission to do so, they will also contact you by post, telephone, email or other means to tell you about offers, products and services that may be of interest to you. At any time you can opt out of receiving such information, revise the products you would like to hear about or change the method they use to communicate with you. You can update these preferences by calling 0800 056 9271. For further information about how the Saga Group uses your personal information, please visit www.saga.co.uk/privacy-policy.aspx or contact the Saga Group Data Protection Officer by email: data.protection@saga.co.uk or post: The Saga Building, Enbrook Park, Sandgate, Folkestone, Kent CT20 3SE.

Obtaining a copy of the information we hold about you

You may request a copy of the information Saga and AXA PPP healthcare hold about you and have any inaccurate data corrected. If you wish to access your personal information, please write to the Data Protection Officer at Saga Group and/or AXA PPP healthcare. When information has been supplied by a medical practitioner, you should be aware that their consent is needed before this can be supplied to you.

In some cases you also have the right to ask us to stop processing your information, and you can ask us to correct any information that is wrong.

If you want to contact Saga or AXA PPP healthcare to exercise any of your rights just call 0800 056 9271 (for Saga) or 0800 027 1331 (for AXA PPP healthcare). Alternatively you can write to Saga at: The Saga Building, Enbrook Park, Sandgate, Folkestone, Kent, CT20 3SE or AXA PPP healthcare at: Data Protection Officer, AXA PPP healthcare Ltd, Jubilee House, Vale Road, Tunbridge Wells, Kent TN11 1BJ.

Crime prevention and detection and legal requirements

Saga and AXA PPP healthcare are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. Saga and AXA PPP healthcare will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, AXA PPP healthcare will investigate possible medical malpractice and is obliged to notify the General Medical Council or other relevant regulatory body about any issue where they have reason to believe a medical practitioner's fitness to practise may be impaired.

Keeping information

Saga and AXA PPP healthcare will hold your personal information in accordance with the principles of the General Data Protection Regulation (and associated legislation) and in line with our Data Retention Policies. We are entitled and permitted by law and regulation to retain certain types of data for a reasonable period of time. We will then dispose of your information in a responsible way.

What regulatory protection do I have?

AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority.

The FCA have set out rules which regulate the sale and administration of general insurance, which we must follow when we deal with you.

Our registered number is 202947. This information can be checked on the FCA website: register.fca.org.uk.

The Financial Services Compensation Scheme (FSCS)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services

Compensation Scheme Limited (FSCS). The scheme may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

Further information about the operation of the scheme is available on the FSCS website: fscs.org.uk.

COMPLAINTS

Not happy with our service?

We hope you're happy with the service you've received so far and that this continues. However, if you do have a complaint about our services, the most important thing for us is to help you resolve this as quickly and easily as possible. We'll do all we can to address your concerns when they are first raised to us, but if we can't do this, we'll contact you within five working days to acknowledge your complaint and explain the next steps. Letting us know you're unhappy with our service gives us the opportunity to put things right for you and improve our service for everybody.

No matter how you decide to communicate your concerns, we'll listen.

To help us resolve your complaint, we'll need the following:

- Your name and policy details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have already seen.

For a complaint related to a claim

If you have a complaint about an Accident Healthcare claim, please contact:

AXA PPP healthcare

Phillips House, Crescent Road

Tunbridge Wells, Kent TN1 2PL

Alternatively, call **0800 027 1331**

To help us resolve your complaint, we'll need the following:

- Your name and policy details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have seen already.

We will generally issue our final response within eight weeks from when you originally contacted us. However, we will respond sooner than this, if we are able.

Taking your complaint further

If we cannot respond fully to your complaint within eight weeks, or you are unhappy with our final response, you can refer your complaint to the Financial Ombudsman Service for an independent review.

The Financial Ombudsman Service resolves disputes in an independent and fair way and can be contacted at:

The Financial Ombudsman Service,

Exchange Tower,

Harbour Exchange Square,

London E14 9SR.

Email: complaint.info@financial-ombudsman.org.uk

Telephone: **0300 123 9123** or **0800 023 4567**

Important note

The Financial Ombudsman Service will only consider your complaint if you have already given us the opportunity to resolve the matter.

However, if we have not provided a final response within eight weeks you can refer your complaint straight to the Financial Ombudsman Service.

If you follow this complaint procedure, it does not affect your legal rights.

Legal rights and responsibilities

8.1 Your rights and responsibilities

- (a) You must make sure that whenever you are required to give any information, all the information you give AXA PPP healthcare and Saga is sufficiently true, accurate and complete so as to give us a fair presentation of the risk we are taking on. If we discover later it is not then we can cancel the **policy** or apply different terms of cover in line with the terms we would have applied had the information been presented to us fairly in the first place.
- (b) You and we are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply.
- (c) Only the **policyholder** and we have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including a **spouse/partner**.
- (d) As your Accident Healthcare benefits form an integral part of your Saga Car Insurance/Motorhome Insurance **policy** you are unable to cancel your Accident Healthcare benefits alone. If you wish to cancel your Accident Healthcare benefits, either during the 14 day cooling-off period or after, you must cancel your Saga Car Insurance/Saga Motorhome Insurance **policy**, including the Accident Healthcare benefit, in accordance with paragraphs 5 or 6 (as applicable) of the 'General conditions applicable to all of the policy' section of the Saga Car Insurance/Saga Motorhome Insurance Policy Book). You can then reapply for a Saga Car Insurance/ Saga Motorhome Insurance **policy** without the Accident

Healthcare benefits.

- (e) If you require **eligible treatment** as the result of a **road** traffic accident which occurred prior to you cancelling the Saga Car Insurance/Saga Motorhome Insurance **policy**, you are **eligible** to receive **treatment** for up to 12 months after the date of the **road** traffic accident, regardless of whether the Saga Car Insurance/Saga Motorhome Insurance **policy** has been cancelled.
- (f) We, or any person or company that we nominate, have subrogated rights of recovery of the **policyholder** or any **spouse/partner** in the event of a claim. This means that we will assume the rights of **policyholders** or any **spouse/partner** to recover any amount to which they are entitled, for example from someone who caused your injury or another insurer, and which we have already covered under this **policy**. The **policyholder** must provide any reasonable assistance we may need to enable us to exercise these subrogated rights and must not do anything to prejudice such rights at any time. We reserve the right to deduct from any claims payment otherwise due to you or an amount equivalent to the amount you could recover from a third party. We may use external legal, or other, advisors to help us do this.

8.2 Saga and AXA PPP healthcare's rights and responsibilities

- (a) Under the Accident Healthcare section of your **policy**, we will pay for **eligible treatment** costs incurred for a period of 12 months from the date of the **road** traffic accident provided the premium has been paid for the period when the **road** traffic accident occurred.
- (b) We and other service providers will not provide cover or pay claims under this **policy** if doing so would expose us or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, **United Kingdom**, United States of America or under a United Nations resolution. We will do this even if you have permission from

a relevant authority to continue cover or receive payments under a **policy**. If a potential breach is discovered, where possible we will advise you in writing as soon as we can. If you know that you or your **spouse/partner** are on a sanctions list or subject to similar restrictions you must let us know within seven days of finding this out.

SECTION 9 – BENEFITS TABLE

This table shows the benefits available to you for the cost of **treatment**. These benefits are explained fully in the preceding pages of this document. You must read this table in conjunction with the rest of the terms of your Accident Healthcare cover.

This section of your **policy** provides cover for **treatment** made necessary as a direct result of **injury** sustained in a **road** traffic accident in the **United Kingdom** involving a moving motor vehicle.

The cover does not include **treatment** needed in the accident and emergency department of the **hospital**, or any immediate **treatment** needed in an intensive therapy unit (except the cash benefit).

Please make sure you call the Saga Motor Insurance Claims Line prior to **treatment** so that AXA PPP healthcare can contact you to confirm the extent of your cover and any limitations that may apply.

Benefits	Accident Healthcare benefit level	Where can I find more information?
Accident Healthcare benefit limit: We will pay up to the maximum shown for each person covered by the policy for the 12 month period following the date of the accident.	£1,000,000	
In-patient and day-patient treatment		
1. Hospital charges: including charges for accommodation, diagnostic tests , operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the specialist during surgery.	Paid in full in any hospital or day-patient unit within your Accident Healthcare benefit limit	Page 12
2. Specialists' fees (Surgeons', anaesthetists' and physicians').	Covered within your Accident Healthcare benefit limit	Pages 12-14
3. In-patient consultations – benefit for a consultation with a second specialist arranged by the treating specialist .	Covered within your Accident Healthcare benefit limit	Pages 12-14
Out-patient treatment		
4. Surgical procedures .	Covered within your Accident Healthcare benefit limit	Pages 9-14
5. Specialist consultations.	Covered within your Accident Healthcare benefit limit	Pages 12-14

Benefits	Benefit level	Where can I find more information?
Out-patient treatment (continued)		
6. Clinical practitioner charges (including physiotherapy). 7. Complementary practitioner charges.	Covered within your Accident Healthcare benefit limit. We will pay for up to an overall maximum of ten sessions of treatment within 12 months from the date of your road traffic accident, for GP referred physiotherapy and/ or complementary practitioner treatment	Pages 12-14
8. Diagnostic tests performed by your specialist or on specialist referral.	Paid in full within your Accident Healthcare benefit limit	Pages 12-13
9. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	Paid in full within your Accident Healthcare benefit limit	Page 12
Other benefits		
10. Ambulance transport – when you are receiving private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility.	Paid in full within your Accident Healthcare benefit limit	

Benefits	Benefit level	Where can I find more information?
11. NHS cash benefit. This benefit is paid for each night you receive free treatment under the NHS when all of the following applies: (i) You are admitted for in-patient treatment before midnight for treatment of an injury caused by a road traffic accident (ii) The treatment you receive under the NHS would have been eligible for benefit privately under this policy . (This benefit is also paid for each night you receive treatment in an accident and emergency ward or intensive therapy unit.)	£100 a night up to £2,000 for each accident	Page 12
12. External prosthesis	Up to £5,000 for the lifetime of your Accident Healthcare. We will pay this benefit towards the cost of providing an external prosthesis .	Pages 9-10

HELPLINES

CUSTOMER SERVICE

For questions about your Accident Healthcare benefits

from the UK **0800 056 9167**

Monday to Friday 8.30am to 5.30pm,
Saturday 8.30am to 1pm.

HOW TO MAKE A CLAIM

For claims

from the UK **0800 027 1339**

from abroad **+44 1303 772 154**

24 hours a day, 7 days a week.

Please have your policy number to hand when calling.

If you have a hearing or speech impairment, you can also contact us by emailing dda@saga.co.uk

Saga Services Limited has arranged for its accident healthcare benefits to be underwritten by AXA PPP healthcare Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

AXA PPP healthcare Limited. Registered Office: 20 Gracechurch Street, London EC3Y 0BG. Registered in England No. 3148119. AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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