

# Healthcare Deposit Account

## An explanation of the changes to what's covered from 1 October 2011

Below is an explanation around why we've made changes to what is and isn't covered by your policy. You'll find the actual wording changes detailed in the enclosed booklet 'Your revised policy terms' which also includes an updated glossary that reflects the changes made.

**Customary and reasonable fees:** We have always tried to ensure that you get best use of the cover you have with us by checking fees charged by your treatment provider are customary and reasonable compared to countrywide averages. The revised terms set out how higher than normal fees will be handled and a schedule of fees has been produced and placed on our website.

**Cosmetic treatment:** We have clarified this to restrict cover to reconstructive treatment following a covered illness or injury suffered whilst you hold a plan with us.

**Covered therapies:** We have now produced a full list of covered therapies and will not pay claims for therapies not recognised on this list.

**Dental benefits:** We are keen to help our members with everyday dental treatments, but specifically exclude cosmetic dental treatments. We have found that members have difficulty in understanding what constitutes cosmetic dentistry and what doesn't. Additionally, there are increasing numbers of specialist dental treatments now available which we did not intend to cover. We have therefore revised the terms to give a definitive list of treatments we will cover. These are the 8 key dental treatments that make up the majority of claims we receive. Any treatment not on this list will not be covered.

**Drugs and dressings:** Whilst we are happy to pay for drugs and dressings administered as part of a covered treatment, we won't pay for follow-up drugs and dressings provided at consequent out-patient sessions or for take home use. This has always been the case, though the wording has sometimes been misconstrued.

**Kidney dialysis:** Our exclusion wording now specifies that by renal dialysis, we mean that given either for chronic or end stage kidney failure, though there are circumstances in which temporary dialysis can be claimed for.

**NHS claims:** We are happy to be able to make three changes to NHS cover. Firstly, we will no longer deduct an own share for any covered claims made for overnight stays in an NHS hospital. Secondly, we are extending the NHS allowance to day cases, in other words for treatments you have in an NHS hospital where a bed has been reserved for you, but where you do not have to stay overnight. This is different to out-patient

treatment where no bed is reserved. Thirdly, we have a list of treatments and operations which are readily available on the NHS. If your treatment is one of those on the list, our claims team will confirm the normal cost of having that treatment privately. You'll then have the choice of either being treated privately or opting for the NHS in return for a cash payment of 25% of the private fee following your procedure, subject to the terms of your plan. You are under no obligation whatsoever and our offer is purely to give you true choice over how you use the cover available to you, which is subject to limits.

**Obesity:** We acknowledge that sadly, obesity is on the increase and that for many people this causes a problem to their general health. It was never our intention to pay for weight loss treatment, and our wording is now more specific.

**Optical treatments:** We have added laser eye treatment to our list of covered optical treatments.

**Oral surgical procedures:** A number of surgical procedures are now being carried out as routine by dentists in their normal dental practice. It was our intention that surgical procedures would mean those undertaken in a hospital environment under general anaesthetic and we have clarified our terms accordingly.

**Private ambulance:** This was always intended to mean land transport and not helicopter or other forms of transport and we have now clarified this.

**Psychiatric treatment:** Our revised wording now states we'll pay a maximum of 6 sessions providing the specialist states the condition is curable, as we feel our previous interpretation of 'acute' as being 'curable within 6 out-patient sessions' was unrealistic. We do not pay for in-patient psychiatric care.

**Recognised bodies:** We no longer insist on a treatment provider being recognised by the British Medical Association, but we retain the right not to accept a provider which fails to meet our criteria of authorisation by appropriate bodies detailed in the updated glossary.

**Sleep disorders and sleep apnoea:** We have received a number of enquiries for this since we launched, and have now added this to our excluded list to make it clear to members that treatment for these would not be covered.