



POLICY BOOKLET

Ancient Order of Foresters Friendly Society

Court "Pride of Sarnia" 8143

Established in Guernsey – 1866

Licensed by the Guernsey Financial Services Commission

Updated: 1 January 2022

Foresters Healthcare Medical Insurance

There are a number of different cover options available with Foresters Healthcare and this booklet includes full details of them all.

To understand the cover applicable to yourself, you should read this booklet alongside your *Membership Certificate* and *Schedule of Cover* which is unique to you.

Foresters Healthcare: Policy Benefits and Terms

Effective from 1 January 2022.

These are the Policy Benefits and Terms of Foresters Healthcare Medical Insurance. They apply to all members.

How do I contact Foresters Healthcare?

If you have any queries about your cover or your benefits you can contact us using the details below:

By Phone: (01481) 728864
By Email: info@forestershealthcare.co.uk
By Post: Foresters Healthcare,
Esplanade House,
29 Gategny Esplanade,
St Peter Port,
Guernsey,
GY1 1WR

How do I make a claim?

We have included a guide to making a claim in Section 2 of this booklet. You can also call us and we can talk you through the process.

Ancient Order of Foresters Friendly Society Court "Pride of Sarnia" 8143 (Foresters Healthcare) is regulated by the Guernsey Financial Services Commission.

^ Telephone lines are open 9AM to 5PM Monday to Thursday and 9AM to 4:30PM on Friday.

Contents

Section 1:

Cover & Benefits

Primary Care Scheme	Page 1
Additional Benefits Scheme	Page 2
Major & Critical Care Scheme	Page 3
Grants & Other Benefits	Page 3
General Exclusions – What is not covered	Page 4
Other Information	Page 5

Section 2:

Policy Terms

General Terms	Page 6
Claiming	Page 7
• Direct & in-direct billing	Page 7
• Step by step guide to making a claim	Page 7
• General information on claiming	Page 8
Cancelling your policy	Page 8

Section 3:

Other Information

Suspending your membership	Page 8
Meetings	Page 8
Complaints	Page 9
Data Protection	Page 9

Section 1: Cover & Benefits

Primary Care Scheme:

Primary Care Consultations

- Single or double consultations with a general practitioner
- Consultations by telephone
- Consultations with a GP at the Primary Care Centre situated at the Princess Elizabeth Hospital

Nurse Consultations

- Single or double consultations with a nurse
- Includes consultations at the diabetic clinic

Blood Tests

- Blood tests performed by a general practitioner or nurse

Simple Injections

- Simple injections performed by a general practitioner or nurse
- Includes flu vaccinations where a member has received written notification from a doctor's surgery to receive a vaccination

Ear Syringe / Suction

- Ear syringe / suction treatment performed by a general practitioner or nurse

Smear Tests

- Smear tests performed by a general practitioner or nurse

Repeat Prescription Issue Fee

- Repeat prescription charge for long term medical prescriptions

Accident & Emergency Department

- "Attend & Assess" Consultations at the Emergency Department of the Princess Elizabeth Hospital

St Johns Ambulance & Rescue Service

- Emergency ambulance transportation by road
- Patient transportation service by road

Note: All above items are covered whether performed at the GP surgery or at home unless stated otherwise.

Additional Benefits Scheme:

Minor & Intermediate Procedures

- Minor & intermediate procedures / operations performed at the GP Surgery
- Minor & intermediate category charges performed at the Emergency Department situated at the Princess Elizabeth Hospital

Dental Anaesthesia

- Dental anaesthesia for oral surgical procedures performed at a dental practice or the Princess Elizabeth Hospital

Musculoskeletal Treatment

- Physiotherapy
- Osteopathy
- Chiropractic Treatment
- Acupuncture
- Doppler
- Lymphodema
- Bowen Therapy

Blood Pressure Monitoring

- 24 hour blood pressure monitoring

Allergy Testing

- Allergy Testing

Heart Monitoring

- Electrocardiographs (ECG)
- 24 hour heart monitoring

Special Injections

- Special Injections
- Soft Tissue Injections

Well Person Checks

- Well Person Checks
- Fitness to drive checks

Vitalographs & Spirometry

- Vitalograph
- Spirometry

Audiometry Tests

- Audiometry testing

Laser Treatment

- Laser treatment for the removal of broken blood vessels after radio therapy

Major & Critical Care Scheme:

Major Category Charges

- Major category charges received at the Emergency Department situations at the Princess Elizabeth Hospital

Critical Category Charges

- Critical Category Charges received at the Emergency Department situated at the Princess Elizabeth Hospital

Grants & Other Benefits:

The following grants and “other benefits” do not form a part of your medical insurance policy and are provided on a discretionary basis only based on funds available. Grants are not funded by member premiums. Foresters Healthcare reserves the right to alter, add or remove grants or other benefits without prior notice.

Dental Grant

- Claim up to £120 per calendar year in respect of dental treatment and consultations. (member must have completed a minimum of 12 months membership)

Optical Grant

- Claim up to £120 per calendar year in respect of optical treatment and consultations. (member must have completed a minimum of 12 months membership)

Subsidiary Benefit Grant

- Claim up to £120 in the event of financial hardship such as fire, storm or flood etc, Payments under this grant are at the discretion of the Court Membership Committee and may be subject to means testing. (member must have completed a minimum of 12 months membership)

Subsidiary Benefits Fund Death Grant

- Upon receipt of a certified death certificate of a member that has completed a minimum of five years membership a grant of up to £150 can be payable to the member's next of kin

Convalescent Home Care Grant

- Financial compensation towards convalescent home care. (Member must have completed a minimum of 24 months membership and be in receipt of a recommendation letter from a registered general practitioner)

Educational Award Grant

- Financial assistance towards studying for professional or academic qualifications (member must have completed a minimum of 6 months membership)

General Exclusions – What is not covered:

The following items, charges and conditions are not covered within the insurance policies of Foresters Healthcare and no financial compensation will be payable in respect of invoices or receipts containing these items:

Holiday & Travel Charges

- Consultations relating to travel or holidays
- Vaccinations, injections or prescription fees relating to travel

Off-Island Treatment

- Treatment received outside of Guernsey & Alderney

Specialist Consultations or Private Treatment

- Treatment or consultations received at the medical specialist group or other private clinic
- Treatment recommended by the medical specialist group or other private clinic
- Treatment received by a general practitioner where the consultation and/or charge has been designated as specialist
- Blood tests performed at the medical specialist group or other private clinic
- Operations or procedures performed at the Princess Elizabeth Hospital
- Private room fees at the Princess Elizabeth Hospital

Dietician Fees

- Consultations or charges relating to services provided by a dietician or nutritionist

Homeopathy

- Consultations, treatment or prescriptions relating to homeopathy

Massage Therapy

- Massage therapy or treatment including for medical purposes.

Prescriptions and Medication

- Standard prescription collection charges
- Prescriptions or medication not covered under the States of Guernsey “White List”

Contraception & Devices

- Consultations relating to contraception
- Operations to fit contraceptive devices (whether for medical purposes or contraceptive needs)
- Contraceptive devices (whether for medical purposes or contraceptive needs)
- Injections, prescriptions or medication relating to contraception

Foot Care

- Podiatry
- Chiropody

Scans

- X-Rays
- Ultrasound Scans

General Exclusions – Continued

- MRI Scans
- CT Scans

Administration Fees

- Charges for letters, form completion or reports from a medical practice, clinic or hospital
- Charges for failing to attend an appointment
- Charges applied to an overdue account or invoice

Equipment

- Purchase or hire of equipment or sundry items

Un-qualified or Un-regulated medical practitioners

- Consultations or treatment provided by a medical practitioner that does not hold the relevant qualifications to treat or advise a patient on the subject matter.
- Consultations or treatment provided by a medical practitioner that is not known to the States of Guernsey and does not have their details held on the “Registers of all Regulated Health Professionals”

Psychology

- Consultations or treatment relating to mental health or psychology

Other Information:

Membership Certificate

At the commencement of your policy you will have been issued with a Membership Certificate. This document sets out the details of the cover you have chosen, your membership number and the commencement dates of your cover.

Schedule of Cover

At the commencement of your policy you will have been issued a Schedule of Cover. This is unique document to you that details the cover you have chosen and your cover limits per calendar year. We only pay up to the limits stated on your schedule of cover.

Checking your Cover

If you are unsure about whether or not you are covered prior to receiving treatment you should call us before arranging your treatment or consultation to check that you will be covered. Our contact details can be found on your Membership Certificate or at the front of this booklet.

Section 2: Policy Terms

General Terms:

Your Membership Certificate (which is personal to you) and these policy terms together form our Health Insurance Agreement with you. It is important that you read these documents together to understand your cover.

Eligibility

To be eligible for this cover you must:

- be a resident of Guernsey or Alderney
- be registered with a doctors practice within Guernsey or Alderney

Applying for cover

When applying for cover with us you must complete an application form. Upon receipt of a completed application an underwriter will request a medical report from your registered general practitioner. Once this report has been received an underwriter will assess the results of the report along with the information you have provided to determine whether or not the application is acceptable to be covered in accordance with our risk appetite.

In some case, it may be necessary to apply a non-standard premium loading to an applicant's premium or to reject the application where the results of the review fall outside of our risk appetite.

Applying for another individual

From the age of sixteen onwards an applicant should complete and sign an application in their own name. Applications for cover where an individual is aged sixteen or under must be completed and signed by a parent or legal guardian.

An application may also be completed and signed on behalf on an individual by another person when accompanied by a legal guardianship notice or power of attorney notification.

Where an application form has been completed by a parent or legal guardian in respect of an individual under the age of sixteen, the contract will cease upon the individuals eighteenth birthday. Foresters Healthcare will then require a signed consent form from the individual to continue the Health Insurance Policy.

Premium Reviews

The annual rates shall be decided by our Board of Directors in advance each year. Each Member will also be subject to a review of their claims/medical expenses paid by us and an individual's premiums may be increased or decreased based on the claims/medical expenses paid over the previous twelve months.

In some circumstances, a mid-year review may take place on a member that represents a significant claims risk to us. Should a review of this nature take place the member will be notified a minimum of fourteen days prior to the proposed increase. Should a member wish to appeal the increase they must contact the Managing Director within fourteen days of the letter being issued.

Deferments

All schemes have a three-month deferment period applied to them. In some instances, we are able to reduce or waive these deferments. This is however at the discretion of the underwriter.

Amendments

Increasing or decreasing your cover can be done at any time, there is no need to wait for your annual renewal. Please be aware however that scheme additions are subject to standard deferment periods.

Claiming:

Direct & in-direct billing

Some items are billed direct to us from the doctors practice, clinic or hospital. When an item is billed direct to us you will not receive an invoice. Provided you have the relevant cover remaining on your policy this will be paid straight to the provider. Items eligible for direct billing are detailed below:

- Primary Care Consultations
- Nurse Consultations
- Blood Tests
- Simple Injections
- Ear Syringe & Suction
- Smear Tests
- Repeat Prescription Issue Fees

All other items are subject to in-direct billing. In these cases the practice, clinic or hospital must send the invoice directly to you. You should then follow the below step by step guide in order to make a claim.

Step by step guide to making a claim

1) Check your cover

If you are unsure as to whether or not you are covered for a claim you should in the first instance contact a member of our claims team who will inform you whether you are able to make a claim.

2) Forward us the claim

Forward your invoice / receipted invoice to our claims team either by post or emailing to info@forestershealthcare.co.uk.

3) Let us handle the rest

Once your claim has been received our claims team will process this in accordance with your policy cover. In the event that your cover has run out or there is an issue with your claim, a member of our claims team will contact you either by telephone, email or letter.

General information on claiming

In order for a claim to be eligible you must:

- Ensure your premiums are paid up to date – We reserve the right to reject payment of any claims if a members account is not sufficiently paid up to date
- Ensure the invoice / receipt contains your name and address – debit/credit card receipts are not acceptable when making a claim unless accompanied by an invoice
- Ensure the invoice / receipt is legible and not altered in any way

Claim settlements will be paid to the member of whom the charge is invoiced to unless:

- The charge is invoiced to a member under eighteen years of age
- We have received a copy of a legal guardianship notice or notice of power of attorney for the member
- We have received written notification from the member confirming their wish to have another individual reimbursed

Cancelling your policy

Your policy may be cancelled at any time by giving us written instruction. Any full months paid in advance will be refunded upon cancellation of your policy.

Your policy may be cancelled by us by sending a notice of cancellation notice with seven day's notice to your last known address. In the event your policy is cancelled by us you will receive a refund for any full month's premium paid in advance.

Should your policy be cancelled by us, which will only be actioned in extreme circumstances you may appeal the decision by writing to the Board of Directors. Should you remain unsatisfied with the result of the appeal you may then forward your appeal to the Channel Islands Financial Ombudsman. See Section 3: Other Information – Complaints.

Please note, we do not issue refunds for any amounts less than a full month's premium. Policies may only be cancelled at the end of a calendar month.

Section 3: Other Information

Suspending your membership

A member may suspend their insurance cover for a small monthly fee for a minimum of six months. Suspended members are not entitled to medical claims or grants nor are they entitled to attend social events or meetings. Long terms discounts are maintained whilst a member is suspended.

When returning into cover from a suspended account a medical report will be required.

Meetings

All members are eligible to attend our meetings which are held on the third Monday of every month (with the exception of December where it is held on the second Monday) at 7.00PM.

Meetings take place at our offices, entry through the rear or side doors only.

Complaints

We take all complaints seriously and aim to resolve problems promptly. If you should have a complaint with regards to your policy or a claim you should in the first instance, contact the Managing Director on 728864 to review the problem. If this cannot be resolved the complaint would then be brought before the Board of Directors to ratify. If you are unhappy with the outcome of the complaint you may then refer the matter to the Ombudsman Service below:

Channel Islands Financial Ombudsman
P O Box 114
Jersey
JE4 9QG
Tel: 722218

Data Protection

On 25 May 2018, The Data Protection (Bailiwick of Guernsey) Law, 2018 (Guernsey's equivalent legislation to the European Union's General Data Protections Regulation (GDPR)) came into force.

Foresters Healthcare is registered with the Office of the Data Protection Commission in Guernsey for the processing of data. We seek to comply fully with the Law and our Privacy Notice which gives further information about how we comply with the Law. This can be found on our website or a hard copy can be requested from us.

Please note that the basis for processing your personal data is the conclusion of a contract between us and you – the contract being your policy with us – as evidenced by your completed application form. We will only use the data for the purposes for which it was provided. We can also confirm that we only hold the data necessary for your policy, and that this data is only retained by us for a fixed period after you cease to be a member. Should you have any further questions in respect of our compliance with the Data Protection legislation, please feel free to contact us.

