

Please read this leaflet if you have joined under our moratorium clause. It tells you how we deal with pre-existing medical conditions.

What is the purpose of Standard Life Healthcare's medical insurance plans?

Our plans provide you with benefit for the cost of treating medical conditions which arise after the date you have been accepted for cover. So, like any other type of insurance, you take out cover with us to protect yourself against the cost of unforeseeable events.

What about pre-existing medical conditions?

Like other medical insurers we have to exclude them from cover, otherwise people could join just to have treatment for a medical condition they already have. If we allowed people to do this, our premiums would have to be much higher.

How do you exclude pre-existing medical conditions from cover?

We do not ask you to give details of your medical history or make you undergo a medical examination. Instead, we apply a straightforward exclusion clause (our 'moratorium clause') which says:

We cannot pay claims for the treatment of any medical condition or related condition which you have received medical treatment for, had symptoms of, asked advice on or to the best of your knowledge and belief were aware existed in the five years before the cover start date (a 'pre-existing' medical condition).

After two years of continuous insurance cover from the cover start date, all pre-existing medical conditions will become eligible for benefit, subject to the policy terms and conditions. However, this only applies if, when you first receive treatment, you have not:

- consulted any doctor for medical treatment or advice (including checkups); or
- taken medication (including drugs, medicines, special diets or injections);

for that medical condition or any related condition for a continuous period of two years. This clause can easily be broken down into three parts.

- Firstly** Medical conditions that are covered from the first day of your insurance. These are conditions that are new to you after taking out your policy.
- Secondly** Pre-existing medical conditions which become eligible for cover after at least two years continuous insurance. We cover them if you have stayed free from receiving any treatment, advice or medication for a continuous period of two years after taking out your policy.
- Thirdly** Pre-existing medical conditions which we permanently exclude from cover. We exclude them because you will need regular or periodic treatment, advice or medication and you will never be able to remain free of this help for any continuous two-year period.

To help you understand how this clause works, we have set out a series of model questions and answers to the typical queries often raised:

What is a 'related condition'?

A related condition is any medical condition that is considered to be an underlying cause of, or directly caused by, another medical condition.

For example: high blood pressure and heart disease; recurrent sore throats and tonsillitis.

I suffer from high blood pressure for which I have to take tablets every day. How does this affect my cover?

Because you need continuous treatment for your medical condition, cover for this or any related condition would be permanently excluded.

Some time after my cover has started, I go to my doctor for a routine visit and, for example, a heart condition is diagnosed. It has obviously developed during the period before the start of my plan. Would I be covered?

The clause only applies to any medical condition or related condition (or both) which you were aware existed in the 5 years before the start of your policy. If:

- the heart condition was first diagnosed after you joined the policy; and
- you had no previous treatment for any obviously related condition, such as high blood pressure or chest pains; and
- you were not aware of any symptoms;

benefit would be available even if it was proved that the condition existed before your policy began.

I have a medical condition that has existed during the five years before my cover began. I experience symptoms from time to time but I don't see my doctor about it, I just take an over the counter medicine that I buy myself. Will I be able to claim for this condition, as I have not sought medical advice or taken any prescribed medication for it?

The moratorium excludes all conditions that you were aware of during the five years before your cover began, even if you have not needed to see a doctor about them or taken prescribed medicine. The condition will become eligible for cover, subject to the policy terms and conditions, if you have not received any medical advice or treatment or taken any medication for that condition, or any related condition, for a continuous period of two years after your cover starts.

What if I suspect that I am suffering from a condition, for example, I have a lump, but have not seen a doctor for the condition or received any firm diagnosis? Would I be covered if a visit to my doctor after the start of the plan revealed that surgery for that condition was necessary?

Because you were aware of the condition during the 5-year period before the start of the plan, even though you weren't quite sure what it was, it would be excluded from cover for at least the first 2 years of the plan.

What if I am uncertain whether treatment I received before the start of my policy is related to the condition for which I later wish to claim?

Before undergoing any private treatment for which you wish to make a claim under your policy, you must submit a fully completed claim form to us to gain written pre-authorisation for your claim. This way we will be able to establish the full facts about your condition and proposed course of treatment and will confirm our decision to you in writing before you incur the costs of treatment.

NOTE: These questions and answers provide broad guidance to the operation of the moratorium clause. Obviously, each claim is dealt with and treated on its own merits. How the clause is interpreted depends entirely on the facts presented. When we receive a fully completed claim form, we will be pleased to tell you whether cover is available before you have treatment.

