

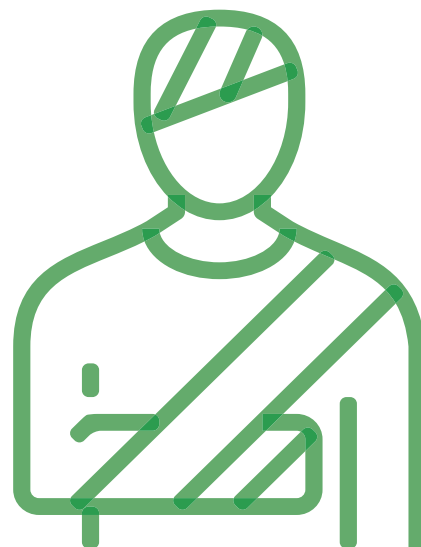
Optimum Out-patient Plan



Why choose National Friendly?

In 2018 we received the following customer satisfaction scores:

We paid **99%** of
medical claims...



...and we were rated
9.7 out of **10** for
our **medical claims
management service**



based on a survey of 185 private medical insurance policyholders

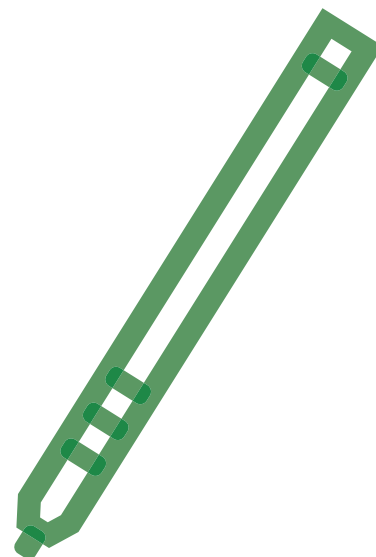
91% of calls were
answered within
20 seconds



based on a sample of 16,499 calls

91% of written enquiries were responded to within **5 working days**

based on 27,904 cases



Our customer service team also have a **96%** satisfaction rating for speed of service...

based on a survey of 185 private medical insurance policyholders



...and a **95%** satisfaction rating for ease of service

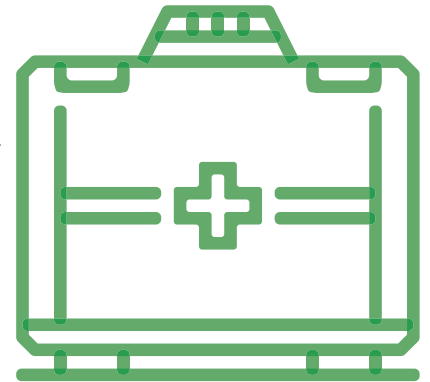
based on a survey of 185 private medical insurance policyholders



Out-patient Plan

If you have a medical problem that's been concerning you, a quick diagnosis can take away a lot of worry and uncertainty. With so many demands on the NHS, it can be difficult to see consultants and even a local GP when it's convenient for you, even for short term, curable conditions.

With our Out-patient Plan you can get prompt access to a private GP and specialist consultant to get you on the path to recovery. The policy helps to cover healthcare costs associated with diagnosis of a medical condition together with a range of out-patient treatments. In addition, you can get access to treatment for selected musculoskeletal and mental health issues without having to wait for a GP referral. You have a choice of two annual cover limits. The limits are £2,000 or £5,000 each policy year.



Out-patient Plan helps pay for:

- ✓ **Prompt appointment(s) with a private GP.**
- ✓ **Diagnostic consultations with a specialist consultant.**
- ✓ **Diagnostic tests to help find the cause of your symptoms** - with quick access to results.
- ✓ **Physiotherapy, acupuncture, osteopathy and chiropractic treatment.**
- ✓ **Telephone referrals** - for mental health and physical therapies.
- ✓ **Minor surgery for carpal tunnel decompression, joint injections and excision and cauterisation procedures.**
- ✓ **Mental health sessions with a counsellor or psychotherapist.**
- ✓ **Diagnosis of heart and cancer conditions** - including scans and biopsies.
- ✓ **Services from an experienced claims team** - to help you through your claim.



Your application options

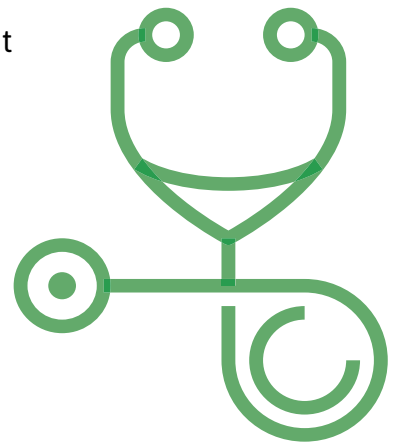
When you apply for the Out-patient Plan you can choose from three options for how we'll deal with any medical conditions you have now or before your policy starts. We refer to these as "pre-existing medical conditions." The way we approach them and any related medical conditions is important because the policy is not intended to cover them, only new conditions that happen once your policy is up and running.

We explain the three application options here to help you understand our approach. Your policy documents will tell you exactly what's covered and what isn't.

Full medical underwriting

This option might be suitable for someone who wants to know for sure right from the outset whether a pre-existing condition will be covered.

You'll be asked to tell us about your medical history so that we can assess each medical condition and whether we'll cover it or not. We'll ask you questions about your medical conditions and we may also request information from your doctor or specialist. This will help us determine whether your condition is pre-existing or not, and whether it's likely to recur.



Continued personal medical questions

If you're looking to switch from another policy this option is designed to provide you with the choice of having a quicker way to apply. We do this by carrying across to your new policy any personal medical exclusions that are currently not covered on your existing policy. This means those excluded medical conditions won't be covered on your new policy. You'll be asked to provide us with a certificate of insurance as evidence from your existing insurer.

We also ask you a few questions about your recent health so that we can tell you which medical conditions we'll cover. As with full medical underwriting we'll assess your answers and tell you whether we'll cover any recent or suspected medical conditions or not. We'll ask you questions about your medical conditions and we may also request information from your doctor or specialist. This will help us determine whether your condition is pre-existing or not, and whether it's likely to recur.

Moratorium

A moratorium application is where you accept that pre-existing medical conditions experienced in the five years before taking out a policy will not be covered until two consecutive years on the policy have passed free from any recurrence of that condition. Our moratorium option is common to most medical insurers and might be suitable for you if you're generally well with no health

problems, or if you've had a recent medical condition that is unlikely to recur in future. If you choose this option we won't ask you any questions about your health when you apply. Instead, should you need to claim in future we'll ask you questions about your medical condition at that time and we may also request information from your doctor or specialist. This will help us to determine whether your condition was pre-existing or not. This is important because you won't be covered for treatment of any pre-existing medical condition where you:

- Had signs, symptoms, medication, treatment or advice for it in the five years before the start of your policy.
- Have not been clear of signs, symptoms, medication, treatment or advice for two years continuously after the start of the policy.

For more information on the Out-patient Plan and your application options please contact your broker or ask us to send you the Policy Summary.

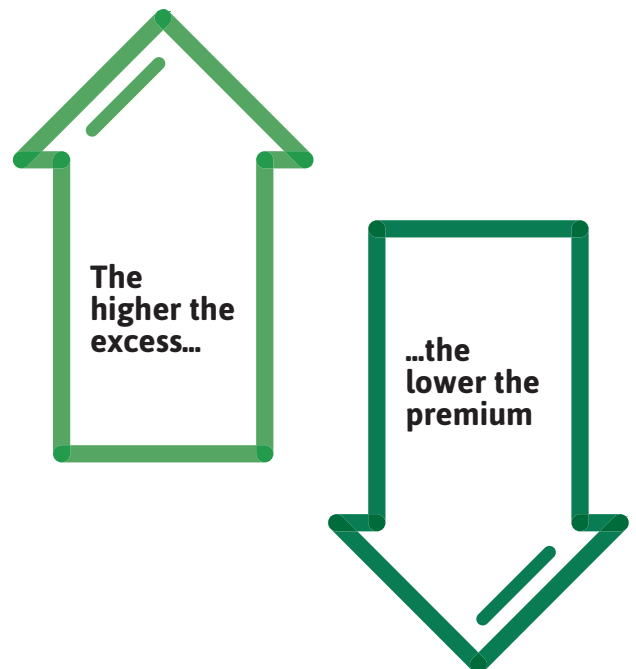
Your excess options

Should you need to claim, an excess is an optional amount that you can choose to pay towards the cost of treatment in any policy year.

This can be beneficial if you want to keep down the price you pay for your private medical insurance. Your premiums will be lower the higher the excess you choose. Or you might decide that you would rather not pay an excess and that is one of our options too.

The four excess options are:

- No excess
- £100
- £250



If you would like to know how much of a difference each option could make to your monthly premium, please contact your broker or ask us for a personalised quote.

About National Friendly

Founded in 1868, we have been helping people prepare for life's uncertainties for over 150 years.

We are 100% UK based; our customer service team is in Bristol and staffed by our friendly, expert team who will help you get the most from your policy.

As a mutual we are owned by our members and we never forget that. Our members' money is safeguarded and soundly invested. With no shareholders to satisfy, the profits are used to look after the members themselves.

Find out more

Please contact your broker for more information or ask us to send you the Policy Summary which tells you everything you need to make the decision on whether the Out-patient Plan is right for you.

Call us on

0333 014 6244

Calls from UK landlines and mobiles cost no more than a call to a 01 or 02 number and will count towards any inclusive minutes.


We're open from 8am to 6pm, Monday to Friday excluding bank holidays. Calls are recorded for training and quality purposes.

Write to us at


National Friendly, 11-12 Queen Square, Bristol, BS1 4NT

Follow us at

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Email us at

info@nationalfriendly.co.uk



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