GUERNSEY, JERSEY& ALDERNEY

POLICY BOOKLET

Foresters Healthcare Insurance Ltd.

(“Foresters Healthcare”)

Foresters Healthcare Insurance Ltd. is licensed and regulated by the Guernsey Financial Services Commission for domestic and general insurance services and is also a Category A Permit Holder under the Insurance Business (Jersey) Law 1996, regulated by the Jersey Financial Services Commission.

Updated: 31 July 2026

Foresters Healthcare Medical Insurance

There are a number of different cover options available with Foresters Healthcare and this booklet includes full details of them all.

To understand the cover applicable to yourself, you should read this booklet alongside your *Policyholder Certificate* and *Schedule of Cover* which is unique to you.

Foresters Healthcare: Policy Benefits and Terms

This Policy Booklet is effective from 31 July 2026.

These are the Policy Benefits and Terms of Foresters Healthcare. They apply to all policyholders.

How do I contact Foresters Healthcare?

If you have any queries about your cover or your benefits you can contact us using the details below:

By Email: info@forestershealthcare.co.uk

By Phone: (01481) 728864

Via Website: www.forestershealthcare.co.uk

By Post: Foresters Healthcare
Albert House
South Esplanade
St Peter Port
Guernsey
GY1 3AW

Telephone lines are open Monday to Thursday 9:00am–5:00pm, and Friday 9:00am–4:30pm.

Please note that we close daily from 12:30pm–1:30pm for lunch.

How do I make a claim?

We have included a guide to making a claim in Section 2 of this booklet. You can also call or email us on claims@forestershealthcare.co.uk and we can talk you through the process.

Contents

Section 1: Cover & Benefits

Primary Care Scheme for Guernsey & Alderney:

Primary Care Consultations

- Single or extended consultations with a general practitioner
- Telephone and virtual consultations
- Out of hours GP consultations at the Primary Care Centre situated at the Princess Elizabeth Hospital

Nurse Consultations

- Single or extended consultations with a nurse
- Nurse consultations at the diabetic clinic (at a GP surgery)

Blood Tests

- Blood tests performed by a general practitioner or nurse

Smear Tests

- Smear tests performed by a general practitioner or nurse

Simple Injections

- Simple injections performed by a general practitioner or nurse
- Includes flu and Covid vaccinations where a policyholder has received written notification from a doctor's surgery to receive a vaccination

Ear Syringe / Suction

- Ear syringe and ear suction treatment performed by a general practitioner or nurse

Repeat Prescription Issue Fee

- Repeat prescription issue charge for long-term medical prescriptions

Accident & Emergency Department

- Attendance, Assessment & Advice Only (Category 1) charges for attending the Emergency Department of the Princess Elizabeth Hospital

St John Ambulance & Rescue Service (Not applicable for Alderney Policyholders)

- Emergency ambulance transportation by road
- Patient transportation service by road

Primary Care Scheme for Jersey:

Primary Care Consultations

- Single or extended consultations with a general practitioner
- Telephone and virtual consultations

Nurse Consultations

- Single or extended consultations with a nurse
- Nurse consultations at the diabetic clinic (at a GP surgery)

Smear Tests

- Smear tests performed by a general practitioner or nurse

Simple Injections

- Simple injections performed by a general practitioner or nurse
- Includes flu and Covid vaccinations where a policyholder has received written notification from a doctor's surgery to receive a vaccination

Ear Syringe / Suction

- Ear syringe and ear suction treatment performed by a general practitioner or nurse

Repeat Prescription Issue Fee

- Repeat prescription issue charge for long-term medical prescriptions

All items covered for Guernsey, Alderney and Jersey Policyholders are subject to standard cover limits.

Note: All above items are covered whether performed at the GP surgery or at home unless stated otherwise.

Additional Benefits Scheme (applicable to Guernsey, Alderney and Jersey Policyholders):

Note: Cover under the Additional Benefits Scheme applies only where the treatment or service is administered by a General Practitioner or Nurse, unless otherwise stated.

Operations & Procedures

- Minor & intermediate operations and procedures performed by a general practitioner at your registered GP surgery

- Up to £150 of Category 2 (Attendance, Assessment & Treatment) charges incurred at the Emergency Department in Guernsey. The remaining £100 relating to Category 2 charges are billed in respect of Attendance & Assessments at the Emergency Department, which is covered within the Primary Care scheme (subject to cover limits)

Dental Anaesthesia

- Dental anaesthesia for oral surgical procedures performed at a dental practice or your local Hospital

Musculoskeletal Treatment (with a qualified practitioner registered with States of Guernsey HSC or the States of Jersey)

- Physiotherapy
- Osteopathy
- Chiropractic Treatment
- Sports Therapy
- Acupuncture
- Doppler
- Lymphodema

Allergy Testing

- Allergy Testing at your GP Surgery

Heart & Blood Pressure Monitoring

- Electrocardiographs (ECG)
- 24-hour heart monitoring
- 24-hour blood pressure monitoring

Special Injections

- Special Injections
- Soft Tissue Injections

Well Person Checks

- Well Person Checks at your GP Surgery
- Fitness to drive checks

Vitalographs & Spirometry

- Vitalograph
- Spirometry

Audiometry Tests

- Audiometry testing

Chiropody (with a qualified practitioner registered with States of Guernsey HSC or States of Jersey)

- Chiropody
- Podiatry

All items covered are subject to standard cover limits

General Exclusions – What is not covered (applicable to Guernsey, Jersey and Alderney Policyholders):

The following items, charges and conditions are not covered within the insurance policies of Foresters Healthcare and no financial compensation will be payable in respect of invoices or receipts containing these items:

Specialist Consultations or Private Treatment

- Treatment, consultations or operations received at, or recommended by, the **Medical Specialist Group or other private clinic**
- Consultations or treatment received by a General Practitioner where the consultation / treatment has been designated as Specialist or charged at a specialist rate
- Blood tests performed at the **Medical Specialist Group or other private clinic**
- Operations or procedures performed at a Hospital or private clinic
- Private room fees at a Hospital or private clinic
- Consultations at a medical cannabis clinic or virtual / telephone consultations relating to medical cannabis

Holiday & Travel Charges

- Consultations relating to travel or holidays
- Vaccinations, injections or prescription fees relating to travel

Off-Island Treatment

- Treatment received outside of Guernsey, Jersey & Alderney

Dietician Fees

- Consultations or charges relating to services provided by a dietician or nutritionist

- Consultations with a General Practitioner or nurse relating to weight management / weight loss programmes

Homeopathy

- Consultations, treatment or prescriptions relating to homeopathy

Massage & Complimentary Therapies

- Massage therapy or treatment, including for medical purposes
- Reflexology
- Reiki
- Bowen Therapy

Prescriptions and Medication

- Standard prescription collection charges
- Prescriptions or medication not covered under the States of Guernsey and States of Jersey "White List"
- Prescriptions for medical cannabis

Contraception & Devices (whether for medical purposes or contraceptive needs)

- Consultations relating to contraception
- Operations to fit or remove contraceptive devices
- Contraceptive devices
- Injections, prescriptions or medication relating to contraception

Any Scans

- All diagnostic scans, including X-rays, Ultrasounds, CT scans and MRI scans

Administration Fees

- Charges for letters, form completion or reports from a medical practice, clinic or hospital
- Charges for failing to attend an appointment
- Charges applied to an overdue account or invoice

Un-qualified or Un-regulated medical practitioners

- Consultations or treatment provided by a medical practitioner that does not hold the relevant qualifications to treat or advise a patient on the subject matter.

- Consultations or treatment provided by a medical practitioner that is not known to the States of Guernsey and does not have their details held on the "Registers of all Regulated Health Professionals"

Psychology

- Consultations or treatment relating to mental health or psychology

Equipment

- Purchase or hire of equipment or sundry items

Other

- Transportation by air or marine ambulance

Other Information:

Policyholder Certificate

At the commencement of your policy, you will have been issued with a Policyholder Certificate. This document sets out the details of the cover you have chosen, your policyholder number and the commencement dates of your cover.

Schedule of Cover

At the commencement of your policy, you will have been issued a Schedule of Cover. This is a unique document to you that details the cover you have chosen and your cover limits per calendar year. We only pay up to the limits stated on your schedule of cover.

Checking your Cover

If you are unsure about whether or not you are covered prior to receiving treatment, you should call us before arranging your treatment or consultation to check that you will be covered. Our contact details can be found on your Policyholder Certificate or at the front of this booklet.

Section 2: Policy Terms

General Terms:

Your Policyholder Certificate (which is personal to you) and these policy terms together form our Health Insurance Agreement with you. It is important that you read these documents together to understand your cover.

Eligibility

To be eligible for this cover you must:

- be a resident of Guernsey, Jersey or Alderney
- be registered with the States of Guernsey or the States of Jersey Revenue Service and hold a valid social security card. For Jersey residents, who will not receive a social security card for circa 6 months, this will be at the discretion of the Insurer.
- be registered with a doctor's practice within Guernsey, Jersey or Alderney

Applying for cover

When applying for cover with us you must complete an application form. Upon receipt of a completed application, an underwriter will review the information you have provided in line with our underwriting criteria. In some circumstances, an underwriter may apply to your General Practitioner for further medical information. Once a review of your application has been completed, you will be communicated with by letter regarding the status of your application and a quote where this is acceptable.

In some cases, it may be necessary to apply a non-standard premium loading to an applicant's premium or to reject the application where the results of the review fall outside of our risk appetite.

Applying for another individual

From the age of sixteen onwards an applicant should complete and sign an application in their own name. Applications for cover where an individual is aged fifteen or under must be completed and signed by a parent or legal guardian.

An application may also be completed and signed on behalf of an individual by another person when accompanied by a legal guardianship notice or power of attorney notification.

Premium Reviews

The annual rates shall be decided by our Board of Directors in advance each year. Each policyholder will also be subject to a review of their claims/medical expenses paid by us and an individual's premiums may be increased above the standard rate or decreased if surcharged above the standard rate based on the claims/medical expenses paid over the previous twelve months.

In some circumstances, a mid-year review may take place on a policyholder that represents a significant claims risk to us. Should a review of this nature take place, the policyholder will be notified a minimum of fourteen days prior to the proposed increase. Should a policyholder wish to appeal the increase they must contact the Office within fourteen days of the letter being issued.

Deferments

All policies have a three-month deferment period (waiting period before cover commences) applied to them. In some instances, we are able to reduce or waive these deferments. This is however at the discretion of the underwriter.

Amendments

Increasing or decreasing your cover can be done at any time, there is no need to wait for your annual renewal. Please be aware however that policy upgrades are subject to standard deferment periods. Any changes will be required to be notified to the Office in writing via post or email.

Claiming:

Direct & indirect billing

Some items are billed direct to us from the doctor's practice, clinic or hospital. When an item is billed direct to us, you will not receive an invoice. Provided you have the relevant cover remaining on your policy, this will be paid straight to the provider. Items eligible for direct billing are detailed below:

- Primary Care Consultations
- Nurse Consultations
- Blood Tests
- Smear Tests
- Simple Injections
- Ear Syringe & Suction
- Repeat Prescription Issue Fees

All other items are subject to indirect billing. In these cases, the practice, clinic or hospital must send the invoice directly to you. You should then follow the below step by step guide in order to make a claim.

For Jersey policyholders, we can only pay directly to individuals as we are not affiliated with any of the Jersey surgeries. Therefore, please provide invoices directly to claims@forestershealthcare.co.uk for a claim to be settled.

Step by step guide to making a claim

1) Check your cover

   If you are unsure as to whether or not you are covered for a claim, you should in the first instance contact a member of our claims team who will inform you whether you are able to make a claim.

2) Forward us the claim

   Forward your invoice / receipted invoice to our claims team either by post or emailing to claims@forestershealthcare.co.uk.

3) Let us handle the rest

   Once your claim has been received, our claims team will process this in accordance with your policy cover. In the event that your cover has run out or there is an issue with your claim, a member of our claims team will contact you either by telephone, email or letter.

General information on claiming

In order for a claim to be eligible you must:

- Ensure your premiums are paid up to date – We reserve the right to reject payment of any claims if a policyholder's premiums are outstanding by 60 days or more
- Ensure the invoice / receipt contains your name and address – debit/credit card receipts are not acceptable when making a claim unless accompanied by an invoice
- Ensure the invoice / receipt is legible and not altered in any way
- Submit the invoice / receipt within 12 months of the treatment date

NOTE: with effect from 1 July 2025, invoices / receipts must be submitted within 6 months of the treatment date.

Claim settlements will be paid to the policyholder of whom the charge is invoiced to unless:

- The charge is invoiced to a policyholder under eighteen years of age
- We have received a copy of a legal guardianship notice or notice of power of attorney for the policyholder

- We have received written notification from the policyholder confirming their wish to have another individual reimbursed

Cancelling your policy

Your policy may be cancelled at any time by giving us written instruction. Any full month's premiums paid in advance will be refunded upon cancellation of your policy.

Your policy may be cancelled by us by sending a notice of cancellation notice with seven days' notice to your last known address. In the event your policy is cancelled by us, you will receive a refund for any full month's premium paid in advance.

Should your policy be cancelled by us, which will only be actioned in extreme circumstances, you may appeal the decision by writing to the Board of Directors. Should you remain unsatisfied with the result of the appeal you may then forward your appeal to the Channel Islands Financial Ombudsman. See Section 3: Other Information – Complaints.

Please note, we do not issue refunds for any amounts less than a full month's premium. Policies may only be cancelled at the end of a calendar month.

Section 3: Other Information

Suspending your policy

A policyholder may suspend their insurance cover for a small monthly fee for a minimum of three months. Suspended policyholders are not entitled to medical claims. Full premium discounts are maintained whilst a policyholder is suspended.

When returning into active cover from a period of suspension, we reserve the right to request a newly completed application to update your details and medical history.

Complaints

We take all complaints seriously and aim to resolve problems promptly. If you should have a complaint with regards to your policy or a claim you should in the first instance, contact the Office Manager in writing, so that your concerns can be raised with Management and investigated.

If we are unable to resolve your complaint to your satisfaction, it will be referred to the Board of Directors for review and determination.

If you remain dissatisfied following our final response, you may refer your complaint to:

Channel Islands Financial Ombudsman
PO Box 114
Jersey
JE4 9QG

Telephone: 01534 722218

Website: https://www.ci-fo.org

Data Protection

On 25 May 2018, The Data Protection (Jersey) Law, 2018 and The Data Protection (Bailiwick of Guernsey) Law, 2018 (Guernsey and Jersey's equivalent legislation to the European Union's General Data Protection Regulation (GDPR)) came into force.

Foresters Healthcare Insurance Ltd. (Foresters Healthcare) is registered with the Office of the Data Protection Commission in Guernsey and Jersey for the processing of data. We seek to comply fully with the Law and our Privacy Policy, which gives further information about how we comply with the Law. This can be found on our website at https://forestershealthcare.co.uk/privacy-policy/ or a hard copy can be requested from us.

Please note that the basis for processing your personal data is the conclusion of a contract between us and you – the contract being your policy with us – as evidenced by your completed application form. We will only use the data for the purposes for which it was provided. We can also confirm that we only hold the data necessary for your policy, and that this data is only retained by us for a fixed period after you cease to be a policyholder. Should you have any further questions in respect of our compliance with the Data Protection legislation, please feel free to contact us.