

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, under the guidance of the Committee of Management. 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 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/online, at the hospital, or your home/care 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 and blood pressure monitoring (excluding Lifecard or similar),
- Audio-grams (audiometry testing) when administered by a GP or nurse,
- Soft tissue injections,
- Syringing/Suction of ears and Epley manoeuvre,
- Cervical smears,
- Allergy testing (excluding Alex 2 blood test),
- Leg doppler testing,
- Fitness to Drive Medical and Report (excluding HGV & PSV),
- Repeat prescription request charges,
- Influenza, Covid and Co-administered Autumn Covid & Seasonal Vaccination, pneumonia, pneumococcal, shingles and RSV (Respiratory Syncytial Virus) inoculations,
- Consideration will be given to claims for other procedures or treatments carried out by a GP or nurse if not specifically excluded below, but the amount claimable will be no greater than that of a standard 'intermediate procedure'. Our office staff will give clarification on specific claims,
- The 'Attendance, Assessment Advice' and 'Attendance, Assessment & Treatment' charges made at the Hospital Emergency Departments (ED) within the Bailiwick, up to the Annual Limit specified in our current Health Care Plan leaflet.

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 and procedures not specifically covered under the Medical Plan Benefits above, or if being recovered through a separate claim with another insurance company.

The following treatments and procedures are specifically excluded from the scheme, even if they are given or recommended by a GP:

- ◆ Consultations with Practitioners where the States of Guernsey grant is not claimable,
- ◆ Secondary and private medical treatment and tests that can be provided under the States of Guernsey contract with the Medical Specialists Group (MSG),
- ◆ Shock Wave Therapy,
- ◆ Ultrasound guided injections,
- ◆ Scan Fees including X-rays, Ultrasound, MRI and CT,
- ◆ Dietician or nutritionist fees,
- ◆ Prescription dispensing or collection fees,
- ◆ Holiday, travel, self elective, group corporate vaccinations,
- ◆ Family planning procedures,
- ◆ Reports, letters or form completion for which a charge is made,
- ◆ Charges for failing to attend an appointment or pay an account,
- ◆ Physiotherapy, Chiropody or podiatry,
- ◆ Acupuncture or any alternative therapies including Bowen therapy and homeopathy,
- ◆ 'Well Person', weight loss or other clinics,
- ◆ Pathology tests,
- ◆ 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,
- ◆ Charges made by St. John Ambulance for transport or treatment.

Our 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**
 - 2.1 Membership will be on an annual basis, automatically renewable from year to year. In exceptional circumstances the Society reserves the right to refuse to renew a membership if it considers it is in the best interest of the Scheme to do so.
 - 2.2 Membership is by application. The Society reserves the right to refuse to accept an application for membership.
 - 2.3 Sole and Family Membership is available to persons resident in the Bailiwick of Guernsey.
 - 2.4 A Principal, aged 18 or over, is required and they will be responsible for the payment of all contributions. All communications and all benefit payments for the whole family will be sent to this Principal. This will normally be a family member or legal guardian.
 - 2.5 Children under the age of 18 are eligible for sole or joint membership providing the Principal is their parent or legal guardian.
 - 2.6 Each child qualifies for the full medical benefits plus the benefits provided by any Additional Plan taken up by the Principal, the cost per child remaining at that of the Medical Plan. Children's benefits continue until age 18. If no adult member is registered as part of the family then children only qualify for the Medical Only Plan.
 - 2.7 Young Adults from the age of 18 to 25 qualify for a reduced 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 the following year.
 - 2.8 Persons aged 60 years or over on joining the scheme will contribute at the 60+ rate as shown in the current Table of Contribution Rates. Existing members on reaching the age of 60 will continue the Adult rate.
 - 2.9 Babies of a qualifying family, who are registered as a member within six months of birth, will be entitled to a special contribution rate for the first 12 months of membership. During that period they will receive the same benefits as any other child member. To qualify for this rate, a family must have been a member of the scheme for 12 months before the birth of the baby.
 - 2.10 In the event of a query, and the individual concerned being over 16, we will try to contact that member directly.
 - 2.11 Companies operating in the Bailiwick may enter a Group Scheme with the Society at the discretion of the Committee of Management. Such Agreement shall not imply membership of the Society by the Company.
 - 2.12 Companies with a Group Scheme may sponsor membership for employees and their dependants at Group Contribution Rates as printed in the Table of Contribution Rates. Family membership of the Group is subject to at least one member's medical contributions being paid by the company.
3. **Termination of Membership**
 - 3.1 Persons leaving the Bailiwick for permanent residence elsewhere will thereupon cease to be members of the Scheme.
 - 3.2 Cancellation of membership by a member is subject to one month notice.
 - 3.3 Members whose contributions are in arrears will not be entitled to any benefit and membership may be cancelled. We may inform members in writing if their contributions are in arrears, and advise that claims may not be paid until payments have been brought up to date. Thereafter, we will advise that membership will be terminated in 21 days unless conditions are complied with. At the end of the 21 days, if no response has been received, a final letter will be sent confirming that cover has been terminated.
 - 3.4 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.
 - 3.5 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 will be at the discretion of the Committee of Management and will be final.
 - 3.6 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 3.4 above.
 - 3.7 Companies with a Group Scheme may terminate that agreement with three months' notice. All Families forming the Group will cease to qualify for Group rates at the end of that period.
 - 3.8 If a Company with a Group Scheme ceases trading or fails to pay the required group contributions within a reasonable time then Families will become liable for any contributions owed and will be transferred to normal Family rates.
 - 3.9 A Family which is part of a Group Scheme will cease to qualify for Group rates if no member of the Family is an employee of the sponsoring Company. They can be transferred to normal Family rates without any additional checks.

4 Contributions

- 4.1 Contributions and benefits are based on annual tables as decided by the Committee of Management. The Committee of Management can introduce new contribution tables at any time and can limit their membership as they deem necessary.
- 4.2 Contribution rates will be based on the current cost of Primary Medical Care in the Bailiwick of Guernsey, the Guernsey Retail Price Index and the cost of claims. Annual 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. The Society will endeavour to notify members in advance of any revision to contribution rates.
- 4.3 Contributions must be paid in full monthly in advance by direct debit, standing order, electronic transfer, cash or cheque. Contributions may also be paid in advance for up to a maximum of 12 months.
- 4.4 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 two of the calendar years (Y, Y-1 or Y-2) was in excess of 200% of the members basic (before any surcharge) Medical Plan contribution total due for those years.
- 4.5 The Society reserves the right to impose a surcharge, at any time, for the remainder of the year and the following year, if the members medical claims total this calendar year exceeds 200% of the members basic Medical Plan contribution total for the whole year.
- 4.6 In exceptional circumstances the Society may allow a member to suspend contributions, for a maximum of six months, and maintain membership. No claims will be paid for treatment during the period of suspension.
- 4.7 Families that are part of a Group are responsible for paying any additional contributions that are not covered by the sponsoring Company. This may include any surcharges added to medical contributions.

5 Claims

- 5.1 Claims for standard medical benefits may be made once the application for membership has been accepted and the first month contribution paid. Claims for medical treatment under the Medical Plan are normally submitted directly by the practice or the States of Guernsey to the Society. Members must ensure that the practice or the Emergency Department know they are covered by the Oddfellows Medical Plan.
- 5.2 Members should contact our office about any charge submitted by a practice or the States of Guernsey directly to the member. Failure to submit a claim within six months of treatment could make the claim invalid.
- 5.3 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.
- 5.4 The Society reserves the right to refuse further medical claims, or to add a temporary surcharge for that calendar year for an individual member whose total medical claims within that calendar year exceed £3,500 for Adults and £1,500 for Children including up to £1,000 for the Emergency Department (before any surcharge). 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.
- 5.5 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 member's cover.
- 5.6 The Society requires that, if requested, a member should authorise the practitioner in attendance to divulge to the Society any relevant information relating to any application or claim for benefit.
- 5.7 The Society reserves the right to require a member to provide a medical certificate or detailed account to validate any claim.
- 5.8 In all claims the decision of the Society's Committee of Management will be final. Claims submitted over six months from the treatment date would normally not be paid by the Society.
- 5.9 The Society will deal with claims sent directly to it by the provider without reference to the member unless there is a query as to whether it is covered by the Scheme. In the event of a query and the individual concerned being over 16 we will try to contact that member directly.
- 5.10 The Society will pay claims either directly to the supplier or to the Principal of the Family by bank transfer or cheque, or notify the Principal why the claim cannot be paid, within 28 days of the claim being received.
- 5.11 The Society has the right to deduct any contribution arrears from a direct claim amount.

6. Additional Plans

6.1 Additional Family Plans 1 to 6 are available for inclusion with the Family Medical Plan at an extra charge as shown in the current Table of Contribution Rates. The maximum that can be claimed in any one benefit year under these plans is indicated in Table 6.1

Table 6.1: Maximum annual benefit claimable for Family Plans

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Dental 50% of the cost of treatment limited to the amount covered by the plan selected in each benefit year.	£40	£80	£120	£160	£200	£400
Optical Benefit can be claimed towards the cost of eye tests, spectacles and hard contact lenses and is limited to the amount covered by the plan selected in each benefit year. Other optical treatments are not covered (See 6.4.2 below).	£30	£60	£90	£120	£150	£300
Physiotherapy and Associated Treatments 50% of the cost of treatment, limited to the amount covered by the plan selected in each benefit year (See 6.4.3 below).	£60	£120	£180	£240	£300	£600

Additional Group Plans A, B and C are available for inclusion with the Group Medical Plan at an extra charge as shown in the current Table of Contribution Rates. The maximum that can be claimed in any one benefit year under these plans is indicated in Table 6.2

Table 6.2: Maximum annual benefit claimable for Group Plans

	Plan A	Plan B	Plan C
Dental 50% of the cost of treatment limited to the amount covered by the plan selected in each benefit year.	£80	£200	£400
Optical Benefit can be claimed towards the cost of eye tests, spectacles and hard contact lenses and is limited to the amount covered by the plan selected in each benefit year. Other optical treatments are not covered (See 6.4.2 below).	£60	£150	£300
Physiotherapy and Associated Treatments 50% of the cost of treatment limited to the amount covered by the plan selected in each benefit year (See 6.4.3 below).	£120	£300	£600

6.2 Eligibility

6.2.1 Members of a Medical Plan may start, increase or decrease their cover to any level available under the appropriate Additional Plans annually, subject to acceptance by the Society.

6.2.2 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 Principal, the cost per child remaining at that of the Medical Plan. If no adult member is registered as part of the family then children do not qualify for the Additional Plans.

6.3 Benefit Year

6.3.1 The 'Benefit Year' relates to benefits able to be claimed under 'Additional Plans' and starts from the commencement date of the Additional Plan, continuing for 12 months. On each anniversary a new Benefit Year automatically commences, as long as there have been no changes to the existing plan, and contributions are fully paid.

6.4 Claims

6.4.1 Claims for treatment must be submitted within six 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(s). Claims can be submitted to the office, by post or email claims@oddfellows.org.gg.

6.4.2 Optical benefit can be claimed 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.

6.4.3 Physiotherapy, Chiropody, 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.

7 General

- 7.1 Any change in member name, address, contact details, bank account details, GP practice or other circumstances which may affect the payment of benefits should be notified to the Society as soon as possible.
- 7.2 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 to provide a full and considered response. If a third party is to handle the complaint on your behalf, a written authority will be required to proceed on this basis. We aim to resolve complaints without delay but if this is not possible within five working days, we will acknowledge your complaint and then aim to complete further enquiries within four weeks of your original notification. Any further delay will be notified in writing with indication of when it is likely to be resolved. After eight weeks, if the complaint remains unresolved it may be referred to the Channel Islands Financial Ombudsman www.ci-fo.org Telephone 01481 722218.
- 7.3 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.
- 7.4 The Oddfellows Loyal Guernsey District Lodge is a Data Controller under the Data Protection (Bailiwick of Guernsey) Law 2017. The Society is committed to protecting and respecting your privacy. Our Privacy Policy is available from our office or online at: <https://www.oddfellowsguernsey.org>.
- 7.5 The most recent version of these Terms and Conditions is available online at the above website or from our office.
- 7.6 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).
- 7.7 The Society's Registered Office is: Oddfellows Hall, 8 Lefebvre Street, St Peter Port, Guernsey, GY1 2PE.