

## Terms and Conditions

# The GUERNSEY ODDFELLOWS HEALTH CARE PLAN

The GUERNSEY ODDFELLOWS HEALTH CARE PLAN (the Scheme) is operated by the Loyal Guernsey District Lodge No. 10010 of the Independent Order of Oddfellows Manchester Unity Friendly Society Limited. The Oddfellows Loyal Guernsey District Lodge (the Society) is a financially independent branch of The Oddfellows, and is licensed by the Guernsey Financial Services Commission.

### **Medical Plan Benefits**

Covers expenses incurred for primary medical care by a General Practitioner (GP) or Practice Nurse in the Bailiwick of Guernsey plus St. John Ambulance 'Guernsey Residents Scheme' and treatment at Hospital Emergency Departments within the Bailiwick.

Specifically included are :-

Practice charges for GP and Nurse consultations and double consultations in the surgery, by telephone, at the Hospital, or your Home. Consultations can be within and outside of normal hours.

Minor and intermediate procedures performed by a GP at the Surgery. Taking of blood for testing, electrocardiograms (excluding Lifecard or similar), audio-grams, soft tissue injections, syringing of ears, cervical smears, Influenza and Shingles inoculations.

Consideration will be given to claims for other procedures or treatments carried out by a GP or Nurse, not specifically excluded below, but the amount claimable will be no greater than that of a standard 'Intermediate Procedure'. The Office staff will give clarification on specific claims.

Services provided under the St. John Ambulance Guernsey Residents Scheme as described on their website.

The 'Attendance Fee' and 'Consultation Fee' charges made for treatment at the Hospital Emergency Departments of the Bailiwick.

### **Medical Plan Exclusions**

Cover is not provided for treatment received outside the Bailiwick of Guernsey. The Society reserves the right to refuse claims for treatment or procedures not specifically covered under the Medical Plan above.

The following treatments and services are specifically excluded from the scheme:-

Secondary and Private Medical Treatment;

Treatment which is subject to a separate claim through another Insurance Company;

Shock Wave Therapy; Ultrasound guided injections; Dietician Fees; Prescription Dispensing Fees; Holiday or Travel vaccinations; Family planning procedures; 'Fitness to Drive' reports; Physiotherapy; Acupuncture or any alternative therapies including Bowen Therapy and 'Well Person' or other clinics and Pathology Tests.

Services provided by St. John Ambulance not included in their Guernsey Residents Scheme.

Charges made by the Hospital Emergency Departments for the purchase or hire of equipment (e.g. crutches) or medical items. Treatment that is performed at the Hospital by an on-call specialist (e.g. Dentist).

Treatment in the Hospital Emergency Department's Decompression Chamber.

The Office staff will give clarification on specific claims.

## CONDITIONS

1. The Society reserves the right at any time to change the rate of contribution, the range and rate of benefits and conditions relating to the Scheme.
2. **Membership**
  - 2a. Membership will be on an annual basis, automatically renewable from year to year. In exceptional circumstances the Society shall have the right to refuse to renew a membership if it considers it is in the best interest of the Scheme to do so.
  - 2b. Membership is by application and the Society shall have the right to refuse to accept an application for membership, or an increase in the Additional Plans, if it considers it is in the best interest of the Scheme to do so. No reason shall be given for any such decision.
  - 2c. Sole and Family Membership is available to persons resident in the Bailiwick of Guernsey aged from 16 to 70 years on joining the Scheme.
  - 2d. The first or sole adult on a Family membership is considered to be the Principal Member who will be responsible for the payment of all contributions and to whom all communications and all benefit payments for the whole family will be sent.
  - 2e. Children under the age of 16 are not eligible for sole membership but may be added to their parent's plan (or that of a close relative, if agreed by the Society) as dependent members. Each dependent child qualifies for the full medical benefits plus the benefits provided by any Additional Plan taken up by the Principal Member (except maternity benefit), the cost per child remaining at that of the Medical Plan. Children's existing benefits continue until age 18 or the ceasing of full time education, whichever is earlier.
  - 2f. Young Adults between the ages of 16 and 25 qualify for a reduced Medical Plan rate as shown in the current leaflet. The Young Adults Rate continues until the 31st December of the year in which the member reaches their 25th birthday and will be automatically converted to the standard Adult rate in the following year.
  - 2g. Persons aged 60 years or over on joining the scheme will contribute at the 60+ rate as shown in the current leaflet. Existing members on reaching the age of 60 will continue on the Adult rate.

### **3 Termination of Membership**

- 3a. Persons leaving the Bailiwick for permanent residence elsewhere shall thereupon cease to be members of the Scheme.
- 3b. Cancellation of membership by a member is subject to one month's notice but will normally be at the end of the month in which notice is given.
- 3c. Members whose contributions are in arrears will cease to be entitled to any benefit and membership may be cancelled. We may inform members in writing if their contributions are two months or more in arrears, and advise them that claims may not be paid until payments have been brought up to date. If no payments have been received within a month of the date of the first letter and we have not received a reply, a second letter will be sent advising that membership will be terminated in 14 days unless conditions are complied with. At the end of the 14 days if no response has been received a final letter will be sent confirming that cover has been terminated.
- 3d. If contributions are subsequently paid in full, any claims previously refused because of non-payment may be re-submitted for consideration, as long as they are still within six months of the original date of treatment.
- 3e. Consideration may be given by the Society in some circumstances for members to re-join the Scheme following termination of cover due to non-payment of contributions. The decision shall be at the discretion of the Committee of Management and will be final
- 3f. If a member has been re-accepted into the Scheme following termination of cover through non-payment of contributions, the Society will not cover any claims for treatment received between the dates of termination and re-acceptance. If any shortfall in contributions is paid up to the date of termination, consideration may be given by the Committee of Management to pay previously unpaid claims for treatment as in (3d) above.

### **4 Contributions**

- 4a. Contributions must be paid in full by standing order, electronic transfer or cash/cheque in accordance with the rate applicable to the plan selected and in advance for the month. Contributions may also be paid in advance for up to a maximum of twelve months.
- 4b. Contribution rates will be based on the current cost of Primary Medical Care in the Bailiwick of Guernsey, the RPI and the cost of claims. Any changes to the contribution rates will normally be advised to members in writing by early December with the change taking effect from the January contribution date. In exceptional circumstances alterations to contribution rates may be made during the year subject to two months pre-notification in writing.
- 4c. The Society reserves the right to add a surcharge to an individual member's contribution rate. The surcharge will be advised during October/November in year Y for the next calendar year Y+1, if the amount claimed on the Medical Plan in each one of the previous two consecutive calendar years (Y-1 & Y-2) was in excess of 200% of the members basic (before any surcharge) Medical Plan contribution total due for each of those years.
- 4d. In exceptional circumstances the Society may allow a member to suspend contributions, for a maximum of 6 months, and maintain membership. No claims will be paid for treatment during the period of suspension.

### **5 Claims**

- 5a. Claims for standard medical benefits may be made once the application for membership has been accepted and the first two months contributions paid. Claims for medical treatment under the Medical Plan are normally submitted directly by the Practice to the Society. Members should contact the Office about any claim submitted by a Practice, St. John Ambulance or the States directly to the member.
- 5b. Claims for treatment of medical conditions, which in the reasonable opinion of the Committee of Management existed or were foreseeable at the date of acceptance of the application for membership or increased benefit cover, whether treatment was or was not being received, but were not declared may be refused.
- 5c. The Society reserves the right to refuse further medical claims for that calendar year by an individual member whose total medical claims within that calendar year exceed the equivalent of four times the members basic (before any surcharge) annual Medical Plan contribution within that calendar year. If such action is taken by the Society then the member must continue to pay contributions for the rest of the calendar year to maintain membership.
- 5d. Claims for any services or treatments mentioned under 'Medical Plan Exclusions' will not be considered for payment under the Medical Scheme. However, some such claims may be valid under any Additional Plan included in a members cover
- 5e. The Society requires that if necessary a member should authorise the doctor in attendance to divulge to the Society any relevant information relating to any application or claim for benefit.
- 5f. The Society reserves the right to require a member to provide a medical certificate or detailed account to validate any claim.
- 5g. In all claims the decision of the Society's Committee of Management shall be final.

## 6 Additional Plans

Additional Plans 1 to 5 are available for inclusion with the Medical Plan at an extra charge as shown in the current leaflet. The maximum benefits payable in any one benefit year under these plans are as indicated below.

<b>Benefit applicable with effect from 2018 Benefit Year</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>
<b>Dental</b> 50% of the cost of treatment limited to the amount covered by the plan selected in each benefit year.	<b>£40</b>	<b>£80</b>	<b>£120</b>	<b>£160</b>	<b>£200</b>
<b>Optical</b> Benefit is payable towards the cost of eye tests, spectacles and permanent lenses and is limited to the amount covered by the plan selected in each benefit year. Other optical treatments are not covered. (See 6e below)	<b>£30</b>	<b>£60</b>	<b>£90</b>	<b>£120</b>	<b>£150</b>
<b>Physiotherapy and Associated Treatments</b> 50% of the cost of treatment limited to the amount covered by the plan selected in each benefit year. (See 6f below)	<b>£60</b>	<b>£120</b>	<b>£180</b>	<b>£240</b>	<b>£300</b>
<b>Maternity</b> A one off payment made to the member on adding a new baby to the members cover. The baby must be added to the parent's membership within 6 months of birth to qualify. (see 6g below)	<b>£60</b>	<b>£120</b>	<b>£180</b>	<b>£240</b>	<b>£300</b>

### Eligibility

- 6a. Members of the Medical Plan may start, increase or decrease their cover to any level available under the Additional Plans annually, subject to acceptance by the Society
- 6b. All members of a Family Membership will be considered to be on the same Additional Plan. Each dependent child qualifies for the benefits provided by any Additional Plan taken up by the parent (except maternity benefit), the cost per child remaining at that of the Medical Plan.

### Benefit Year

- 6c. The 'Benefit Year' relates to benefits payable under 'Additional Plans' and starts from the commencement date of the Additional Plan and continues for twelve months thereafter. On each anniversary a new Benefit Year automatically commences, as long as there have been no changes to the existing plan and contributions are paid to date.

### Claims

- 6d. Claims for treatment must be submitted within 6 months of the treatment date and must include a detailed invoice from the treatment provider. The amount claimed, together with any amounts received from other sources, must not exceed the amount shown on the receipted account or accounts.
- 6e. Optical benefit will be payable towards the cost of eye tests, new spectacles and lenses including permanent contact lenses. However we do not cover the cost of daily/monthly disposable contact lenses.
- 6f. Physiotherapy, Chiropractic, Acupuncture & Bowen Therapy benefit is payable towards the cost of treatment by a qualified and States approved professional in the Bailiwick of Guernsey. We will not cover claims for other types of treatment regardless of whether they are deemed similar or the member has been referred or recommended by a doctor or any other person.
- 6g. Maternity Benefit must be applied for and the child accepted by the Society as a dependent member within six months after the date of childbirth (subject to production of a Birth Certificate). Claims for this benefit have qualifying period of 12 months from the start of the plan.

## 7 General

- 7a. Any change in name, address or circumstances which may affect the payment of benefits should be notified to the Society in writing as soon as possible.
- 7b. Complaints should be addressed to the Branch Secretary, Oddfellows Loyal Guernsey District Lodge, 8 Lefebvre Street, St. Peter Port, Guernsey, GY1 2PE. Complaints will be investigated promptly and fairly so that we provide you with a full and considered response. If you wish a third party to handle the complaint on your behalf we will need your written authority to proceed on this basis. We aim to resolve your complaint straight away but if we are unable to do this we will send a written acknowledgement of your complaint within 5 working days. We will aim to complete the investigation within 4 weeks of your complaint or earlier. If there are any delays in completing the investigation we will write to you again within the first 4 weeks to explain the reason for the delay and when we expect to conclude our investigation. After 8 weeks if you are not satisfied with the progress and/or investigation or our explanation of the delay you may refer your complaint to the Channel Islands Financial Ombudsman. Following our investigation we will write to you detailing the outcome of our investigation and the reason(s) for reaching our decision.
- 7c. In the event of a dispute on any matter, this must first be reported in writing to the Provincial Corresponding Secretary/Lodge Secretary and the decision of the District Lodge Committee of Management on any matter in dispute will be final and binding.
- 7d. Loyal Guernsey District Lodge is a Data Controller under the Data Protection (Bailiwick of Guernsey Law) Law 2017. The Society is committed to protecting and respecting your privacy and our Privacy Policy is available on our website ([www.oddfellowsguernsey.org](http://www.oddfellowsguernsey.org)) or from the Office.
- 7e. The Oddfellows Loyal Guernsey District Lodge is a financially independent branch of The Independent Order of Oddfellows Manchester Unity Friendly Society Limited, which is registered in England and Wales. (Register No. 223F).
- 7f. The Society's Registered Office is: Oddfellows Hall, 8 Lefebvre Street, St. Peter Port, Guernsey, GY1 2PE.