Your guide to

Managing your group scheme

from Standard Life

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Introduction

This guide sets out everything you need to know about managing your group scheme and deals with some of the questions most often asked by group secretaries and their members.

If, as well as being the Group Secretary, you are also a member of the scheme please take one of the separate employee membership packs for yourself which tells you everything you need to know about your plan and it's benefits. Even if you are not covered by the plan, you may still find it useful to read through the employee pack as the insured members will come to you for guidance and to ask questions about their cover. You should be able to answer most queries that come up, however if you'd like to ask for help or clarification on anything, please do not hesitate to contact the office that deals with your policy, or the agent who arranged the policy for you.

Your policy document explained

Certificate of insurance and invoice (or statement of account)

When your scheme commences you will receive a group invoice. At each renewal you will be sent a statement of account. These documents will list all the members of your group scheme and the premium applicable in each case. You will also be sent a certificate of insurance at commencement confirming your cover. These are important documents, and it is your responsibility to check that all the information is complete and correct and that you have made arrangements for your premiums to be paid.

Please note: Although we may be 'on risk' for your group scheme we will not be able to consider any claims for benefit until we have received your premium.

Company policy document

Your policy document, together with the certificate of insurance, hospital list, the benefits and exclusions contained in the member's terms and conditions booklet and any endorsements, form the basis of the contract of insurance between Standard Life Healthcare and your company.

Member's terms and conditions

This document lays out all the terms and conditions that apply to your members. It also includes a full list of the benefits and exclusions relating to the policy.

Your guide to claiming

This outlines the claims procedure for your members. Further notes for the Group Secretary appear on page 8 of this document.

Your guide to how we deal with pre-existing medical conditions

Like most private medical insurance plans your Standard Life Healthcare policy is designed to cover medical conditions that arise after the policy has started. It is important to ensure new members realise that existing medical conditions will not be covered. For your members who join under our moratorium, please ask them to read the moratorium clause leaflet in their membership pack which explains our moratorium clause and how it is applied.

Please note: Where a group scheme has transferred to us from another insurer and we have agreed to remove the moratorium clause, you will be notified separately of the conditions that apply.

Chronic conditions leaflet

Private medical insurance plans do not normally cover treatment for chronic, or long-term illnesses.

This leaflet gives more information about chronic conditions and explains how we deal with them.

Your hospital list

This is a comprehensive guide to the hospitals covered by your policy. It is important that your members only receive treatment at hospitals featured on the hospital list that has been chosen for them, to ensure their eligible claims are met.

Documentation for your group members

From time to time you will receive documents for distribution to each member, such as membership packs, membership certificates and notices of revisions to the policy. As these are important documents, we ask you to distribute them as soon as possible to each of your members.

Adjustments to your group scheme

Adding new members

New members can be added to your group scheme at any time by completing an additional member application form. Once completed and signed, the original should be returned to the office that deals with your group scheme or the agent who arranged the scheme for you. (We regret photocopies cannot be accepted.)

The new member will be covered from the date on which we receive the completed employee application form, unless you ask us to delay the start date. If immediate cover is required, please advise us by letter or by fax. We will then maintain temporary cover for the new member for a period of 7 days whilst we await the return of the completed application form.

The additional premium for new members will be payable at your next annual renewal date. At this time we will issue a renewal account detailing any additional premiums due.

Please note: Unless we specifically agree otherwise, the moratorium clause relating to pre-existing conditions will apply to all new members from the date on which they join the group scheme. New members wishing to transfer to us from another insurer with continuous underwriting terms must complete a switch application form and have this approved by our underwriters, and they should not cancel their existing cover until acceptance has been confirmed in writing by Standard Life Healthcare.

Adding additional dependants

An insured member's husband, wife or partner and dependent children may apply to join at any time during a policy year.

If any person applying to join this policy already has cover with another insurer, we recommend that they do not cancel that cover until we have confirmed in writing that we have accepted their application.

When adding newborn children please note that as long as the mother has been a member for at least ten months before the birth, and the child is added within three months of their birth, then we will not apply the exclusion for pre-existing medical conditions, or require the child to be medically underwritten. (See 'exclusions' section of the member's terms and conditions.)

Please note: If notification is not received within three months of the child's birth, the moratorium clause will be applied, unless agreed otherwise.

Deleting members and dependants

Should you wish to remove a member or dependant from the group scheme please contact us. There are no specific forms to be completed. We will delete the member or dependant from the date on which we receive your instruction, unless you ask us to delay the deletion date.

Please note: We cannot delay a deletion date beyond the point where a member's employment terminates.

It is important to remember that members and their dependants are not covered if the member ceases to be employed by you. It is our practice to offer all members leaving a group scheme the opportunity to take out a similar policy on an individual basis. If the member joins as a policyholder on an individual plan within 30 days of leaving the scheme, they can continue with the same medical underwriting terms that are applied under this policy. Cover must be continuous and any existing special terms will continue to apply. Details will be sent to the member on request.

It is important to notify us of any deletions as they occur during the policy year, as we are unable to 'backdate' these amendments. It is important to check your renewal documents thoroughly as no amendments can be made after the renewal date. There is also a danger that claims will be paid for members who are no longer eligible, which could have an adverse effect on your renewal premium.

As premiums are paid in advance, your renewal statement will show a credit for any members who left the group scheme during the policy year.

When a dependant reaches 21 or marries

Your group scheme provides cover for dependent children until the first annual renewal date on or after their 21st birthday or marriage, whichever comes first. For insured children who remain unmarried and in full-time education after age 21, cover is extended until the first annual renewal date on or after their 25th birthday while they are still in full-time education. At the appropriate annual renewal date they will be automatically deleted from the group scheme. However, we will normally offer them the opportunity to take out an individual policy with us on similar terms. Details of this 'continuation option' will be issued directly to the dependant concerned who must respond within 30 days of the annual renewal date if they wish to take out an individual policy.

Please note: Dependants will be automatically taken off the membership listing once they reach age 21. If they remain in full-time education at that time, the responsibility for notifying the Group Secretary lies with the group member. The Group Secretary must then notify Standard Life Healthcare in writing, each year. Proof may be required at each annual renewal date and at point of claim that they remain in full-time education.

Other changes

With the exception of those outlined above, it is not possible to make other changes to your group scheme (e.g. plan type, payment method, optional benefits etc.) during the course of the policy year. We will, however, be pleased to discuss alterations of this nature with you at the annual renewal of your group scheme.

Payment of premiums

Unlike some insurers, Standard Life Healthcare does not issue a new invoice or statement of account every time there is an amendment to your group scheme. Although we need to be informed of changes as and when they occur, and we will confirm such changes at that time, any amendments to the premiums arising as a result will only be dealt with at the end of the policy year. At that time we will issue an end of year adjustment account detailing all the changes during the policy year and showing either the additional premium due to us or the credit due to your company – depending on whether the membership of the group scheme has increased or decreased. This debit or credit will then be in-corporated into our renewal invoice and the next premium collection.

New members joining during the course of the policy year do not have to pay the full annual premium. Instead we will calculate a pro rata premium based on the number of months covered. For example, a member joining halfway through a policy year will be charged either six months premium (if premiums are paid monthly) or six twelfths of the annual premium (if premiums are paid annually in advance). A similar pro rata premium will be calculated where a member is deleted from the group scheme during the course of the year.

Renewing your group scheme

Group schemes are renewed on an annual basis.

A **renewal letter** is sent to you approximately eight weeks prior to your renewal date containing your membership listing, and informing you of any important changes to the benefits, terms and conditions of your plan.

Membership listing
This shows each of your employees and their current level of cover, hospital list and the premium for the coming year on your company's group scheme. It also shows whether an employee has taken an add-on policy. Any additional premium or credit due as a result of changes to the membership in the preceding policy year is also reflected.

On receipt of your renewal letter, please check all details. If you have any queries or wish to make changes to the membership listing, please let us know immediately. If we do not receive notification of any changes, your group scheme will be renewed automatically on this basis.

Our **renewal confirmation** is sent to you approximately 2 weeks prior to your renewal date. You will receive the following:

- **Membership listing**
  A revised membership listing which will show any changes you have requested as a result of the renewal letter e.g. level of cover or hospital list changes etc.
- **Renewal invoice**
  This shows the adjustment figure, together with the premium due for the next twelve months.
- **Individual employee renewal letters**
  We will send you a renewal letter for each member of your group scheme, confirming that you have renewed their cover, and giving details of any changes to the policy benefits, terms and conditions.

Paying by cheque

If you pay your premium annually by cheque you must make sure that your cheque for the premium shown on the invoice reaches us by the annual renewal date. All cheques should be made payable to Standard Life Healthcare Limited with the policy number on the reverse and be drawn on a business account.

Paying by direct debit

If the premiums for your group scheme are paid by direct debit we will arrange to collect the revised premium from the annual renewal date. We will adjust the first collection to take into account any 'debit' and 'credit' from the end of year adjustment account. The direct debit should be drawn on a business account.

If you do not renew your policy

If for any reason you do not renew your group scheme with us, any outstanding premium is then due for immediate payment and you must send a cheque in settlement without delay.

Making a claim

We have made our claims process as straightforward as possible and a step-by-step guide can be found in the membership pack issued to every employee.

If any employees have chosen our Guided Option then it is particularly important that they follow the referral process outlined in their documentation. With our Guided Option the hospital makes all of the arrangements, even choosing an appropriate Consultant, so someone wishing to make a claim must ensure they get an open referral from their GP.

As Group Secretary you should make sure that you are familiar with our claims process so that you can assist your employees if they need to make a claim.

Further help and advice can be obtained by contacting the customer care team responsible for handling your policy at Standard Life Healthcare. You can contact them between 8am and 7pm Monday to Friday and 9am to 1pm on Saturday. The telephone number is given in this group secretary's pack and your employees' membership packs.

What to do if an employee wishes to make a claim

If one of your employees needs to make a claim then their first step should be to call our customer care team on the number shown on their membership card or membership certificate. Our specially trained advisers will guide your employee through the claims process and provide advice and reassurance when it is most needed.

It is not necessary for you to either hold supplies of claim forms to issue to your employees or to sign the claim form yourself.

Obtaining confirmation of cover

At Standard Life Healthcare, each claim is given individual consideration and the claim process may vary depending on the circumstances of the claim.

In some cases we may be able to confirm cover straight away when your employee calls us without the need for completing a claim form. In other cases we may need to obtain more information from the general practitioner or specialist concerned before we can assess the claim. If further information is needed we will explain what, if anything, we need your employee to do and also make sure that we keep them up-to-date on the progress of their claim.

Once we have accepted your employee's claim we will write to them (by first class post) to confirm our position and to remind them of the benefits provided by the policy and any limitations on cover. Your employee can then proceed with private treatment secure in the knowledge that we will meet the cost of eligible treatment in line with the benefits set out in the benefits section of the "member's terms and conditions" booklet.

Managing your group scheme

Choosing a hospital

If an in-patient or day-patient stay in hospital is recommended as part of a course of treatment, please remind your employees that they must receive treatment in one of the hospitals on the hospital list we have issued. If they do not, we may not be able to pay for the treatment received.

Payment of invoices

We have arranged a direct payment facility with all private hospitals and most of the specialists who operate from them.

This means that your employee's specialist or hospital will normally send their invoices directly to Standard Life Healthcare for payment. We will then settle the eligible charges on your employee's behalf. Our payment will be sent directly to the hospital or specialist. In some cases both the submission of the invoice and our payment may be made electronically.

Whenever we settle an invoice, we will write to your employee at the same time to confirm how much we have paid and whether or not they need to pay for any treatment or services that are not covered by your policy. Unless it is explicitly clear that your employee has paid an invoice we will always send our settlement directly to the hospital or specialist.

We will give your employee more information about the way we will process any invoices received when we write to confirm that the claim has been accepted.

Urgent claims

If one of your employees needs to make an urgent claim, i.e. if hospital treatment is required within 48 hours, please advise them to call our customer care team during our normal opening hours. We will do everything possible to give them an immediate decision, explain what the next steps are and provide them with help and advice.

Other claims

If your policy includes the Worldwide Travel benefit or if your employee has the travel or dental add-on benefits and they need to make a claim, then please ask them to contact us on the following numbers:

Travel claims:	Tel: 0845 602 3710 Fax: 0845 602 3400
Dental claims:	Tel: 0845 602 3886 Fax: 0845 602 3400

Our claims advisers will be pleased to assist your employee further and issue the appropriate claim form.

Cancelling your group scheme

Although we hope that you will continue to be insured with us, you should be aware of the following points regarding the cancellation of your group scheme:

a) If you pay your premium on a monthly basis you may cancel your group scheme at the end of any policy month. We will then prepare a pro rata 'final invoice' to account for any members who have joined or left the group scheme since the last renewal date.

b) If you pay your premiums annually in advance you may cancel the group scheme at any annual renewal date. Once again, a 'final invoice' will be prepared.

   If you cancel your policy before your annual renewal date, we will refund those unused premiums that you have paid for the rest of the policy year. We will calculate the refund on a pro-rata basis, for each whole policy month remaining before your annual renewal date. For example, if your renewal date is 20 June and you cancel your policy on 12 February, we will refund your premiums for the period 20 February to 20 June.

c) Upon cancellation, all liability for claims ceases from the date of cancellation itself. Whilst we will continue to accept claims for treatment incurred prior to the cancellation date, we cannot meet the cost of treatment incurred after the cancellation date, even if this is a continuation of an existing claim. It is the Group Secretary's duty to inform all insured members that the group scheme has been cancelled.

Further information

In compiling this guide we have tried to deal with as many day-to-day aspects of administering a group scheme as possible, and hope you will find it useful. It is, however, inevitable that questions may arise that are not covered here, in which case please do not hesitate to contact your corporate customer care team. The address and telephone number are shown on the accompanying letter.

Please note: When telephoning or writing please make sure that you have your policy details ready to hand and remember to quote your policy number in all correspondence.

It is our aim to offer the highest standard of customer service and we will be pleased to assist you in any way we can.

Pensions
Mortgages
Savings
Investments
Healthcare
Insurance

Speak soon.

For more information about your plan or if there is anything more about Standard Life Healthcare we can help you with, please contact your customer care team found on your membership card or go to our website:

www.standardlifehealthcare.co.uk

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Healthcare
FS 34098

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