



HEALTHCARE AND LEISURE

Terms & Conditions

1. INTRODUCTION

- 1.1 BAWA Medicare from the Permanent Health Company Ltd ("The Company") is a one year private medical insurance policy underwritten, with the exception of section 12, by Great Lakes Reinsurance (UK) PLC ("Underwriters"). Section 12 is underwritten by ETI International Travel Protection (the Travel Underwriters) and is renewable annually subject to the terms of this Wording.
- 1.2 The purpose of the BAWA Medicare Policy is to cover an Insured person for:
Treatment by Specialists of Acute Medical Conditions on a short term basis following a referral from the Insured person's General Practitioner (G.P).
- 1.3 Treatment must be pre-authorised by the Company.
- 1.4 Treatment may be carried out at Nuffield Hospitals, Bristol or at another Hospital as agreed by the Company.
- 1.5 Treatment and benefits mentioned throughout this Wording shall be limited to the Policy applied for by the Insured and shown on the Certificate of Cover.
- 1.6 The Agreement between The Company and the Certificate Holder shall comprise this Wording, the Certificate of Cover, the Benefit Table, and the Application Form, as amended by The Company from time to time.

2. ELIGIBILITY

- 2.1 Moratorium basis applications for cover under the BAWA Medicare Policy will be automatically accepted from persons who are members of BAWA and permanently resident in the United Kingdom provided that they are:
Aged 18 or over, but under 66, on the Commencement Date or, in the case of dependant children, aged under 21 on the Commencement Date.
- 2.2 Other applications may be accepted at the discretion of the Underwriters.

3. APPLICATION

- 3.1 The Policyholder must apply for cover on the Application Form. In signing the Application Form the applicant agrees, or in the case of a minor, the parent or legal guardian agrees, upon acceptance by The Company, to be bound by the terms of the Certificate of Cover. Underwriters reserve the right to decline any application without explanation.
- 3.2 Cover will commence on the Commencement Date and Insured persons will be fully covered under the Certificate of Cover from that date.
- 3.3 A dependant child born after the Commencement Date will be covered under the Certificate of Cover from the date of birth to the next Renewal Date without any additional premium being due, or without being subject to the Pre-Existing Condition exclusion (clause 8.19) provided application for cover is made to The Company within three months of birth, or by the next Renewal Date, if earlier. With effect from the next Renewal Date, the dependant child must be separately covered.
- 3.4 Underwriters reserve the right to seek information from or give information to any insurance office to which a proposal has been or is being made by the Policyholder or anyone insured under the Policy for sickness and accident insurance, life insurance or private medical insurance.

4. PREMIUMS

- 4.1 Premium rates will be set from time to time.
- 4.2 Premiums are subject to IPT (Insurance Premium Tax) and may be varied during the Certificate Year to reflect changes in IPT.
- 4.3 Premiums for each Certificate Year shall be those current at the Commencement Date or the Renewal Date as the case may be.
- 4.4 Premiums are payable on the due dates thereof by a method prescribed by Underwriters. The first premium is due on the Commencement Date and subsequent premiums that are payable monthly are due on the same date of subsequent months and those that are payable annually are due on the first and subsequent Renewal Dates.
- 4.5 Premiums are payable in pounds sterling only.
- 4.6 Cover under the Certificate of Cover will cease if the appropriate premiums are not paid. Only valid expenses incurred before any unpaid premium was due will be covered.

5. **RENEWAL AND TERMINATION**

5.1 The Policyholder can cancel the insurance by giving us written notification within 14 days from the time the Policy documents are received. If the Policyholder changes their mind during this time We shall send a full refund of Premium paid although we reserve the right not to do this if any of the Insured under the Policy have made a Claim.

Your statutory right - the insurance shall cease from inception, if You notify Us in writing within 14 days of the Commencement Date that You wish to cancel and no Claims have been made.

5.2 The Certificate of Cover, unless cancelled by the Certificate Holder, will be renewed for a further 12 months from the Renewal Date subject to the terms offered by Underwriters at the time of each renewal. The Certificate Holder will be advised of any change in premiums and/or benefits.

5.3 Underwriters may terminate or vary the cover of an Insured person at any time if:-

- (i) An Insured person has breached the terms of the Certificate of Cover;
- (ii) The Certificate of Cover or any part of it is discontinued or suspended.

5.4 The Certificate of Cover will automatically terminate if any premium is not paid on its due date or in the event of fraud, non disclosure or if any of these terms and conditions are broken.

6. **MEDICAL BENEFITS (This should be read in conjunction with the appropriate Benefit Schedule) See Section 12 for Overseas Emergency Treatment**

6.1 Subject to Sub-Clauses 6.3 and 6.4 below, Underwriters will meet the expenses of the Insured person for Treatment received in the United Kingdom (and pay the benefits) up to the amount specified in the Benefit Tables. In all cases, the benefits payable are limited to the amounts specified in the Benefit Table of the Policy current at the commencement of the appropriate Certificate Year.

6.2 Subject to Clauses 6.3 and 6.5. Treatment must be given following a consultation with a Specialist/Consultant to whom referral must be made by the Claimant's own G.P. and must be for a specific Medical Condition.

6.3 Up to six sessions of Treatment by a Physiotherapist per admissible Claim may be given on referral by the Insured person's own G.P. Thereafter the referral of a Specialist/Consultant is required.

6.4 All expenditure must be customary and reasonable, be necessarily incurred and be wholly and exclusively for the purpose of diagnosing and/or curing an Acute Condition and not to alleviate or monitor a long-term illness.

6.5 The Benefit Tables may be reviewed at any time and may be changed with effect from any Renewal Date. The Certificate Holder will be notified of any change in benefits prior to the Renewal Date of the Policy.

7. **DEFINITIONS**

Acute Condition: A disease, illness or injury that is likely to respond quickly to Treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Alternative & Complementary Medical Treatment: Acupuncture, Chiropractic, Homeopathic and Osteopathic Treatment administered by a member of a professional organisation approved by us and following referral by a G.P. or Specialist/Consultant.

Application Form: The Application Form prescribed from time to time by The Company to be completed by an individual applying for Policy membership which forms part of the contract of insurance.

Benefit Limit: The maximum amount we shall pay in any policy year per Insured person as specified on your Benefit Table.

Benefit Tables: The relevant Benefit Tables issued from time to time on behalf of Underwriters including any notes attaching thereto.

Certificate of Cover: The Certificate of Cover issued on behalf of Underwriters to the Certificate Holder.

Certificate Year: The period between the Commencement Date and the Renewal Date or between two consecutive Renewal Dates.

Certificate Holder: The Insured person to whom a Certificate of Cover has been issued.

Charges:

- Costs incurred by you for In-Patient or Day-Patient Treatment (including bed, meals, general nursing, care services, housekeeping and administration);
- Medical costs and expenses incurred directly during Treatment requested by a Specialist/Consultant, including Diagnostic Tests.

Chronic or Chronic Condition: A disease, illness or injury which has at least one of the following characteristics:

- it continues indefinitely and has no known cure.
- it comes back or is likely to come back.
- it is permanent.
- you need to be rehabilitated or specially trained to cope with it.
- it needs long-term monitoring, consultations, check-ups, examinations or tests.

Claim: The costs incurred relating to a course of Treatment undergone in relation to a specific Medical Condition which has been authorised as covered, but excluding ongoing and routine Treatment to monitor such a condition.

Claim Documentation: The Claim Documentation prescribed from time to time by Underwriters.

Claimant: Any Insured person making a Claim under the Policy.

Commencement Date: The date this policy began as shown on the Certificate of Cover.

Day-Patient Treatment: Treatment which, for medical reasons, means you have go into a Hospital or Day-Patient unit because you need a period of clinically-supervised recovery but do not have to stay overnight.

Dental Treatment: A dental, surgical procedure, examination, investigation or any Treatment undertaken by a Dentist, periodontist, orthodontist or hygienist that is clinically necessary for the maintenance and/or restoration of oral health.

Dentist: A fully qualified dental practitioner holding a current registration with the General Dental Council and engaged in general dental practice. The Dentist must not be you, a member of your family or an Insured person under this Policy.

Dependant: Your husband, wife, partner or unmarried child included on your policy. By partner we mean a person with whom you are cohabiting on a permanent basis. By child we mean your or your partners unmarried own, adopted or step children who are under 21 and dependant on you.

Diagnostic Tests: Investigations, such as X-Rays or blood tests, to find or to help to find a cause of your symptoms.

Emergency Treatment: Immediate or early Treatment for a Medical Condition requiring urgent Treatment.

Excess: The amount of money each Insured person must pay per policy year, in respect of any eligible Treatment received in that policy year, as specified on your Benefit Table/Certificate of Cover

Full Medical Underwriting: Please see Pre-existing Conditions definition.

General Practitioner (G.P.): A G.P. holding a certificate of General Practice Training and registered with the General Medical Council in the United Kingdom and recognised by us. The G.P. must not be you, a member of your family or an Insured Person covered under this Policy.

Hospital: An NHS Hospital, or a private Hospital providing Hospital services as specified in the Health Service Act 1976.

Hospital Charges: Charges directly related to the Treatment received as an In-Patient or Day-Patient, including accommodation, theatre fees, nursing, pathology, radiology, physiotherapy, drugs & dressings, or any additional items which form part of an integral pre-agreed procedural price.

In-Patient Treatment: Treatment which, for medical reasons, means you have to stay in Hospital overnight or for longer.

Insured/You/Your: Any one of the individuals specified of the Certificate of Cover.

Main Address: Your principal residence in the UK where you and your dependants live on a permanent basis.

Medical Condition: Any disease, illness or injury other than a Dental Condition as defined herein.

Moratorium: See Pre-Existing Condition definition below.

Out-Patient Treatment: Treatment given at a Hospital, consulting room or Out-Patient clinic where you do not go in for Day-Patient or In-Patient Treatment.

Palliative Treatment: Any Treatment where the primary purpose and intention is to offer relief of symptoms rather than cure the underlying Medical Condition.

Physiotherapist: A practitioner of physiotherapy who is a State Registered Physiotherapist and a Member of the Chartered Society of Physiotherapists and holding any of the qualifications: FCSP, MCSP, SRP.

Policy: Our contract of insurance with you. The policy consists of this wording, the Certificate of Cover, the Benefit table and the Application form as amended from time to time.

Policyholder: The person who has completed the contract with us as shown on the Certificate of Cover.

Pre-claim Authorisation: The process required under the terms of the Policy to validate a Claim before Treatment.

Pre-Existing Condition: Any disease, illness or injury for which,

- You have received medication, advice or treatment; or
- You have experienced symptoms whether the condition has been diagnosed or not, before the start date of your policy. Please see section 9 for full details.

Qualified Nurse: A nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Related Condition: Any condition, symptom, disease, illness or injury which is medically considered to be associated with another condition, symptom, disease, illness or injury.

Renewal Date: The anniversary of the Commencement Date.

Second Opinion: This is when the Underwriter and/or You request and agree to undergo a further diagnosis by a Specialist/Consultant to obtain a second medical opinion of your medical condition following diagnosis by the first Specialist/Consultant.

Specialist/Consultant: A registered medical practitioner recognised by us, who a) is not related to you and b) has at some time held and is not precluded from holding a substantive Consultant appointment in the relevant speciality in an NHS hospital or c) hold a Certificate of Higher Specialist Training in the relevant speciality issued by the Higher Specialist Training Committee of the relevant Royal College of Faculty or d) is included as required by the European Specialist Medical Qualifications Order 1995 in the Specialist Register kept by the General Medical Council in respect of the relevant speciality.

The Company: The Permanent Health Company Limited.

Treatment: Surgical or medical services (including Diagnostic Tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

United Kingdom: Great Britain and Northern Ireland including the Channel Islands and the Isle of Man.

Underwriters: Great Lakes Reinsurance (UK) PLC or ETI - International Travel Protection for section 12 only.

We/Us/Our: Great Lakes Reinsurance (UK) PLC and ETI - Travel Protection as the Underwriters and The Permanent Health Company Limited as the administrators of the Policy.

8. **EXCLUSIONS**

Treatment is not covered for Benefits not specified on your Benefit Table or for the following:

- 8.1 All investigations and Treatment related to cancers and Related Conditions following diagnosis and any consequences or complications arising therefrom.
- 8.2 Treatment required as a consequence of alcohol, alcoholism, drug or substance abuse and related conditions.
- 8.3 Treatment of sleep apnoea (cessation of breathing), snoring or other sleep disorders.
- 8.4 Chronic or long term conditions, including regular monitoring or alleviation of such conditions, and Treatment of conditions arising from Chronic or long term conditions.
- 8.5 Cosmetic Treatment, whether or not for psychological purposes, except where Treatment is necessary as a result of an accident during the period of cover.
- 8.6 Any Dental Treatment except for orosurgical procedures implemented by an oral/maxillofacial surgeon in a private Hospital or NHS Hospital.
- 8.7 Drugs, medicines and dressings, prescribed on an Out-Patient basis.
- 8.8 Experimental or unproven Treatment including drug therapy, which is considered experimental or unproven, based on established UK practice, where we follow the National Institute of Health and Clinical Excellence guidelines.
- 8.9 Any type of contraception, investigations or Treatment of fertility or infertility, Treatment of sexual problems including impotence (whatever the cause) or assisted reproduction (IVF), sterilisation or vasectomy, including reversal of these, termination of pregnancy or Treatment arising from any of these.
- 8.10 General Practitioner or Dental Practitioner services.
- 8.11 Hormone Replacement Therapy (HRT), unless performed as part of or immediately following and necessary to a surgical procedure which is covered under the terms and conditions of the Policy.
- 8.12 Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) as defined and recognised by the World Health Organisation or any syndrome of a similar kind, however it be named, including any Related or associated Conditions.
- 8.13 Treatment required as a consequence of any self-inflicted injury.
- 8.14 Treatment directed towards developmental delays in children with a physical or psychological disorder, or learning difficulties to include behavioral and Attention Deficit Hyperactivity Disorders (ADHD), dyslexia, shortness or stature or speech developmental delays.
- 8.15 Treatment at a Hospital that is not on the Approved Hospitals List.
- 8.16 Nursing at Home or a residential stay in a Private Hospital arranged wholly or partly for domestic reasons or which is not directly related to the Treatment of a Medical Condition covered under the Policy.
- 8.17 Organ Transplants - Treatment involving:
 - a) Donor or transplantation operations or treatment associated with such operations other than corneal, skin grafting, coronary artery bypass operations or mosaicoplasty.
 - b) Donor or autologous transplants of bone marrow, stem cells or other similar procedures.
 - c) Any treatment in anticipation of or prior to and following such transplants.
 - d) The cost of providing cochlear implants and any related treatment.
- 8.18 Personal expenses incurred in Hospitals such as telephone calls, guest meals, newspapers, wines and similar items.
- 8.19 Pre-Existing Conditions or any Related Conditions. Please see section 9 for full details.
- 8.20 Pregnancy and/or childbirth or any Treatment or investigations relating to pregnancy or childbirth, including intentional termination of pregnancy.
- 8.21 Pathological and radiological investigations or Treatment except when requested by a Specialist/Consultant.
- 8.22 Routine medical examinations, screening and tests, including sight testing, unless relating to a specific Medical Condition covered by the terms of the Certificate of Cover, where it is reasonable to believe that the Medical Condition still exists.
- 8.23 Regular or long-term dialysis in chronic or end-stage kidney failure.
- 8.24 Surgical appliance/prosthesis, aids or equipment other than an artificial prosthesis inserted during surgery or an appliance that is an essential and integral part of surgery.
- 8.25 Treatment received outside the United Kingdom, unless covered as an integral part of Policy membership.
- 8.26 Treatment directly or indirectly arising from or required as a consequence of:-
 - i) War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection or military or usurped power; or,
 - ii) Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

- 8.27 Treatment without the referral of the Claimant's own G.P.
- 8.28 Treatment in health spas, nature cure clinics or similar institutions or nursing homes associated with such institutions.
- 8.29 Treatment required as a consequence to any criminal action you have undertaken.
- 8.30 Treatment required as a consequence to any participation in any professional or hazardous sporting activity. This includes but is not limited to hang gliding, scuba-diving, climbing with ropes, parachuting, parasailing, paragliding or mountaineering.
- 8.31 Treatment for congenital abnormalities and deformities.
- 8.32 Treatment to de-sensitise or neutralise any allergic condition or disorder.
- 8.33 We do not pay for breast reduction or augmentation operations, whether or not for psychological reasons, except where the Treatment is to correct disfigurement caused by an accident.
- 8.34 We do not pay any increased Treatment costs you incur because of complications caused by disease, illness, injury or Treatment for which cover has been excluded or restricted.
- 8.35 Treatment carried out after your cover has ceased.
- 8.36 Treatment undertaken solely at your request.
- 8.37 Primary care under the supervision or recommendation of your G.P.
- 8.38 Weight reduction or Treatment of obesity, or any care involving weight reduction as the main method of Treatment, including medical, surgical or psychiatric care.
- 8.39 Charges made by a Specialist/Consultant or Hospital that we do not regard as customary and reasonable.
- 8.40 Charges made by a G.P. or Dentist for signing a Claim Form.
- 8.41 Treatment for children born following assisted conception is excluded for the first 90 days after birth.
- 8.42 Gender re-assignment operations or any other surgical or Medical Treatment including psychotherapy or similar services which arise from, or are directly or indirectly made necessary by gender re-assignment.
- 8.43 Treatment for any condition or related conditions specifically identified as excluded on your Certificate of Cover.

9. COVER PROVIDED FOR PRE-EXISTING CONDITIONS

There are three methods by which you can join this scheme - either on a Moratorium basis, Full Medical Underwriting basis or Continued Personal Medical Exclusions.

- a) If you have joined this scheme on a Moratorium basis then there will be a period for which you are excluded from claiming any benefit for a Pre-Existing Condition (see definition).

This period is for two years from the Commencement Date, provided that when you first received Treatment you have not consulted any doctor for Treatment or advice, or have taken any medication for that Pre-Existing Condition or any Related Condition for a continuous period of two years. Should you consult a doctor for Treatment or advice or if you have taken medication for any Pre-Existing Condition or Related Condition within the first two years of cover, you will need to wait until you have had a further two continuous years of cover, without consulting a doctor for Treatment or advice or without taking medication, before this condition can become eligible for cover.

However, please do NOT delay visiting a doctor merely to become eligible to Claim for a Pre-Existing Condition, as this may damage your health.
- b) If when you joined the scheme you completed a full medical declaration then you will have declared all Pre-Existing Conditions to us and we will have decided whether any exclusions for any medical conditions should be applied to your Policy. We may ask your doctor to provide further information about you to help us apply the appropriate exclusions. Any exclusions shall be detailed on your Certificate of Cover. We may review these exclusions at some future date, upon your request.

The benefit of being Fully Medically Underwritten is that as long as you have disclosed all relevant information to us you will know exactly what cover will be provided to you at the Commencement Date of the Policy. However, this will also mean that you will need to provide comprehensive details regarding your health prior to the Commencement Date of the Policy.
- c) For Insured Persons accepted on a Continued Personal Medical Exclusions (CPME) basis: personal exclusions imposed by the previous insurer are carried forward to the Certificate of Cover or, in the case of a previous insurer's Moratorium, the balance of the un-expired Moratorium period as applicable to the previous insurer.

Please note that when you transfer from one private medical insurer to another you are transferring to a different Policy with different benefits and terms and conditions. It is only your medical exclusions that will remain as per your previous insurer - not the Policy, benefits or terms and conditions.

10. **CLAIMS**

- 10.1 **Pre-claim Authorisation:** In order to ensure that payment of benefits may be admitted under the Policy, all Treatment **must** be pre-authorized. Payment of a Claim cannot be confirmed until a valid claim form has been received by The Company. The Company reserves the right to counteract confirmation of acceptance of liability should any information be received which is in contradiction of initial information which has been used to admit a Claim. If subsequent investigation reveals the Claim not to be valid, confirmation of liability will not apply.
- 10.2 **Claim Documentation:** A completed claim form, together with supporting accounts, must be submitted within three months of the expenditure being incurred. The claim form must be completed and signed by the Specialist/Consultant to whom the Claimant has been referred or by his own G.P. Underwriters reserve the right to obtain medical reports or to require the Claimant to undergo a medical examination, at the Underwriters' expense, in order to obtain any information which might be reasonably required to evaluate a Claim.
- 10.3 **Settlement Terms:** Claims will normally be settled directly with the provider concerned. In all cases, The Company retains the right to settle eligible Claims directly with the provider of the services concerned or with any other person.
- 10.4 **Period of Claim:** Claims where either a period of six months has elapsed since the last Treatment, or where a Claim is regarded as completed, will normally be deemed as closed. Further Treatment undertaken after this period will be regarded as a new Claim and will require completion of new Claim Documentation.
- 10.5 Claims may only be made for Treatment received whilst cover under the Certificate of Cover continues and benefits will only be payable for costs incurred prior to the expiry or termination of the Certificate of Cover.
- 10.6 All benefits are payable in pounds sterling.
- 10.7 The benefit paid shall be limited to admissible expenses, after allowing for Claims or refunds receivable from any other organisations or under any insurance policy or recoverable as damages.
- 10.8 Certificate Holders and/or their dependants are required to notify The Company of any expenses which relate to a Claim which may be recoverable from third parties. In the event that such action is successful and the monies paid to the Claimant, the Claimant will be required to reimburse The Company for any admissible expenses paid by The Company.
- 10.9 If any Claim under this Certificate of Cover is in any respect fraudulent or otherwise ineligible all benefits paid or to be paid in respect of that Claim will be forfeited and/or recoverable.

11. **COMPLAINTS AND COMPENSATION**

- 11.1 We aim to provide a high standard of service at all times. If at anytime, that service falls below the standard you expect, you should write to:

The Managing Director
The Permanent Health Company Limited
32 Church Street
Rickmansworth
Hertfordshire
WD3 1DJ

If you remain dissatisfied after the response you should write to:

The Compliance Officer
Great Lakes Reinsurance (UK) PLC
1 Minster Court
Mincing Lane
London
EC3R 7HY

If you still remain dissatisfied you may then contact the Insurance Ombudsman.

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
Telephone No: 0845 0801800

The case may only be referred to the FOS after the matter has been considered by the Compliance Officer of Great Lakes Reinsurance (UK) PLC.

Referral to the FOS does not affect your right to take legal action.

- 11.2 Great Lakes Reinsurance (UK) PLC is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme in the unlikely event that it cannot meet its obligations. The FSCS will meet the first £2,000 of your claim in full plus 90% of the balance without any upper limit. Further details can be obtained from www.fscs.org.uk.

12. OVERSEAS EMERGENCY TREATMENT, REPATRIATION AND ASSISTANCE - EXTENSION

Repatriation, Assistance, and Emergency Medical Expenses incurred outside the United Kingdom, up to £50,000 in total per Insured Person per Insured Journey.

The Underwriter will pay such Expenses for:-

- A) Emergency Medical and Assistance Expenses directly resulting from an Acute Medical Condition as follows:-
- (i) Medical and Surgical Treatment expenses.
 - (ii) Hospitalisation and additional accommodation expenses as defined in paragraph 6.2 above.
 - (iii) Ambulance and emergency transportation costs.
 - (iv) Physiotherapy costs up to £250 in total.
- B) Repatriation Expenses as follows:-
- (i) Costs of repatriation to your home or the treating hospital in the United Kingdom, with Medical Escort if required by The Assistance Company.
 - (ii) Return travel and reasonable accommodation (room only) costs for a relative to be with the Insured Person, and the provision of ETI travel insurance for that relative.
 - (iii) In case of death of the Insured Person, costs of repatriation of the body or ashes, and return travel and reasonable accommodation costs, and provision of ETI travel insurance as in B) (ii) above.

EXCLUSIONS UNDER A) above:-

- (i) The costs of medical treatment provided and covered under state insurance or health scheme.
- (ii) The cost of medication known to be required or continued during the Insured Journey.

EXCLUSIONS UNDER A) and B) above:-

- (i) Any costs and expenses incurred without the approval of the Underwriter's authorised physician or the Assistance Company, to the extent practicable, before such costs and expenses are incurred.
- (ii) Any costs and expenses that are:-
 - a) insured under a separate Travel Insurance policy covering the Insured Person(s); or.
 - b) Recoverable from a Government or Public AuthorityPLEASE NOTE: Benefit is not payable under this Extension if any Insured Person is covered for the same benefit under a separate Travel Insurance Policy or by the terms of his/her Credit Card.
- (iii) Any costs and expenses incurred whilst:-
 - a) engaged in aviation, other than as a fare – paying passenger in a fully licensed commercial aircraft.
 - b) engaged in any hazardous activity likely to give rise to a material increase in danger to the Insured Person. If an Insured Person is in doubt as to whether or not a planned activity will be regarded by us as a 'hazardous activity', he or she should contact us – **Telephone 0870 241 5049**.
- (iv) Any costs and expenses incurred on an Insured Journey which exceeds 90 days, or on a Winter Sports activity after 17 days in total of such activity during the period of insurance.

DEFINITIONS:-

The following words have the same defined meaning throughout this Extension:-
Assistance Company—The claims handlers dealing with claims which arise during a journey outside of the United Kingdom.
Insured Journey, a journey starting and finalising during the period of insurance, from and returning to the United Kingdom.
Underwriter – ETI International Travel Protection. ETI is the United Kingdom Branch of Europaeiske Rejseforsikring A/S, Copenhagen, which itself is a wholly owned subsidiary of Europäische Reiseversicherung AG, Munich a wholly owned subsidiary of Munich Re.
All other words with special meanings are as defined under Section 7 above.

OTHER TERMS AND CONDITIONS:

In all other respects, the terms and conditions of the HealthCover range equally apply to this Extension, in so far as they can be applied to cover outside the United Kingdom.