



Membership handbook and insurance policy terms & conditions

December 2023

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*The MSK assessment tool, as well as any prescribed exercise program and the discounted physio appointments are available from day 1. Please note, if you are referred to have a telephone consultation with an MSK specialist, this is only available from day 30.

Welcome to your MyWay health plan

We're delighted you have chosen to become a MyWay member and welcome you to the community. MyWay is an innovative healthcare plan that puts you in control of your health and provides reassurance of fast access to healthcare specialists, scans and tests when you need them. With the growing demand for healthcare services, we'll unlock access to private healthcare so that you can get fast access to specialist healthcare services at a time to suit you.

You can trust the UK's largest network of private hospitals to help you manage your health and wellbeing. With over 50 hospitals across the UK, you can access our award-winning hospitals, all providing high quality care and offering a comprehensive range of services and facilities.

Let our expert team of healthcare professionals and partners look after you.

Understanding your MyWay membership

The **benefits** included within **your membership** have been carefully designed to provide you with fast access to healthcare advice, support, and specialists so you are in control of managing your day-to-day health. The **benefits** are designed to complement and not replace the NHS. **Your** rights of access or relationship with your NHS GP, or any other ongoing treatment, or support you receive therein remain unaffected.

Your **MyWay Membership** contains:

- 1. Health Services** – Telephone and video **GP Consultations** and virtual musculoskeletal questionnaire and self-help for bone, joint and muscle conditions. These services are not insurance services and are described in Part 1.
- 2. Diagnosis of Health Conditions** – Face-2-face appointments with specialist consultants and access to scans and tests required to diagnose conditions. The insurance cover for this benefit If your membership commenced on or before 31st December 2023, it is Novus Underwriting Ltd, on behalf of Helvetia Global Solutions Ltd, the Insurer; OR; If your membership commenced on or after 1st January 2024, it is Novus Underwriting Ltd, on behalf of Millennium Insurance Company Limited; and is detailed in Part 2.
- 3. Membership Discounts** – Access to discounted medical treatment, care and physiotherapy, within Circle Health Group Hospitals and facilities. These services are not insurance services and are described in more detail in Part 3.

Your MyWay membership handbook

Your membership handbook explains the benefits of the MyWay health plan and the way the three components work. It also defines what is and what is not covered by the insurance.

In addition to the membership handbook, you will also receive an Insurance Product Information Document (IPID) which is a summary of your insurance cover under the plan.

If you have any additional questions about your MyWay membership, please visit the MyWay portal. Login details have been provided to you separately via email. Your MyWay portal allows you to access all of your membership benefits.

Definitions

Some of the words and phrases we use throughout this membership handbook have a specific meaning. These meanings are defined below:

Arthroscopy	a type of keyhole surgery used to diagnose and treat problems with joints, commonly used on the knees, ankles, shoulders, elbows, wrists and hips.
Authorisation	Written approval, issued by the Claims Administrator , which includes confirmation of cover under the Policy prior to the services being performed in the indicated Hospital , for any covered Consultations and Diagnostic Test and Investigations relating to a valid Claim .
Benefits / Membership	all the health and insurance services included in Your plan.
Circle	The Circle Health Group and any subsidiary or associated company thereof.
Claim	A formal request by You to the Claims Administrator to access the Diagnostic Tests and Investigations and directly associated Consultations , that is subsequently confirmed and approved in advance by the Claims Administrator .
Claims Administrator	Trust in Health is the entity appointed by the Insurer to manage any Claims under this Policy . (Please refer to section 2.4, 'Procedure for making a claim', for detail of how to make a Claim).

Colonoscopy	or coloscopy is the endoscopic examination of the large bowel and the distal part of the small bowel with a CCD camera or a fibre optic camera on a flexible tube passed through the anus.
Consultant	A medical practitioner who is legally qualified to practice medicine and approved by the competent authority in the United Kingdom . The Consultant cannot be You , anyone related to You or anyone living with You .
Consultation	A clinical appointment where the advice and medical guidance of a Doctor , Consultant or medical Specialist is sought.
Diagnostic Episode	The collective non-Therapeutic, Medically Necessary, Diagnostic Tests and Investigations relating to a particular Illness covered as an eligible Claim under the Policy .
Diagnostic Tests and Investigations	Approved and recognised tests and Investigations used to help diagnose a disease or health condition when You have been referred by a GP or other medical Specialist after presenting with Symptoms of an Illness or condition.
Doctor	A medical practitioner who is legally qualified to practice medicine and approved by the competent authority in the United Kingdom . The Doctor cannot be You , anyone related to You or anyone living with You .
End date	The date when Your cover under the Policy ceases or does not renew.
General Practitioner (GP)	A Doctor who, at the time of referral is on the General Medical Council's General Practitioner Register.
Hospitals and Diagnostic Centres	Circle Health Group facilities legally authorised to provide diagnostic services in the United Kingdom .
Illness/Illnesses	Any sickness, disease, disorder or alteration of Your state of health diagnosed by a Doctor . An Illness will be all the injuries and effects arising from the same diagnosis, as well as all ailments due to the same cause or related causes. If an ailment is due to the same cause that produced a previous Illness or a related cause, the Illness shall be considered as a continuation of the previous one and not as a separate Illness .
Insurer	<p>For membership purchased on or before 31st December 2023</p> <p>Novus Underwriting Limited on behalf of Helvetia Global Solutions Limited. Registered Office: Aeulestrasse 60 (2. Stock) 9490 Vaduz, Liechtenstein. The Insurer is authorised and regulated by the Liechtenstein Financial Market Authority and is deemed authorised by the Prudential Regulation Authority and subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority.</p> <p>Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website. Details can be checked on the Financial Services Register https://register.fca.org.uk/ or by calling them on 0800 111 6768. Helvetia Global Solutions Ltd of Herrengasse 11, Vaduz, FL-9490 Liechtenstein is regulated by the Financial Conduct Authority, Firm Reference No. 454140.</p> <p>Novus Underwriting Limited is registered in England and Wales under Company No. 10844265, with its registered office address at 4th Floor, 34 Lime Street, London EC3M 7AT. Novus Underwriting Limited is an appointed representative of Consilium Insurance Brokers Ltd, which is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 306080.</p> <p>For membership purchased on or after 1st January 2024</p> <p>This policy is underwritten by Novus Underwriting Limited on behalf of Millennium Insurance Company Limited, regulated by the Gibraltar Financial Services Commission ("GFSC") under the Financial Services (Insurance Companies) Act to carry on insurance business. Reg No. 82939. Its principal office is PO Box 1314, 13 Ragged Staff Wharf, Queensway Quay, Gibraltar, GX11 1AA</p> <p>Novus Underwriting Limited is registered in England and Wales under Company No. 10844265, with its registered office address at 4th Floor, 34 Lime Street, London EC3M 7AT. Novus Underwriting Limited is an appointed representative of Consilium Insurance Brokers Ltd, which is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 306080.</p>
Insured Person / Member	The person stated in the Policy who must be older than 17 years of age but no older than 69 years on the initial or Renewal Date of the Policy and who is contracted with Circle and the Insurer and is responsible for paying the Membership subscription and premiums.

Medically Necessary	Health care services and supplies which are; <ul style="list-style-type: none"> • consistent with the diagnosis of the condition or Illness; • required for reasons other than the convenience of You or Your Doctor; and • demonstrated through prevailing peer-reviewed medical literature to be • safe and effective for diagnosing the condition or Illness for which its use is proposed
Membership	The Benefits available to You under this Policy , for which you have been accepted and You maintain all related payments for Membership .
Membership Portal	the secure online service provided to You through which You can access all details relating to Your benefits , both insured and not insured. Also known as the MyWay portal.
Non-Therapeutic	Diagnostic Tests and Investigations that do not involve the treatment of an Illness .
Occupational Therapy	therapy based on engagement in meaningful activities of daily life, (such as self-care skills, education, work, or social interaction) to enable or encourage participation in such activities despite impairments or limitations in physical or mental functioning.
Policy	The insurance contract effected between You , and Us , the Insurer where due premiums have been paid in full or kept up to date, if paid monthly.
Policy Year	The period of time that occurs between the Start Date and the End Date of the Policy .
Renewal Date	The annual anniversary of the Start Date .
Return of Premium	If You have not made a Claim within the first fourteen (14) days that the Policy is in force, You may opt to cancel the Policy and receive a premium refund less an administrative charge.
Second Medical Opinion	A review of an Illness already diagnosed by a Doctor or Specialist , who is not the original diagnosing Doctor or Specialist . A second opinion does not involve new Diagnostic Tests and Investigations , the reviewing Doctor or Specialist bases their opinion, only on the material already gathered.
Specialist	A medical practitioner who is registered with the General Medical Council and is registered under the Medical Act and is; a Specialist in the relevant treatment and has; a certificate of Higher Specialist Training in their specialty issued by the Higher Specialist Training Committee of the appropriate Royal College or Faculty and is; or has been a National Health Service (NHS) Specialist and has been registered by the Claims Administrator as such. The Specialist cannot be You , anyone related to You or anyone living with You .
Start Date	The date Your Membership commences.
Sum Insured	The maximum amount of cover You can Claim under the Policy .
Symptoms	A physical problem that a person experiences that may indicate an Illness .
United Kingdom (UK)	England, Scotland, Wales, and Northern Ireland.
Waiting Period	The period during which no benefit is payable for Diagnostic Tests and Investigations costs when a Waiting Period is shown in the benefit schedule. Only costs incurred after the Waiting Period will be eligible for consideration.
We/Us/Our	In respect of <ul style="list-style-type: none"> • Part 1, “Your health services” it is Circle; and • Part 2 “Your Insurance cover for the diagnosis of health conditions” If your membership commenced on or before 31st December 2023, it is Novus Underwriting Ltd, on behalf of Helvetia Global Solutions Ltd, the Insurer; OR If your membership commenced on or after 1st January 2024, it is Novus Underwriting Ltd, on behalf of Millennium Insurance Company Limited; and • Part 3 “Your Membership discounts” it is Circle
You/Your	In respect of: <ul style="list-style-type: none"> • Part 1 “Your health services” is the Member; and • Part 2 “Your Insurance cover for the diagnosis of health conditions” is the Insured Person; and • Part 3 “Your Membership discounts” is the Member

Important information for you

Please note that if **You** breach any of **Your** obligations under the plan, **Your Membership** may be cancelled, or may not be renewed, **Claims** may not be paid, or **You** may have additional conditions placed on **Your Membership**.

Data protection & privacy

We collect and use relevant information about **You** to provide the health services and **Your** insurance cover from which **You** benefit and to meet **Our** legal obligations.

This information includes details such as **Your** name, address and contact details and any other information that **We** collect in connection with the **Membership** from which **You** benefit. This may include more sensitive details such as information about **Your** health.

In certain circumstances, **We** or a third-party supplier may need **Your** consent to process certain categories of information (including sensitive details such as information about **Your** health). Where consent is required, **You** will be asked for it separately. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time. However, if **You** do not give **Your** consent, or **You** withdraw **Your** consent, this may affect **Our** ability to provide the **Benefits**.

The way **Your Membership** works means that **Your** information may be shared with, and used by, a number of third parties for example, Insurers, agents or brokers, reinsurers, loss adjustors, video **GP**'s, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **Your** personal information in connection with the **Membership** plan that **We** provide and to the extent required or permitted by law.

Other people's details you provide to us

Where **You** provide **Us** or **Your** agent or broker with details about other people, **You** must provide this notice to them.

Want more details?

For more information about how **We** use **Your** personal information, please see **Our** full Privacy Notice which is available online at on your MyWay dashboard or in other formats on request.

Contacting us and your rights

You have rights in relation to the information **We** hold about **You**, including the right to access **Your** information. If **You** wish to exercise **Your** rights, discuss how **We** use **Your** information or request a copy of **Our** full Privacy Notice, please contact **Us** at:

In relation to **Your** health services: Address: The Data Protection Officer, **Circle Health Group** 30 Cannon Street, London, EC4M 6XH

In relation to **Your** insurance cover: Address: The Data Protection Officer, Novus Underwriting Ltd, 4th Floor, 34 Lime St, London, EC3M 7AT

Third party rights

A person who is not a party to this **Policy**, including any person named under **Insured Person** in the **Schedule**, has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Customer care and complaints

We aim to provide an excellent service to all **Our** customers, but **We** recognise that things can go wrong occasionally. **We** take all complaints seriously and aim to resolve them fairly and promptly. To ensure **We** provide the service **You** expect, **We** welcome **Your** feedback. **We** will record and analyse **Your** comments to make sure **We** continually improve the service **We** offer.

If, at any time **You** wish to make a complaint,

In relation to **Your** health services:

If **Your** complaint is about health services included in your MyWay **Membership**, (virtual **GP**, online symptom checker or online musculoskeletal questionnaire) **You** should refer the matter to support@circlemyway.co.uk or raise a query through the MyWay dashboard, under the "Support centre" tile. Should **Your** complaint relate to treatment at a **Circle Health Group Hospital**, **You** should refer the matter to mywaycomplaints@circlehealthgroup.co.uk.

To assist with **Our** handling of **Your** complaint, please provide the following:

- **Your** name and **Membership** number
- a contact telephone number
- the details of **Your** complaint
- any relevant information that **We** may not have already seen

In relation to **Your** insurance cover:

If **Your** complaint is about a **Claim**, **You** should refer the matter to the Complaints Offices at **Our Claims Administrator** via the following email address; complaints@trustinhealth.co.uk

If **Your** complaint is about a reason other than a **Claim**, **You** should refer the matter to the Complaints Officer at Health Pulse Services via the following email address; complaints@healthpulseservices.com

To assist with **Our** handling of **Your** complaint, please provide the following:

- **Your** name and **Membership** number
- a contact telephone number
- the details of **Your** complaint
- any relevant information that **We** may not have already seen

If **We** or the **Claims Administrator** are not able to resolve **Your** complaint satisfactorily by close of business the 3rd working day following receipt of **Your** complaint, **You** may write to the **Insurer** at: complaints@novusunderwriting.com

The Financial Ombudsman

If after 8 weeks **Your** complaint remains unresolved, or if after receiving a final response, **You** are dissatisfied with the outcome of a complaint relating to **Your** insurance cover, it may be possible to refer the matter to the Financial Ombudsman Service. They can be contacted at:

The Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Tel: 0800 023 4567 (calls to this number are free from “fixed lines” in the **UK**). Tel: 0300 123 9123 (calls to this number cost the same as 01 and 02 numbers on mobile phone tariffs in the **UK**). Email: complaint.info@financial-ombudsman.org.uk

The FOS is an independent service in the **UK** for settling disputes between consumers and businesses providing financial services. **You** can find more information on the FOS at www.financial-ombudsman.org.uk.

As **You** have purchased **Your Policy** online **You** can also make a complaint via the EU’s online dispute resolution (ODR) platform. The website for the ODR platform is: <http://ec.europa.eu/odr>.

This complaints procedure does not affect the right of any person to take legal action.

Financial services compensation scheme

The **Insurer** is a member of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme in the unlikely event **We** have been unable to meet **Our** obligations under this contract, depending on the type of insurance and the circumstances of the **Claim**.

Further information about the scheme is available from the FSCS website www.fscs.org.uk or in writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A, 7QU and on Tel: 0800 678 1100 or +44 (0)20 7741 4100 or Fax: +44 (0)20 7741 4101.

Part 1 - Your health services (non-insurance services)

1.1 Benefits

The services detailed in this section are provided by **Us** or carefully selected third party suppliers. To continue to provide best value and quality, **We** reserve the right to change the third party suppliers, with whom **We** have contracted. Where there is a material change in the delivery or content of a service, **We** will provide **You** with advance written notification of such changes.

Your health services include the following:

- Video GP **Consultations**
- Telephone GP **Consultations**
- Online Symptom Checker
- Online musculoskeletal questionnaire and self-help for bones, joints and muscle conditions

1.1.1 Video and telephone GP consultations

Your Membership provides You with access to a remote GP via the MyWay Portal.

The service includes the following:

- Symptom Assessment Checker – check **Your Symptoms** online and receive defined outcomes such as: self-care, go to A&E, see a **GP** within a specific timeframe, depending on the severity of **Your Symptoms**. The service is available 24/7.
- Telephone **Consultations** – speak to a **GP** at a time to suit **You**, available 8am-10pm, seven days per week (except Bank Holidays).
- Video **Consultations** – speak to a **GP** via an online webcam at a time to suit **You**. Video **Consultations** can be booked between 8am-10pm seven days per week. The service is not available on Bank Holidays.
- Open referral – where considered appropriate, the **GP** can issue **You** an open referral letter that can be used to support an eligible **Claim** for **Consultations** with a **Specialist** and related, **Medically Necessary Diagnostic Tests and Investigations** under the insurance cover included in **Your Membership**. Letters can be emailed to **You** if the **GP** recommends that **You** need to see a **Specialist**. Where the **GP** refers **You** for treatment, **You** can use **Your** referral letter to access discounted self-pay services within **Our Hospitals** and facilities.
- Private prescription – if considered appropriate by the **GP** and in accordance with the General Medical Council's Best Practice remote prescribing guidelines the **GP** may offer **You** a private prescription. If **You** agree to private prescription medication, **Your GP** will send an electronic prescription directly to the pharmacy which can also be delivered to **You** at home. **You** will have to pay the cost of any prescriptions and delivery. **You** will be quoted an exact cost before any order commitment is made.

How it works

To use the online **GP** services, **You** simply need to click on the "Book a **GP** appointment" link in the **MyWay Portal**. Access to the **MyWay Portal** is made available to **You** from the **Start Date** of the **Plan**.

Limitations

Access to the online **GP** service is subject to a fair use **Policy**. **We** provide **MyWay** services with the assumption that **Your** use of them will be as per **Our** terms and conditions. If **Your** use is considered to be excessive, then access may be restricted.

1.1.2 Virtual physio

Your Membership provides You with access to virtual physio support for musculoskeletal ("MSK") conditions via the **Membership Portal**.

The services include the following:

1.1.2.1 Online support

24/7 access to a clinically-led digital MSK support tool which will assess **Your** symptoms and provide advice on how to help manage **Your Symptoms** and; where clinically appropriate, **You** can also access further services which will support **You** to manage **Your** own care via a range of resources including, but not limited to video exercises.

1.1.2.2 Telephone call with an MSK specialist

If appropriate, **We** may advise **You** to book a telephone call with a **Circle** MSK Specialist. They can talk through **Your Symptoms** in more detail, and advise on the appropriate next steps. This may include further **Diagnostic Tests and Investigations** at one of the **Circle** Health Group **Hospitals**. This service is available 30 days of membership.

1.1.2.3 Face to face physiotherapy appointments

If appropriate, face-to-face physiotherapy appointments can be arranged that will be offered to **You** at a discounted rate. Please refer to Part 3 "**Your Membership Discounts**" for more information

How it works

To use the services, **You** simply need to click on the "My physio" tile in the **MyWay Portal**. Access to the **MyWay Portal** is made available to **You** from the **Start Date** of the **Plan**. Where this is the case, **You** will be asked to do so and to provide some additional information to complete **Your** registration for the additional services.

Limitations

Musculoskeletal online support: There is no limit to how many times **You** can access this service.

Self-management: Available only when the musculoskeletal triage service deems clinically appropriate



Part 2 - Your insurance cover for the diagnosis of health conditions

This section explains the insurance cover included in **Your** plan and provided by the **Insurer**.

2.1 Policy introduction

The **Policy** provides cover for **Medically Necessary, Diagnostic Tests and Investigations**, and directly associated **Consultations** following a referral from a **GP** or medical **Specialist**. The **Policy** provides access to **Consultations, Diagnostic Tests, and Investigations** at dedicated **Circle Health Group Hospitals and Diagnostic Centres**, in the **UK** only. Access to these **Benefits** is subject to a 30 (thirty) day **Waiting Period** from the **Start Date** of the **Policy**.

The **Policy** terms and conditions are underwritten;

If your membership commenced on or before 31st December 2023, by Novus Underwriting Ltd, on behalf of Helvetia Global Solutions Ltd ('the Insurer'); OR

If your membership commenced on or after 1st January 2024, by Novus Underwriting Ltd, on behalf of Millennium Insurance Company Limited

The **Policy** is managed on behalf of the **Insurer** by Health Pulse Services Limited which is regulated and authorised by the Financial Conduct Authority (FRN: 943749). Registered Office is Westhill House, 1st Floor, 2b Devonshire Road, Bexleyhealth, DA6 8DS.

The Insurance **Policy** establishes the contract between **You**, and **Us**. **We** provide insurance cover under the **Policy** terms, providing the **You** pay the full premium and/or pays the equivalent monthly premiums and adheres to the terms and conditions of the Insurance **Policy**. Failure to comply may mean that **You** may not be able to **Claim** under the **Policy**.

If **You** have any questions about this **Policy**, please contact Health Pulse Services at contactus@healthpulseservices.com

To assist with **Our** handling of **Your** query, please provide the following:

- **Your** name and **Membership** number
- a contact telephone number and email
- the details of **Your** query

If **You** wish to make any changes to **Your** details, please make such changes via the **MyWay Portal** and clicking on the 'My profile' tab.

2.2 POLICY GENERAL CONDITIONS

2.2.1 ELIGIBILITY

You must pay the appropriate premium prior to or from the **Start Date** of the **Policy** for **You** to be covered by the **Policy**.

2.2.2 DUTY TO COMPLY

We will only be liable to make any payment under this **Policy** if **You** have always complied with the terms and conditions of this **Policy**.

2.2.3 JURISDICTION

The **Policy** is subject to the law of England and Wales. All parties agree that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute, which may arise out of, or in connection with this policy or any **Claim**.

2.2.4 TRANSFERRING THE POLICY

You cannot transfer the cover or **Benefits** of this **Policy** to anyone else.

2.2.5 FRAUDULENT CLAIMS

If **You** make a fraudulent **Claim** under this insurance, **We**:

- are not liable to pay the **Claim**; and
- may recover from **You**, any sums paid by **Us** in respect of the **Claim**; and
- may advise **You** that the **Policy** has been terminated with effect from the time of the fraudulent **Claim**.

If **We** exercise **Our** rights above:

- **We** shall not be liable to **You** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **Our** liability under the insurance contract (such as the occurrence of a loss, the making of a **Claim**, or the notification of a potential **Claim**); and;
- **We** need not return any of the premiums paid.

2.2.6 MISREPRESENTATION

In deciding to accept this **Policy** and in setting the terms and premium, **We** have relied on the information provided. **You** must take care when answering any question, by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information, **We** will treat this **Policy** as if it never existed and decline all **Claims**.

If **We** establish that **You** carelessly provided false or misleading information, it could adversely affect this policy and any **Claim**. For example, **We** may:

- treat this **Policy** as if it had never existed and refuse to pay all **Claims** and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which would not otherwise have been offered;
- amend the terms of this insurance. **We** may apply these amended terms as if they were already in place if a **Claim** has been adversely impacted by **Your** carelessness.
- charge **You** more for the insurance or reduce the amount **We** pay on a **Claim** in the proportion the premium paid bears to the premium that would have been charged; or
- cancel this **Policy** in accordance with clause 2.2.7, "Cancellation"

If **You** become aware that any information provided is inaccurate, **You** must inform **Us** as soon as practicable.

NOTIFYING US OF ANY CHANGES OR INACCURACIES

When **You** are notified that information **You** previously provided is inaccurate, or of any changes to that information, **We** will tell **You** if this affects the insurance.

If **You** fail to notify that information provided by **You** is inaccurate, or **You** fail to notify **Us** of any changes, this insurance may become invalid and **We** may not pay **Your Claim**, or any payment could be reduced.

2.2.7 CANCELLATION

The insurance **Policy** can only be cancelled by **Us** or **You**. **You** can end the **Membership** at any time and may receive a pro rata **Return of Premium** if no **Claim** has been made by **You**.

You must inform **Us** of the cancellation of the **Membership** by writing to Health Pulse Services at contactus@healthpulseservices.com

You have a statutory right to cancel **Your Policy** within 14 days from the **Start Date** of **Your Policy** or the date that you receive **Your Policy** Schedule (whichever is later). If **You** cancel within the 14-day cooling off period, then **You** will receive a full refund for any premium paid to **Us** for this **Policy** provided that **You** have not already made a **Claim**.

After the cooling off period

Should **You** decide to cancel **Your Policy** outside of the **cooling off period**, **You** will be charged proportionately for the time **You** have been on cover. If a **Claim** has occurred on **Your Policy**, **You** are liable for the premium applicable to the full **Policy Year**, if payable monthly. If **You** pay **Your** premium annually, there will be no premium refund.

Cancellation by Us

In some circumstances **We** may cancel **Your Policy**. There are a number of reasons **We** may do this, but the most common would be if **You** do not keep up **Your** payments, **You** have disclosed incorrect information to **Us** deliberately or carelessly or if **We** suspect fraud. In these circumstances, **We** may at **Our** discretion, and in accordance with the relevant regulations, prevent **You** from renewing or cancel **Your Policy** altogether. In such circumstances, **We** will write to **You** in advance, informing **You** of the intent to cancel the **Policy**.

2.2.8 TERMS AND CONDITIONS ADJUSTMENTS

The **Insurer** can, at any time and after taking a fair and reasonable view, make changes to the premium, **Policy** cover and/or terms and conditions of insurance to reflect changes in:

- **Our** expectation of the future cost of providing cover;
- **Our** expectation of the future costs of administering the **Policy**;
- The law, regulation or taxation that affects the **Insurer** or the **Policy**.

Changes will be notified to the **You** in writing at least 30 days before they become effective. No other person or third party shall be allowed to make or confirm any changes to **Membership** or **Your Benefits** on **Our** behalf or decide not to enforce any of **Our** rights. Equally, no change to **Your Membership** or **Benefits** will be valid unless it is specifically agreed by **Us** in writing.

2.2.9 WHEN COVER STARTS AND ENDS

Your cover starts on the day **You** are accepted by the **Insurer**, subject to any qualifying conditions that may be set, and premiums have been or started to be paid, if monthly. **Your** cover starts on the **Start Date** shown on the **Policy**.

Cover under this **Policy** will end automatically:

- if **You** die;
- if for any reason **You** asks **Us** to end cover;
- if **You** are no longer living full-time in the **United Kingdom**;
- if **You** do not pay the premium owed under the **Policy** when it is due;
- if the **Policy** between **Us** is terminated.

We will not be held responsible for any **Claim** that has not yet taken place, even if it has been authorised by the **Claims Administrator** when **Your** cover ends under this **Policy**.

2.2.10 RENEWAL OF THE POLICY

The renewal of the **Policy** is subject to **Our** discretion and **You** agreeing to the revised terms and paying the appropriate premiums. The insurance will continue for the period shown in the **Policy** until the **End Date**.

2.2.11 OTHER INSURANCES

If at the time of an event insured under this **Policy** there is any other insurance covering the same loss, damage or liability or any part of them **We** will only pay **Our** rateable proportion of the **Claim** except where this is excluded under the specific Section.

2.2.12 SANCTIONS

This **Policy** will not provide cover, nor will **We** make any payment or provide any service to **You** or any other party, to the extent that such payment or service would violate any applicable trade or economic sanctions law or regulation, notwithstanding any other terms of this **Policy**.

2.3 POLICY COVERAGE

The **Policy** provides cover for **Medically Necessary, Diagnostic Tests and Investigations**, and directly associated **Consultations** up to the point a diagnosis is established, or **Illness**' are removed from consideration. Provided that:

- they are as a result of a referral from a **GP** or medical **Specialist**; and
- they fall outside of 30 (thirty) days from the **Policy Start Date**; and
- they are carried out in a **Circle Health Group Hospital** or **Diagnostic Centre**; and
- they are performed during the period of cover and before the **Policy End Date**; and
- the costs are within the **Sum Insured** and limits stated in the **Policy**; and
- they are approved by the **Claims Administrator** following the process detailed in the section entitled "Policy procedure for making a **Claim**".

2.3.1 COVERED CONSULTATIONS, DIAGNOSTIC TESTS AND INVESTIGATIONS

2.3.1.1 **We** will pay for **Medically Necessary, Diagnostic Tests and Investigations**, and directly associated **Consultations** including, but not limited to the following list:

- Radiology (x-rays)
- Ultrasound
- ECGs
- MRI scans
- CT scans
- Blood tests
- Histopathology
- PET scans
- Mammograms
- Nuclear medicine
- Audiology
- Respiratory function tests
- Neurophysiology (e.g., nerve conduction studies)

2.3.1.2 Where requested by the **Specialist**, **We** will pay for the following procedures, only if the procedure is **Medically Necessary** to determine a diagnosis and not intended for therapeutic purposes:

- Excision of lesions for biopsy purposes
- **Non-Therapeutic** diagnostic endoscopy / **Colonoscopy**
- Diagnostic flexible sigmoidoscopy
- Diagnostic flexible cystoscopy
- Colposcopy
- Image-guided biopsy
- Discogram
- Fine needle aspiration

2.3.2 COVERED CONSULTATIONS, DIAGNOSTIC TESTS, INVESTIGATIONS - BENEFITS AND LIMITATIONS

We will pay up to the following limits in a **Policy Year**. Please refer to the **Policy** exclusions section below for details of excluded expenses.

Benefits	Limits/ per Policy Year
Consultations and Diagnostic Tests and Investigations requested by a Specialist	£10,000 per Policy Year , in accordance with the Policy coverage as defined within this document, and in accordance with the defined claims process.
Excess	£0

2.3.3 POLICY EXCLUSIONS

The **Policy** does not cover and will not pay for:

- **Consultations, Diagnostic Tests and Investigations** for which **You** have received a **GP** referral to a **Specialist**, dated prior to the **Policy Start Date**,
- **Diagnostic Tests and Investigations** that have been performed on **You**, prior to the **Policy Start Date**
- **Diagnostic Tests and Investigations** and directly associated **Consultations** that occur within 30 days of the **Policy Start Date** and/or for which **You** have received a **GP** referral to a **Specialist** within 30 days of the **Policy Start Date**.
- **Diagnostic Tests and Investigations** requested by a **GP** or any medical professional who is not a **MyWay Specialist Consultant** at **Circle Health Group**
- **Consultations, Diagnostic Tests, and Investigations** relating to a **Second Medical Opinion** or in any way seeking to confirm an already diagnosed **Illness**
- **Consultations, Diagnostic Tests and Investigations** to facilitate a **Second Medical Opinion**
- **Experimental Diagnostic Tests and Investigations**
- **Diagnostic Tests and Investigations** and directly associated **Consultations** performed as part of routine or elective health assessments (including **Arthroscopy** and **Colonoscopy** as part of the health assessment), screenings or fit-to-travel assessments
- **Diagnostic Tests and Investigations** and directly associated **Consultations** in relation to previously diagnosed **Illnesses**
- **Diagnostic Tests and Investigations** and directly associated **Consultations** that take place outside of a **Circle Health Group Hospital** or **Diagnostic Centre**.

- Medical treatment, advice and / or physiotherapy, including, but not limited to:
 - angiography
 - laser / cantharone treatment
 - optical biometry (to provide measurements for lens implants)
 - aural impressions (to determine measurements for hearing aids)
 - blood transfusions
 - insertion of cardiac pacing devices
 - wound dressings not related to or required for covered **Diagnostic Test and Investigations**
 - renal dialysis
 - vaccinations
 - chemotherapy and radiotherapy
 - injections or line insertions/removals not related to or required for covered **Diagnostic Test and Investigations**
 - that of a Dieticians
 - **Occupational Therapy**
- **Diagnostic Tests, Investigations** and directly associated **Consultations**,
 - related to maternity, pregnancy or fertility and reproductive health.
 - Related to genetic tests (these are used to determine the type of treatment).
 - related to **Symptoms, Illnesses** or **Injury** arising from, or any events or their consequences, connected with the direct involvement of **You** in wars (declared or not), terrorism, riots, unrest, rebellion, civil disturbance, insurrection, acts of aggression or invasion;
 - caused directly or indirectly by nuclear energy or the release of radioactive, chemical or biological materials in any form;
 - caused intentionally or fraudulently or derived from acts of negligence or criminal imprudence or as a result of committing, or attempting to commit, a crime by **You**, their heirs or a legal representative;
 - related to communicable diseases, also known as infectious diseases or transmissible diseases typically resulting from infection, presence, and growth of pathogenic (capable of causing disease) biologic agents in an individual human or other animal host.
 - any treatment and/or use of drugs/medicines not licensed by the official government control agency of the country where treatment is received or not used in accordance with their licensed indications.
 - as a consequence of injury to **You** as a result of seismic movements, commotions, floods, volcanic eruptions and any other extraordinary or catastrophic phenomena including but not limited to; officially declared epidemic, pandemic or similar event as declared by the relevant **UK** authority and/or the World Health Organization (WHO).
 - related to any injury to **You** due to alcoholism, drug addiction and/or intoxicants caused by the abuse of alcohol and/or the use of psychoactive, narcotic, or hallucinogenic drugs.
- as consequence of an **Illnesses** arising from suicide or attempted suicide, and self-harm by **You**.
- Any expenses incurred from any treatment, physiotherapy, service, supply, or medical prescription of any nature incurred, apart from the expenses described above.
- Any expense incurred before the issuance of an **Authorisation Letter** or incurred in a different **Hospital** or medical facility from the one authorised in an **Authorisation Letter**.
- Any act that is fraudulent, illegal, criminal, deliberately careless or reckless on **Your** part.
- Any claim arising in the course of travel undertaken against medical advice or where you could have reasonably foreseen a medical condition would arise.
- Any expense incurred without the pre-agreed approval of the **Claims Administrator**.
- Any chargeable equipment hire, not related to or required for covered **Diagnostic Test and Investigations**.
- Any consumables or surgical appliances not related to or required for a covered **Diagnostic Test and Investigations**.



2.4 POLICY PROCEDURE FOR MAKING A CLAIM

You must, prior to attending a **Consultation** with a MyWay **Specialist Consultant** and/or commencing any **Diagnostic Tests and Investigations**, or any person acting legally on **Your** behalf, comply with the following **Claims** procedure:

You:

- must be in possession of a written referral from a **GP** or other medical professional, having consulted with the same **GP** or medical professional, regarding a new **Symptom** or **Illness** episode; and
- must obtain approval for an initial **Consultation** from the **Claims Administrator** through the MyWay portal

The **Claims Administrator** can be contacted via the **MyWay Portal** by clicking on the 'Specialist appointment' tile.

The **Claims Administrator**, via the **MyWay Portal**, will assess the **Claim** and its validity under the **Policy** based on:

- **Your** possession of a written referral from a **GP** or other medical professionals; and
- the **Claim** does not exceed the **Policy Sum Insured** or benefit sub limits; and
- is not excluded under the **Policy**

If the **Claim** is confirmed as valid, **You** will be provided with an **Authorisation**. The **Authorisation Letter** will also include approval for **Diagnostic Tests and Investigations** deemed **Medically Necessary** by the **Specialist** if, such **Diagnostic Tests and Investigations**:

- are clinically recognised for diagnostic purposes, related to the **Symptoms** presented by **You**; and
- do not exceed the **Policy Sum Insured** or benefit sub limits; and
- are not excluded under the **Policy**

LATE PAYMENT OF INSURANCE CLAIMS

If **You** make a **Claim** under this insurance contract, **We** must pay any sums due in respect of the **Claim** within a reasonable time. A reasonable time includes a reasonable time to investigate and assess the **Claim**.

2.4.1 CONSULTANT AND HOSPITAL NETWORK

If the **Claim** is confirmed as valid and **You** wish to proceed under the **Policy**, the **Claims Administrator** will provide **You** with a list of eligible **Consultants**, **Hospitals** and/or **Diagnostic Centres** for the associated **Consultations**. On some occasions, the **Consultants**, **Hospitals** and/or **Diagnostic Centres** presented to **You**, may not be located at **Your** local **Circle Health Group Hospital**. On such occasions, **You** will be provided with a list of **Consultants**, **Hospitals** and/or **Diagnostic Centre** options as near as possible to **Your** postcode.

You will then be able to book **Your** initial **Consultation** online and the **Claims Administrator** will issue an **Authorisation Letter** to **You**, the **Specialist** and **Circle Health Group**. If **You** are not able to book the initial **Consultation** online, **You** will be provided with the contact details of the **Circle Health Group National Enquiry Centre** to facilitate the booking.

Part 3 – Your membership discounts

If **You** are referred for medical treatment or care, either via the diagnostic insurance plan or independently, **You** have access to all **Circle Health Group Hospitals** and facilities within the **United Kingdom**, at discounted rates.

How it works

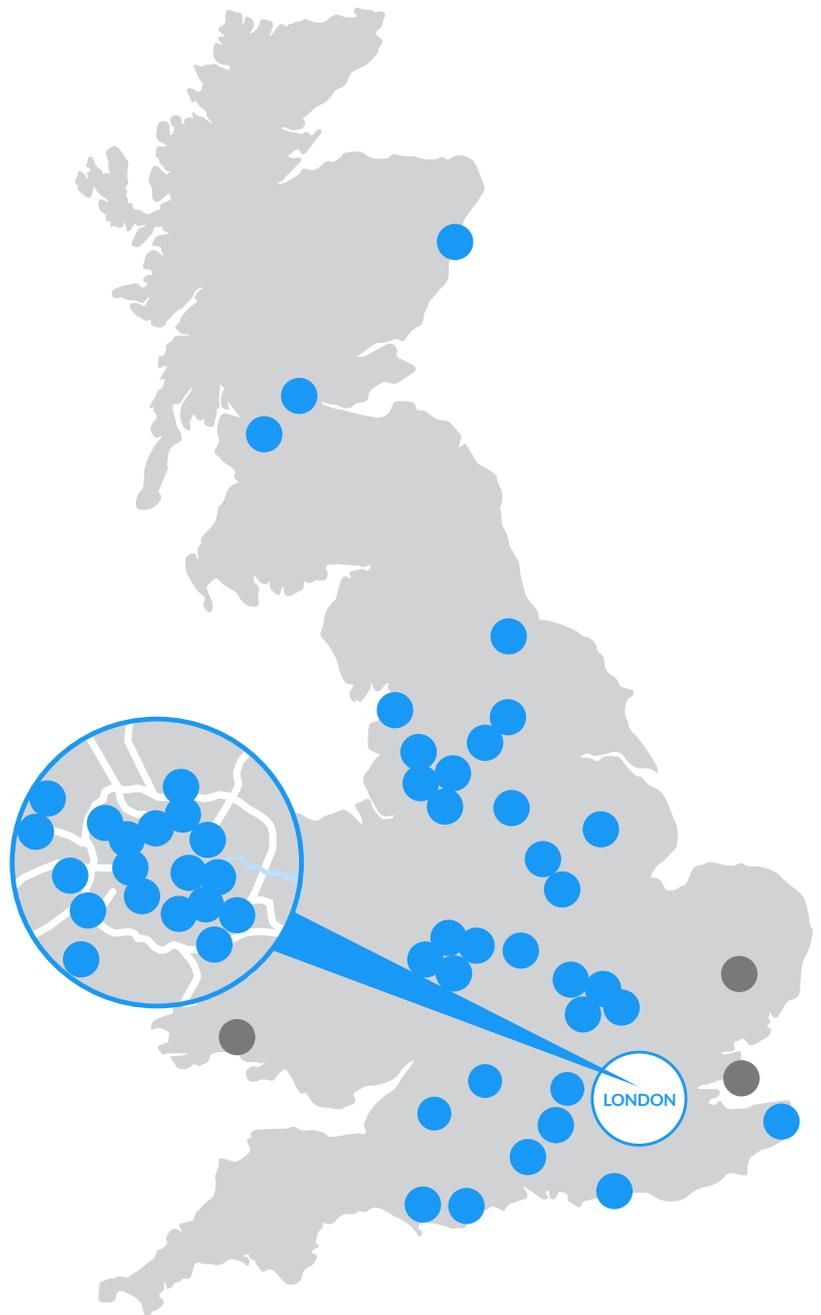
Once **You** have been referred and treatment recommended a member of the **Hospital** team will be able to provide **You** with a quote for **Your** discounted **Hospital** treatment or physiotherapy.

List of Circle Health Group Hospitals

The following **Circle Health Group Hospitals** are included within the **MyWay** network.

Some **Diagnostic Tests and Investigations** may not be available within a Circle Health Group **Hospital**. In such cases, your **MyWay Specialist Consultant** will advise and either direct or make the necessary arrangements. **You** must follow the advice provided by the **Specialist** to make sure **You** are covered by **Your MyWay Membership**.

Albyn Hospital, Aberdeen
The Alexandra Hospital, Cheadle
Bath Clinic
Beardwood Hospital, Blackburn
Beaumont Hospital, Bolton
Bishops Wood Hospital, Northwood
Blackheath Hospital
Cavell Hospital, Enfield
Chaucer Hospital, Canterbury
Chelsfield Park Hospital, Orpington
Chiltern Hospital, Buckinghamshire
Clementine Churchill Hospital, Harrow
Droitwich Spa Hospital
Duchy Hospital, Harrogate
Edgbaston Hospital
Goring Hall Hospital, Goring-by-Sea
Hampshire Clinic, Basingstoke
Harbour Hospital, Poole
Hendon Hospital
Highfield Hospital, Rochdale
Huddersfield Hospital
Kings Oak Hospital, Enfield
Kings Park Hospital, Stirling
Lancaster Hospital
Lincoln Hospital
London Independent Hospital, Stepney Green
Manor Hospital, Bedford
Meriden Hospital, Coventry
Mount Alvernia Hospital, Guildford
The Park Hospital, Nottingham
Princess Margaret Hospital, Windsor
The Priory Hospital, Birmingham
Circle Reading
Ridgeway Hospital, Swindon
Ross Hall Hospital, Glasgow
Ross Hall Clinic Braehead, Glasgow
Runnymede Hospital, Chertsey
Sarum Road Hospital, Winchester
Saxon Clinic, Milton Keynes
Shelburne Hospital, High Wycombe
Shirley Oaks Hospital, Croydon
Sloane Hospital, Beckenham
Syon Clinic, Brentford
Thornbury Hospital, Sheffield
Three Shires Hospital, Northampton
Winterbourne Hospital, Dorchester
Woodlands Hospital, Darlington
Circle Rehabilitation, Birmingham



Whilst available under **Your Membership**, the following **Hospitals** have limited availability to **MyWay Specialist Consultants** and some **Diagnostic Tests and Investigations**. **You** can still receive discounted treatment at these **Hospitals**:

- Southend Hospital, Southend
- St Edmunds Hospital, Bury St Edmunds
- Werndale Hospital, Carmarthen

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