



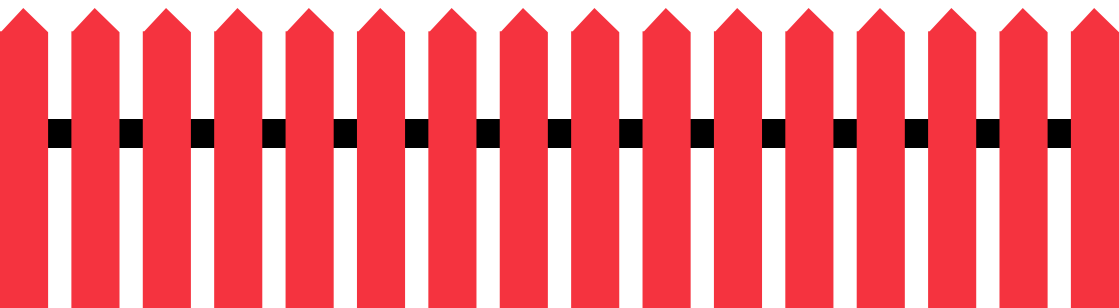
UK Healthcare™

Looking after every body

CORPORATE

Terms and conditions

Everything you need to know about your health cash plan



Things to remember when making a claim...

1

You must fully complete and sign a claim form and send it to us with original receipts. You may submit claim forms online by visiting ukhealthcare.org.uk and following the simple steps provided.

2

The receipts must include your name and be submitted within six months of the date of any treatment.

3

Check that you have sufficient level of benefit remaining before submitting a claim.



If in doubt, call on 01204 522775

General terms and conditions

Welcome to UK Healthcare (the trading name of Bolton & District Hospital Saturday Council)

We've tried to make this plan as simple to understand as possible. Please take time to read this document carefully and keep it safe for future reference. This plan is contractually binding whether or not you have signed the application form or any other document.

Insured persons are covered for the benefits shown in the plan schedule of cover, which in turn are governed by the following plan wording.

UK Healthcare is a trading name of Bolton & District Hospital Saturday Council which is an Appointed Representative of Westfield Contributory Health Scheme Ltd, registered in England & Wales, company number 303523, registered address: Westfield House, 60 Charter Row, Sheffield, S1 3FZ. Westfield Contributory Health Scheme Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The financial services registration number is 202609.

Joining UK Healthcare

Anyone aged 16 to 70 can join UK Healthcare and can use the plan for as long as they wish. You will not be required to have a medical to join our scheme.

You can upgrade your level of cover once every year during the lifetime of the policy. Downgrades are not normally allowed.

UK Healthcare reserves the right to decline an application for any employee, partner or child or refuse any request to upgrade to a higher level of cover entirely at its discretion and without providing a reason.

Pre-existing conditions of employees only are covered. Pre-existing for partners and children are excluded.

you can add a partner or child living at the same address provided that UK Healthcare receive such an application within 30 days of commencement of the Employer scheme.

Premiums

Payments are made in advance on a rolling basis and are non-refundable. For a claim to be honoured your payments must be fully up to date. Should payment fall into arrears we reserve the right to refuse your claim, even if the treatment date was before the date of arrears. Occasionally it will be necessary for us to increase the premium, alter the benefits available or amend the rules relating to your plan. If this happens you will receive one-month notice in writing. Notifications of address changes are your responsibility and we cannot be held responsible for any correspondence failing to reach you. We will notify you if legislation which is outside of our control (e.g. Insurance Premium Tax) results in any change to your payments.

You can upgrade your cover to a higher level by paying the difference in premium between the level of cover you want and the level of cover you want and the level of cover your employer provides. You can only do this once a year. The level of cover chosen sets the premium that is payable. It is your responsibility to keep us informed of any change in bank details where you require us to pay claims.

When you can start claiming

You will be able to claim benefits after we receive the first payment from your employer. If you upgrade your cover, you will be eligible to claim at the higher benefit rate only after we receive payment.

How to make a claim

Every claim must be accompanied by a fully completed claim form and will be paid in full at 100% of the claim, subject to the appropriate plan limit.

You may submit your claim online by visiting ukhealthcare.org.uk and following the simple steps provided. You can also download a claim form from our website, or ring 01204 522775 to request one.

The following criteria must be applied on submitting a claim:

- Original receipts are required if posting claims to UK Healthcare. Should your claim be submitted online we reserve, at our discretion, the right to request original receipts on processing your claim
- Amended or altered receipts will result in a claim being rejected and may ultimately result in your plan being cancelled

- The receipt must be in the name of the person claiming
- Details of the treatment must be outlined
- Details of the practitioner performing the treatment must be provided
- All claims must be submitted within six months of the treatment date as shown on the receipt otherwise they will be ineligible for consideration

For prescription claims we require a Form FP57 which is available from the chemist where you collect your prescription. If this is unavailable we will require a receipt from the chemist and the corresponding prescription label which must include the patient's name, date prescription provided and details of the drug.

Claims for NHS prescription pre-payment certificates can be made; a receipt of the purchase must be provided.

For hospital claims, completion of a separate claim form is required, which must be signed and endorsed by the relevant hospital. Hospital claims cannot be made online.

Payments will always be made to the plan holder.

In order for us to verify a claim it may be necessary for us to request a medical report at any time. We will only request a report when it is reasonably necessary in accordance with the Access to Medical Reports Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991, if a medical report is required, we will write to you first to tell you why. If you, or where applicable your dependent child, do not give us your consent we will withhold payment of all claims and may terminate your policy. We also reserve the right to request a second opinion for any claim. We also will accept the costs incurred should such action be taken. This may result in an appointment with a healthcare professional of your choice. Failure to attend this appointment may result in your claim being refused.

On occasion it may also be necessary for us to request a medical declaration from your GP or other medical practitioner. You must pay all costs related to obtaining this report. Payments made outside of the UK will be honoured at the current exchange rate on the date that the claim is paid. All payments will be made in pounds sterling with the exchange rate used being made in that country's official currency. We will not pay any claim in advance of any treatment being received.

What you can't claim for

Should you upgrade your cover, any medical condition in existence prior to the upgrade will only be covered at the original level of cover.

- Any treatment in respect of a non-medical condition
- Any medical advice or treatment you received prior to joining
- Any type of missed appointment
- Any claims that arise as a result of self-injury or abuse
- Activities related to hazardous sports injuries. A full list of these is available on request
- Examinations at a medical centre
- GP fees for private treatment
- Pregnancy terminations, contraceptives or gender reassignment operations
- Cosmetic surgery
- Drug, alcohol or solvent abuse

Maximum payments

All benefit payments are provided in respect of a twelve month period. Each individual benefit period begins on the date of the first treatment, goods purchased or service that you have received. Each claim for a different treatment starts a new commencement period for that particular benefit. After each benefit period has expired the next benefit period will commence on the date of the next hospital admission or receipted claim request. Should you be charged by a doctor or practitioner for completing any claim, such costs will be at your expense.

Overpayment

Should any overpayment of benefit be paid by our underwriter the amount in question must be reimbursed.

Children

You can include up to four of your children or those of your partner up to their 24th birthday, provided they are in full time education. Should they not be in full time education cover will cease on their eighteenth birthday. UK Healthcare will request proof of educational status for any child over 18.

Only biological and adopted children are covered and we may request original birth certificates at the time of application. Claims for dependent children can be made by either contributing parent or guardian but not both. Should you wish to add an additional child to the plan we will require such a request in writing. Unless we have received written notification no benefits will be payable.

Medical Practitioners, Consultants and Specialists

Claims will only be paid if the person providing your treatment or care is a qualified practitioner who meets the following criteria. They must be (depending on their field):

- Named on the register of specialists maintained by the General Medical Council and/or Dental Council
- In a position of substantive appointment in a National Health Service Hospital or Armed Service (locums are excluded)
- In possession of a certificate of Completion of Training from the Royal College of Nursing
- A qualified dental practitioner
- A qualified optician or ophthalmic surgeon
- Registered with the Health Professionals Council
- Registered with the British Acupuncture Council or The Modern Acupuncture Association or British Medical Acupuncture Society
- Registered with the General Chiropractic Council
- Registered with the General Osteopathic Council
- Registered with The Faculty of Homeopathy or The Society of Homeopaths or the Alliance of registered Homeopaths BTEC qualified
- Registered with ITEC, FHT or CNCH
- Registered with MCSP or SRP

Leaving us

You can cancel your plan by giving us and your employer one-month notice. We will not refund any premiums paid and we reserve the right to prevent individuals from joining again for three years from the date of termination. If you or anyone paying premiums on your behalf misses two consecutive monthly payments we will immediately terminate the agreement. We reserve the right to cancel your plan at our discretion by providing one month's written notice, and without giving reason. If we suspect any claim is fraudulent we reserve the right to cancel your policy with immediate effect without giving reason. We reserve the right to refuse cover or an upgrade to a higher level scheme again without giving a reason.

UK Healthcare may cancel your plan with immediate effect if we think that you have:

- Broken our rules
- Failed to act in the utmost good faith, which includes:
 - Repeatedly making claims that threaten our financial wellbeing
 - Deliberately providing false or misleading information
 - Behaving in a threatening or abusive way towards any member of our staff
 - Making a claim that is false misleading or exaggerated

Fraudulent Claims

If we are suspicious that a claim may be fraudulent we have rigorous anti-fraud measures in place. If proven, fraudulent claims may result in legal action against offenders and cancellation of the plan. Abuse of the plan in any other way may result in cancellation of the plan. We have the right to immediately suspend or cancel your plan and refuse to pay any monies requested. We always prosecute fraudulent claimants and look to recover any costs incurred as a result of action taken. Fraud is a criminal offence that can result in a fine or prison sentence. We monitor claims behaviour on all policies and may request an appointment with you to discuss your claims.

Our Privacy Promise

We are committed to protecting the privacy of our users and customers whilst improving people's quality of life by enabling them to make healthier choices.

We believe in being open and up front with users and customers and have developed our Privacy Promise, a quick and simple summary explaining how we manage, share and look after your personal data.

We promise to collect, process, store and share your data safely and securely:

- **You're always in control:** Your privacy will be respected at all times and we will put you in control of your privacy with easy-to-use tools and clear choices.

- **We work transparently:** We will be transparent about the data we collect and how we use that data so that you can make fully informed choices and decisions.
- **We operate securely:** We will protect the data that you entrust to us via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.
- **For your benefit:** When we do process your data, we will use it to benefit you and to make your experience better and to improve our products and services.

If you'd like to know more, please read our detailed Privacy Policy available on our website.

If you need to speak to us in relation to how your personal data is processed please feel free to contact our Data Protection Officer, whose details are provided below:

Email: dpo@westfieldhealth.com

Post: Data Protection Officer
Westfield Health
Westfield House
60 Charter Row
Sheffield
S1 3FZ

Complaints procedure

We're proud of the service we provide but know we might not get it right all the time. When something goes wrong, we'd like to know so we can try to put it right for you.

How to complain

You can contact us with your concerns by

- Phone 01204 522 775
9:00am-5:00pm, Mon-Fri (except public holidays)
- Email info@ukhealthcare.org.uk
- Post PO Box Bolton, PO Box 335, Sheffield S98 1BY
- Directly contact your sales consultant

We'll try to resolve them straight away. Sometimes we might need a little more time, but we'll keep you updated along the way.

When we receive your concerns, we'll:

- Promptly acknowledge your complaint
- Assign your complaint to a case handler to review and investigate
- Keep you updated throughout
- Provide you with a written response within 8 weeks of receiving your complaint

If you're not satisfied with our response

If you're not satisfied, you may be able to refer your complaint to the Financial Ombudsman Service. You will have 6 months from the date of our response letter to refer your complaint to the Ombudsman or you may lose your right to have the complaint investigated.

The Financial Ombudsman Service may not be able to consider a complaint if you have not provided us with the opportunity to resolve it first.

We would point out that the Ombudsman will only review complaints from 'eligible complainants', for which specific definitions apply. You should refer to the FOS for further guidance on this subject.

What is the Financial Ombudsman Service?

The Financial Ombudsman Service (FOS) is an independent complaint resolution scheme. The FOS website recommends that you follow the process above before referring your complaint on to them, although you are able to ask them general questions regarding complaints at any time.

The FOS service is free of charge. The Financial Ombudsman Service can be contacted as follows:

Post: The Financial Ombudsman Service, Exchange Tower, Harbour Exchange, London E14 9SR

Telephone: 0800 023 4567 (free from a UK landline) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers). Please call **+44 (0) 207 964 0500** if calling from outside the UK.

Email:
complaint.info@financialombudsman.org.uk

Website:
www.financial-ombudsman.org.uk

Changing your mind

If you have upgraded your cover, added your partner or child, and paid for cover you will be entitled to a refund within the first 14 days. Either email us at **info@ukhealthcare.org.uk** or call our customer services team on **01204 522775**.

Financial Services Compensation Scheme

Westfield Contributory Health Scheme Ltd is covered by the Financial Services Compensation Scheme. In the unlikely event that we are unable to meet our obligations, you may be able to claim compensation. Further information is available from the **Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY** and by visiting **www.fscs.org.uk**.

Important Information

The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires us to give you certain information so that you can decide if our products and services are right for you.

Statement of Demands and Needs.

This plan meets the demands and needs of someone who is looking for help towards the cost of a selected range of everyday healthcare expenses. Exclusions and restrictions apply, more information can be found in the Terms and Conditions.

The services you will receive

We will only provide you with information about our plans so that you can make an informed choice. We will not provide you with any advice or personal recommendation about the plan or range of options available from UK Healthcare. You will need to make your own decision as to the suitability of the product for your own circumstances.

Who are we?

This plan is sold and administered by UK Healthcare. This plan is underwritten by Westfield Health. Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England and Wales, company number 303523. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number is 202609. The registered address is Westfield House, 60 Charter Row, Sheffield, S1 3FZ.

Commission

For direct sales, our Health and Wellbeing Consultants receive a salary and a monthly bonus which is calculated as a percentage of sales.

If you are introduced, to us by an Introducer Appointed Representative (IAR) we pay them a percentage commission.

Cooling Off Period

If you are not completely satisfied with the plan, simply notify us within 14 days of the date that we accept your application and we will cancel it. Provided a claim has not been paid, we will refund any premium collected. Please refer to full terms and conditions in your plan guide.

Complaints

You can contact us with your concerns by phone, email or post. If you're not satisfied with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). You will have 6 months from the date of our response letter to do this, or you may lose your right to have the complaint investigated. More information is available on the FOS website www.financial-ombudsman.org.uk.

The Financial Services Compensation Scheme

Westfield Health are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations, you may be entitled to compensation from the scheme. For more information, please visit www.fscs.org.uk

Your Benefits explained

Dental (NHS & private)

We cover:

- ✓ Dental treatment, check-ups, hygienist fees
- ✓ X-Rays
- ✓ Full or partial dentures
- ✓ Denture repairs
- ✓ Dental consultation fees

We don't cover:

- ✗ Cosmetic dentistry
- ✗ Non prescribed items and consumables
- ✗ Dental maintenance schemes
- ✗ Premiums paid to a dental care contract
- ✗ Laboratory fees and dental technician fees

Dental Accident

Up to the maximum can be claimed for your appropriate level of cover every benefit year towards the actual costs you have incurred.

We cover:

- ✓ Dental injury that is a direct result of an accidental impact

We don't cover:

- ✗ Accidental damage caused during eating, sleeping, biting
- ✗ General wear and tear

Optical

We cover:

- ✓ Eye tests
- ✓ Prescribed spectacles, contact lenses
- ✓ Payments you make for prescription lenses, supplied under a monthly scheme, when you obtain an itemised receipt confirming payment has been made (to be submitted quarterly)
- ✓ Sunglasses with prescribed lenses
- ✓ Repairs
- ✓ Laser eye surgery
- ✓ Disposable contact lenses

We don't cover:

- ✗ Non prescribed spectacles or contact lenses
- ✗ Optical sundry items / consumables
- ✗ Spectacle contact lens insurance premiums
- ✗ Part payment of prescriptions
- ✗ Ophthalmic consultation fees
- ✗ Off-the-shelf reading glasses

Wellbeing (physiotherapy, osteopathy, chiropractic, acupuncture)

We don't cover:

- ✗ Any treatment provided by a practitioner not registered with the appropriate professional body
- ✗ X-Rays and scans
- ✗ Appliances for lumbar support, books,

flexiband, tape, ice or heat packs.

Specialist consultation

We cover:

- ✓ Consultations as recommended by GP
- ✓ Diagnostic tests
- ✓ Pathological examinations
- ✓ Blood tests in relation to diagnostic consultation

We don't cover:

- ✗ Cost of a referral
- ✗ Treatment charges
- ✗ Ambulance charges
- ✗ Fees incurred other than during illness
- ✗ Dietician or nutritional services
- ✗ Visits to GPs or clinics
- ✗ Operation fees
- ✗ Investigative charges: CT scans/ PET scans | MRI scans/ ultrasounds
- ✗ Anaesthetic fees
- ✗ Speech therapy services
- ✗ Biopsy
- ✗ Counselling services e.g. bereavement, psychiatric, psychological
- ✗ Assisted conception, fertility treatment or pregnancy care
- ✗ Check ups including cancer remission
- ✗ Fees for follow-up consultations

Health screening

We cover:

- ✓ Well man/woman screening
- ✓ Osteoporosis screening

- ✓ Mammogram screening
- ✓ All screening that helps prevent an illness

We don't cover:

- ✗ Home testing kits
- ✗ Screening for employment services
- ✗ Legal insurance or similar matters
- ✗ X-Rays and blood tests not included in the full health screen

Staying in hospital

Up to 28 nights can be claimed in a 12 month benefit period for any NHS, hospice or private hospital stay. The relevant benefit allowance can only be claimed in respect of each illness or related condition throughout the lifetime of the plan.

We cover:

- ✓ Maternity admission after 10 nights
- ✓ Immediate cover following an accident

We don't cover:

- ✗ Respite care
- ✗ Nights when patients are allowed to leave hospital for any reason
- ✗ Outpatient treatment
- ✗ Attendance at A&E
- ✗ Stays relating to a psychiatric condition

Accompanying your child in hospital

We cover:

- ✓ Any period of stay between one and 24 nights for one parent accompanying a child up to their 18th birthday who is

covered by this plan.

We don't cover:

- X More than one accompanying parent
 - X The post natal period after the birth
 - X Another relative accompanying the child
- Hospital day case admission

Hospital day case admission

We cover:

- ✓ When a customer has signed an admission form for admission to a day care ward for investigation or treatment of an acute or chronic medical condition where you experienced these conditions whilst a plan holder
- ✓ Up to 10 times in a benefit year to the maximum shown
- ✓ Outpatient treatments for radiotherapy, chemotherapy or oncology

We don't cover:

- X Attending as a general outpatient
- X Casualty patients
- X Maternity/geriatric/psychiatric/hospice care
- X Cancelled operations
- X Pre-admission appointments
- X Respite care
- X Kidney dialysis
- X Treatment not carried out in a hospital

Complementary therapies

All treatment received must be validated by a letter of referral from your GP

We cover:

- ✓ Remedial massage
- ✓ Homeopathy, reflexology and aromatherapy.

We don't cover:

- X Sports massage, Indian head massage, Reiki, Alexander technique and Hopi ear candles

Chiropody / Podiatry

We cover:

- ✓ Any treatment that is the result of a medical condition that is carried out by a qualified practitioner

We don't cover:

- X Cosmetic pedicure
- X X-Rays
- X Consumables: corn plasters/insoles/dressings
- X Surgical or corrective footwear

Prescription charges

We Cover:

- ✓ Upon production of form FP57 (if unavailable a receipt plus the prescription label detailing your name, treatment and date will be accepted) up to 12 prescription charges in a benefit year dependent upon level of cover
- ✓ Claims for NHS prescription pre-payment certificates can be made; a receipt must be provided of the purchase
- ✓ All items relating to a medical condition
- ✓ Prescriptions from a GP or dentist

We don't cover:

- ✗ Items not related to a medical condition e.g. holiday inoculations, fertility treatments, nicotine replacements, weight loss control unless medically prescribed

Helplines - 0800 107 6585

The following services are provided by companies that are contracted to UK Healthcare. We reserve the right to change providers for these services without providing notice to you, unless there is a change to the service provided or contact details.

Scheme Number - 72740

All of the helplines are totally confidential. To use any of the services telephone 0800 107 6585, quote the scheme number (72740) and advise the service that you require:

Private Legal Advice

Confidential legal advice on any personal legal problem such as, but not limited to, employment, consumer contract, landlord & tenant, property, probate and motoring, within the territorial limits of the United Kingdom, Channel Islands and the Isle of Man.

Telephone Counselling

Support on issues such as bereavement, workplace issues, relationship issues, alcohol and drugs, depression and anxiety.

Health & Wellbeing Medical Helpline

Information on supporting a healthy lifestyle, helping with fitness and general wellbeing. The helpline can provide general medical advice and support, but is not a diagnostic service.

Wisdom mobile app and website

You, the policyholder, also have access to a progressive app – Wisdom; an online dedicated resource, designed to support your health and wellbeing. It provides you with tailored resources, tools and learning materials - wellbeing fact sheets, videos, self-help programmes, mood trackers, mini health checks, interactive tools and educational resources to help with life's challenges.

Download: Wisdom available on Apple App Store for iOS and Google

Play Store for Android. You can also access on the website <https://wisdom.healthassured.org/login>

Use access code **MHA169154**

Gym, spa and leisure benefits

You and your family covered will be eligible to join a health club convenient to you at the lowest membership rate available and take advantage of preferred rates on a variety of retail services. To take advantage of these discounts please visit **www.mygymdiscounts.co.uk** and enter passcode **UKH**.

Worldwide cover

The benefits of your plan apply to holidays and business trips abroad up to a maximum duration of 28 days. Any documentation submitted must be translated into English for us to process the claim.

Before we pay any claim, we may ask for a copy of your travel documents. The benefits covered under this section are restricted to dental (including accidents), optical, wellbeing, staying in hospital, Hospital Day Case and Prescriptions. All other benefits provided within the Plan are excluded.

Governing Law

The law of England and Wales applies to this contract. A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this plan.

UK Healthcare

T 01204 522775

E info@ukhealthcare.org.uk

A UK Healthcare, PO Box Bolton, PO Box 335, Sheffield S98 1BY

ukhealthcare.org.uk

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