The Simplyhealth Plan

Policy document

Inside you'll find all you need to know about what is and isn’t covered
Effective from 16th April 2020
## Your table of cover

<table>
<thead>
<tr>
<th>Monthly premium for you</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£7.50</td>
<td>£20</td>
<td>£30</td>
<td>£40</td>
</tr>
<tr>
<td>Monthly premium for you and your partner</td>
<td>£15</td>
<td>£40</td>
<td>£60</td>
<td>£80</td>
</tr>
<tr>
<td>Cover for up to four of your children under the age of 18</td>
<td>£1.50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Premiums include Insurance Premium Tax where applicable

### Available on all levels of cover

#### Video GP consultations
Speak to a GP through your mobile 24 hours a day. Through the Simplyhealth app, you can have a video consultations at a time that suits you.

#### Video Physio assessments
Speak to a physiotherapy triage service to point you in the right direction and help get the care you need. You will get 8 sessions per year on this service.

#### Telephone counselling
Speak to a qualified counsellor 24 hours a day, 7 days a week to help when you need it most

#### Wellbeing and lifestyle guidance
Speak to experts over the phone about your wellbeing, financial concerns or relationship issues.

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We also have a range of health-related information and services which can be accessed through your online account

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### We pay 100% of your receipt up to the annual limit

#### To help you feel your best

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy, osteopathy, chiropractic, acupuncture</td>
<td>£50</td>
<td>£150</td>
<td>£250</td>
<td>£350</td>
</tr>
<tr>
<td>Includes treatment from a registered professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropody / podiatry &amp; reflexology</td>
<td>-</td>
<td>£100</td>
<td>£150</td>
<td>£200</td>
</tr>
<tr>
<td>Includes treatment and assessments, for example gait analysis, by a chiropodist or podiatrist as well as reflexology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### To help you keep your eyes and teeth healthy

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>-</td>
<td>£100</td>
<td>£150</td>
<td>£200</td>
</tr>
<tr>
<td>Includes check-ups and treatment, for example filings, crowns and bridges, hygienist fees, gum shields</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical</td>
<td>-</td>
<td>£100</td>
<td>£150</td>
<td>£200</td>
</tr>
<tr>
<td>Sports or everyday prescription glasses, prescription sunglasses and contact lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### To help you when you need it most

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>-</td>
<td>£20</td>
<td>£20</td>
<td>£20</td>
</tr>
<tr>
<td>Cash amount when you are admitted to hospital. Up to 20 days/night maximum, each policy year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription charges</td>
<td>£20</td>
<td>£30</td>
<td>£40</td>
<td>£50</td>
</tr>
<tr>
<td>Prescriptions issued by a GP or Dentist.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must be over 18 to join this policy. You can find full policy details in the policy documents.
Introduction

Thank you for buying The Simplyhealth Plan. This document explains the policy rules, and how the policy works. These rules apply to all members of the policy. Please take the time to read them and keep them safe in case you need them again. If you have any questions, then please contact us.

We aim to make information about us and this policy accessible to you, so information is available in large print or audio.

We want you to have a policy that meets your needs, and this product you have chosen meets the needs of someone who could benefit from support with the costs of their healthcare appointments and access to healthcare and wellbeing services. Please remember to review your cover on a regular basis to make sure that it continues to meet your needs.

How does my plan work?

It’s simple: we’ll pay your eligible claims up to the amounts shown for your level of cover for each benefit, every policy year. Your summary of cover will show which level applies to you.

Section 1: How to make a claim

How do I make a claim?
The first thing you need to do is pay for the costs of the treatment or service to the person providing them (for example, your physiotherapist). You then claim those costs back from us.

It’s really easy to claim online. Please visit simplyhealth.co.uk/register and follow the simple registration process.

If you’re unsure about how to claim online then please contact us.

What do I need to provide so my claim can be paid?
Before we’re able to pay your claim, we need to be sure that the policy covers it. For example, we need to be sure that the person who receives the treatment or service is a member, and that there is not an exclusion that applies.

You’ll need to send us evidence (for example your receipts) that shows:
• who the patient is
• who gave the treatment or service and how much they’ve charged
• the details and date of the treatment or service
• and the amount that you’ve paid.

We won’t be able to pay a claim if you don’t send us everything that we need to assess it.

We don’t accept receipts that have been altered, bank statements, invoices or credit or debit card receipts without supporting evidence. We are unable to return receipts.

What happens if more information is needed to assess my claim?
We may need to ask the person who provided the service or treatment for more details. We won’t pay if there’s a charge for this.

We may ask for a second opinion but we’ll pay the cost for this.

Section 2: Your cover

This section explains what is and isn’t covered for each of the benefits on this policy. You decide the treatments and services that you need, and the people who provide them, however, we will only pay for eligible practitioners. We aren’t responsible for the treatment or services you receive or for any consequences that may result from them.

Wellbeing services

We have a range of services and health-related information available to you. You can access these services through your online account. If you haven’t already registered please visit simplyhealth.co.uk/register and follow our simple registration process. The information and services available on the myWellbeing website can change without notice from time to time.

Some of the services are only available in the UK. The website will tell you which of the services this applies to.

Speak to a GP
The service is available 24 hours a day, 365 days through the Simplyhealth app.

If the table of cover shows cover for children, the child’s parent or legal guardian will need to call the service on their behalf.

Telephone counselling
The service is available 24 hours a day, 7 days a week by calling 0300 100 1128.

This service is not available to anyone aged 16 or under. Please see the myWellbeing website for more information.

Wellbeing and lifestyle guidance
This service is available 24 hours a day, 7 days a week by calling 0300 100 1128.

This service is not available to anyone aged 16 or under. Please see the myWellbeing website for more information.
Dental (levels 2 - 4 only)
This benefit is to help towards the costs when you see a qualified dental professional (for example a dentist or hygienist) in a dental surgery.

What the dental benefit covers
✓ dental check-ups
✓ treatment provided by a dentist, periodontist or orthodontist
✓ endodontic (root canal) treatment
✓ hygienists’ fees
✓ local anaesthetic fees and intravenous sedation
✓ dental brace or gum-shield provided by a dentist or orthodontist
✓ dental crowns, bridges and fillings
✓ dentures
✓ laboratory fees and dental technician fees referred by a dentist or orthodontist
✓ dental X-rays
✓ denture repairs or replacements by a dental technician.

What the dental benefit does not cover
✗ dental prescription charges
✗ dental consumables, for example toothbrushes, mouthwash and dental floss
✗ dental implants and bone augmentation procedures, for example sinus lift, bone graft
✗ cosmetic procedures, for example dental veneers, tooth whitening, the replacement of silver coloured fillings with white fillings
✗ laboratory fees not connected to dental treatment or performed by a dentist
✗ dental treatment provided at a hospital as a day-patient or in-patient
✗ general exclusions.

Optical (levels 2 - 4 only)
This benefit is to help towards the costs when you see a qualified optical professional (for example an optometrist or optician).

What the optical benefit covers
✓ sight-test fees, scans or photos for an eye test
✓ fitting fees
✓ prescribed lenses and accompanying frames for:
  - glasses
  - sunglasses
  - safety glasses
  - swimming goggles
✓ adding new prescribed lenses to existing frames
✓ glasses frames
✓ contact lenses (including contact lenses paid for by instalment)
✓ consumables supplied as part of an optical prescription, for example solutions and tints
✓ repairs to glasses.

What the optical benefit does not cover
✗ eye surgery (for example laser eye surgery, lens replacement surgery or cataract surgery)
✗ optical consumables, for example contact lens cases, glasses cases and glasses chains/cords, cleaning materials
✗ magnifying glasses
✗ eyewear that does not have prescription lenses
✗ ophthalmic consultant charges or tests related to an ophthalmic consultation
✗ general exclusions.

Physiotherapy, osteopathy, chiropractic, acupuncture, (POCA)

Important: In order to be able to practise in the UK:
For physiotherapy, osteopathy and chiropractic
• physiotherapists must be registered with the Health and Care Professions Council (HCPC)
• osteopaths must be registered with the General Osteopathic Council (GOsC)
• chiropractors must be registered with the General Chiropractic Council (GCC).

We will only pay for treatment by someone who is registered with the HCPC, GOsC or GCC (as appropriate).

Acupuncture
Simplyhealth strongly recommend that all treatments are carried out by a suitably qualified professional. The following website could help you find a registered and qualified therapist: www.acupuncture.org.uk

What the POCA benefit covers
✓ physiotherapy
✓ osteopathy
✓ chiropractic
✓ acupuncture
What the POCA benefit does not cover
- any other treatments, for example reflexology, aromatherapy, herbalism, sports/remedial massage, Indian head massage, reiki, Alexander technique
- X-rays and scans
- appliances, for example lumbar roll, back support, TENS machine
- general exclusions.

Chiropody/podiatry and reflexology (levels 2 - 4 only)

Important: In order to be able to practise in the UK chiropodists / podiatrists must be registered with the Health and Care Professions Council (HCPC). We will not pay for chiropody / podiatry treatment by someone who is not registered with the HCPC.

What the chiropody/podiatry and reflexology benefit covers
- treatment supplied by a chiropodist or podiatrist
- assessments, for example gait analysis, performed by a chiropodist or podiatrist
- consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment, for example orthoses, dressings
- consultations with a podiatric surgeon
- reflexology.

What the chiropody/podiatry and reflexology benefit does not cover
- cosmetic pedicures
- X-rays and scans
- consumables not bought from the chiropodist or podiatrist at the time of treatment, for example corn plasters bought from a pharmacy
- surgical footwear, for example corrective footwear
- general exclusions.

Hospital admission (levels 2 - 4 only)

This benefit is to help towards the incidental costs involved with you being admitted to hospital. We will pay the amount stated in your table of cover for each day or night that you are required to spend in hospital.

If you are admitted to hospital and then stay overnight, we will pay one night’s hospital admission (not one day and one night).

What the POCA benefit does not cover
- any other treatments, for example reflexology, aromatherapy, herbalism, sports/remedial massage, Indian head massage, reiki, Alexander technique
- X-rays and scans
- appliances, for example lumbar roll, back support, TENS machine
- general exclusions.

What the hospital benefit covers
- any visit / appointment where you are admitted to hospital and occupy a bed
- Cancer treatment as an outpatient

What the hospital benefit does not cover
- outpatient appointments, other than for cancer treatment
- the first 5 nights of any stay in hospital during which you give birth
- kidney dialysis
- laser eye surgery
- cosmetic surgery
- ante or post-natal admission for a child registered on the policy, who is pregnant or has had a child
- general exclusions.

Important information about claiming for hospital admissions
To claim hospital admission you will need to provide a copy of your discharge summary. If you are unable to provide this, you will need to provide us with written confirmation of your admission from the hospital.

Prescription charges
This benefit is to help towards the costs of your NHS and private prescription charges. To make a claim for prescription cover you’ll need to send us a copy of your receipt as well as evidence to show that the prescription is for you (for example a copy of the prescription slip or the prescription label). To make a claim for an NHS Prescription Prepayment Certificate (PPC) you’ll need to send us evidence of your certificate.

What the prescription benefit covers
- NHS prescriptions issued by a GP or a dentist
- NHS Prescription Prepayment Certificates (PPC)
- private prescriptions issued by a GP or dentist (this includes medicines prescribed by the speak to a GP service).

What the prescription benefit does not cover
- pharmacy items that you buy without using a prescription, for example medicines (sometimes called ‘over the counter’ medicines)
- general exclusions.
General exclusions

× This **policy** will not pay for:

- any benefit if your **treatment date** is before the date that your cover under the **policy** started
- any treatment or service that you receive from a:
  - member of your immediate family - a parent, child, brother or sister, or your **partner**
  - business that you own
- any consultation with, or treatment by, a trainee (even if they are supervised by a qualified professional)
- insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services
- regular payment plans for treatment, for example dental practice plan payments
- postage and packing costs
- administration or referral costs, joining fees or registration fees
- claims where you have paid costs with:
  - discount vouchers or coupons
  - any type of retail points scheme or loyalty scheme
- fees or charges for:
  - missing an appointment
  - completing a claim form or providing a medical report
  - providing further information in support of a claim.

Section 3: Definitions

We give certain words and phrases specific meanings in the policy rules. We use **bold type** to show you which these are and so you can refer to here to find out what they mean.

When we refer to ‘you’ or ‘your’ in this document, we mean anyone who is a **member** under this **policy**. When you see ‘we’, ‘us’ or ‘our’ we mean Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

**Child/children**
Natural or legally adopted dependent children of the **policyholder** or their **partner**. Children must be under the age of 18.

**General exclusions**
Anything excluded under this **policy** as set out in the ‘Your cover’ section.

**Member**
Anyone who we have accepted for cover under this **policy**.

**Partner**
Anyone in a relationship with, and who lives with, the **policyholder**. This could be their husband, wife, civil partner or unmarried partner.

**Policy**
The insurance contract between Simplyhealth and the **policyholder**.

**Policyholder**
The first person named on the summary of cover.

**Policy year**
The 12 calendar months from the **start date** or the last **renewal date**. Your summary of cover shows the dates for your policy year.

**Renewal date**
The date on which this **policy** will renew. You’ll find this on your summary of cover.

**Start date**
The date on which this **policy** starts. You’ll find this on your summary of cover.

**Table of cover**
The table applicable at the **treatment date**. This will show:

- the levels of cover available
- the benefit entitlements available under each level of cover
- any age rules for joining and changing your level of cover
- whether or not **partners** or **children** can be covered by the **policy**.
Treatment date
The date that the treatment or service was supplied.

Section 4: Membership

4.1 Can I add my family to this policy?
If the table of cover shows cover for partners and children, then the policyholder can add them to this policy. They must be added on the on the same level of cover as the policyholder.
A partner must:
• be above the joining age limit shown on the table of cover, and
• live with the policyholder.
A child must be under 18 (we may ask for proof of this).
We do not have to agree to add a partner or child to this policy or explain why.

4.2 When can I add someone to this policy?
The policyholder can add their partner or children to this policy anytime during the policy year.

4.3 When can I remove someone from this policy?
The policyholder cannot remove their partner or child from this policy until the renewal date.

4.4 Can I add a child to more than one Simplyhealth policy?
No. A child who is already covered on another Simplyhealth policy cannot join this policy.

4.5 Is there a limit to the number of children that I can add to this policy?
Yes, the limit is four children. However, if you already have more than four children on this policy, or other Simplyhealth policies, those children will remain covered but we will not allow any of your other children to join this policy until there are fewer than four children covered.

4.6 How long will my children be covered on this policy?
Each child will be covered until the first renewal date after their 18th birthday.

4.7 Can I have cover if I live outside the UK?
No. You must live in the UK. If a member leaves the UK to permanently live abroad then they will no longer be covered from the date that they leave.

4.8 What if my contact details change or if I no longer live with my partner?
You must tell us as soon as you reasonably can about these changes. If you don’t then we may not be able to tell you about any changes we intend to make to this policy, including changes to the premium.

4.9 How long does my cover last?
This is an annual policy that lasts for 12 months.
Your cover starts from the date that we include you on the policy. It carries on until the renewal date. It then carries on from one renewal date to the next until either we or the policyholder cancel it.

Section 5: Paying premiums, IPT and changing cover

5.1 How can I pay?
You must pay by direct debit, although we may ask you for the first payment by debit or credit card rather than wait until the direct debit is set up before starting this policy.
In some cases, where it has been agreed, the policyholder’s employer may pay us the premium directly from the policyholder’s salary.

5.2 What happens if I don’t pay the premium?
Whether the policyholder pays us directly or through their employer, if we don’t receive the full premium, we won’t pay claims and we may suspend or cancel this policy. We will tell you if this happens and what you need to do to continue cover.

5.3 Does the premium include Insurance Premium Tax (IPT)?
Yes. This is a policy for people who live in the UK and so we charge IPT. If IPT changes, we may need to change the premium to reflect the change. We will tell you about this in your renewal communication.

5.4 Can I change my level of cover?
Yes but you can only make one change to your level of cover during the policy year. However, you can’t change to a higher level of cover if we have waived the premium for any reason.

5.5 Will changing my level of cover change my policy year?
No. Changing your level of cover will not change your policy year.
5.6 Will claims that have been paid in the current policy year under my old level of cover count towards the limit for my new level of cover?
Yes. If your level of cover changes, claims paid in the current policy year under your old level of cover will count towards the annual limit for your new level of cover.

5.7 What happens to the qualifying periods if I increase my level of cover?
If your level of cover increases, the qualifying periods start again from the date you change your level of cover.

5.8 What happens if I make a claim on a benefit that has a qualifying period after I’ve changed my level of cover?
If you make a claim on a benefit that has a qualifying period after a change to your level of cover, we’ll assess your claims as if your level of cover hadn’t changed. So, if you completed the qualifying period for the lower level, we will pay your claims up to the benefit limit for that lower level.

Section 6: Claims rules

6.1 Will my claim be paid if I haven’t paid my premium?
No. We only pay claims if we have received the full premium for your cover.

6.2 Can I claim if I have paid for treatment but not yet had it?
No. We’ll only pay for treatment that you have already received, been charged for and have paid in full.

6.3 Will you assess my claim using the treatment date or the date I paid for it?
We’ll assess your claim using the treatment date which may be different to the date that you paid for it.
We’ll pay your claim from the amount of benefit you have available at the treatment date in the policy year in which you:
• receive the treatment or service that you are claiming for
• are admitted to and/or discharged from hospital.

6.4 How will my claim be paid?
We will pay claims into the bank account that the policyholder has asked us to.

6.5 How quickly should I submit my claim?
As quickly as possible. We’ll pay your claim as soon as we can, but there is no set timescale for this. If there is a long time between the treatment date and when you make a claim, it may be more difficult for us to assess it (for example, a health professional may no longer have access to your records). This is why we recommend that you send your claim to us as quickly as possible and at least within six months of your treatment date. If we’re unable to validate your claim, your claim will not be paid.

6.6 What happens if I’m paid more than I’m entitled to by mistake?
If we pay you more than you’re entitled to by mistake, we’ll either ask you to repay that money, or we’ll deduct it from any other claim that you make on any of the policies you hold with us. You’re not entitled to keep any overpayment.

6.7 What happens if I get a refund for the treatment or service I’ve had from the person who provided it but you’ve already paid me?
If you get a refund, you need to tell us. We’ll ask you to repay that money, which we’ll reallocate to your benefit entitlements or we may decide to deduct it from the next claim you make. If a payment is not received we may decide to suspend or cancel this policy until it’s been paid.

6.8 What happens if I mistakenly claim for the incorrect benefit?
If you mistakenly claim for the incorrect benefit (for example you claim for a pair of glasses under the dental benefit), we won’t decline the claim, we’ll just assess it under the correct benefit.

6.9 What happens if a claim is paid after this policy has been cancelled?
If we pay a claim after this policy has been cancelled, we’ll contact you to repay that money.

6.10 Can I claim for treatment or services using more than one benefit?
No, you must choose which benefit to claim under for each treatment or service.

6.11 What happens to my claim if more information is needed?
If we have asked for further information from you or from the person who provided the treatment or service in order to validate a claim, we may not pay any claims on this policy until we’ve received that information and been able to fully assess the claim.
6.12 I have two Simplyhealth policies, can I claim on them both?
Yes. If you have two policies with us, you can claim on both up to your benefit limits. It is up to you to tell us if you’d like to claim on your other policy and you may need to complete another claim form online. We will not repay more in total than you’ve paid for the treatment or service if you decide to claim on both policies.

6.13 What happens if I make a claim on this policy but also have a policy with a different company that covers the same claim?
If you make a claim on this policy and you have a policy with a different company which would cover the same claim then you must tell us. We may contact the other company about the claim so that we don’t pay costs that have already paid. If we find that we’ve paid more than we should have done then we’ll take action to recover the overpayment from you.

6.14 Can I claim for treatment or services I’ve received outside of the UK?
No. We’ll only accept claims for treatment or services that you’ve received in the UK.

Section 7: Your claims for legal compensation against third parties (“subrogation”)

7.1 What should I do if I have a claim against a third party for compensation?
You must tell us as soon as you can if you have a claim for compensation against a third party (for example, if they’ve caused you a personal injury in a car accident) and the compensation includes the cost of treatment or services that you have claimed for under this policy, as we may have a legal right to recover those costs (either from you or from the third party involved, depending on whether or not you have yet received any compensation).

Section 8: How does cover end?

8.1 Can I cancel this policy?
The policyholder can cancel this policy for any reason by notifying us during the 14 day ‘cooling off’ period which begins on the start date or the next renewal date, or the day that they receive their policy documents if that is later.
We’ll refund the premium for the ‘cooling off’ period although we will deduct the costs of any claims paid during that time from the refund. If the cost of those claims is greater than the premium, then you won’t be entitled to a refund.
After the ‘cooling off’ period the policyholder needs to give one month’s notice in order to cancel this policy, in which case we will not backdate cancellation or refund any premiums.
To cancel this policy, please contact us.

8.2 Can Simplyhealth cancel this policy or remove a person from this policy?
Yes. We’ll be entitled to cancel the policy or remove a person from this policy:
• if we haven’t received the premium by direct debit for three months in a row. If this happens, we’ll tell the policyholder
• if we stop receiving the premiums that have been taken from the policyholder’s salary or their employer tells us that the premium deductions have stopped. If this happens we’ll tell the policyholder that cover has ended and we’ll backdate the cancellation date to the date that we received the last premium
• if the policyholder asks us to and this will take effect from the date we confirm they have been removed. We won’t refund the premium and if there is an adjustment to the premium to be made this will take effect from the next month
• if the policyholder dies. If there are any other members on this policy, we may contact them about alternative cover
• if the policyholder and their partner no longer live together at the same address
• when a child reaches the age of 18. We’ll cancel the child’s membership at the next renewal date
• if we detect fraudulent activity on this policy
• if a member behaves inappropriately or in a way that we consider to be abusive to us. If they are abusive, we may immediately cancel this policy and any other policies or cover linked to the member.

• If we decide to not offer renewal terms at the next renewal date. We’ll give the policyholder at least three months’ notice before the renewal date.

8.3 What happens once this policy is cancelled?
Once this policy is cancelled, cover ends for all members. It is the policyholder’s responsibility to tell all members that cover has ended. We will not pay any claims for any treatment or services received after the cancellation date.

Section 9: Renewal

9.1 What happens when this policy is due for renewal?
We will write to the policyholder at least 30 days before the renewal date to tell them about the terms of the policy for the next 12 months (including any changes to these policy rules, benefit levels or premiums).

9.2 Do I need to do anything?
Not if the policyholder is happy with the information we’ve sent, in which case we’ll automatically renew the policy at the renewal date. The policyholder won’t need to do anything.

9.3 But what if I don’t want to renew?
If the policyholder doesn’t want to renew with us they’ll need to tell us. If the policyholder doesn’t tell us then we’ll assume they’re happy to renew this policy for another 12 months and we’ll continue to take the premiums.

Section 10: Changes to the terms of this policy

10.1 Can the terms of this policy change?
Yes, but we’ll only make changes at the renewal date and any changes will be effective from this date.

10.2 What sort of changes could be made at renewal?
We could make any of these changes:
• changes to policy cover such as benefits, benefit limits, payback levels
• changes to policy rules
• changes to premiums
• any other changes we may need to make for commercial reasons.

10.3 How will I be told about a change?
To tell the policyholder about a change we will contact them at the postal address or email address that they gave us.

10.4 What if I don’t want to accept any changes?
If the policyholder doesn’t want to accept any changes made to this policy, they have the right to cancel.

10.5 Where can I find a copy of the policy rules that applied at the treatment date?
Copies of our policy rules are available on our website or your online account if you have registered for one.

Section 11: Our commitment to great service

11.1 What should I do if I’m not happy with the service I’ve received?
If you’re not happy with the service you’ve received from us then please contact us. You’ll find full details of our complaints process on our website or we’ll send you a copy if you ask us to.

We’ll then investigate and issue a final response within eight weeks.
11.2 **And if I’m still not happy?**

If you’re still not happy after you’ve received our final response, you can refer your complaint to the Financial Ombudsman Service (FOS) at:

Exchange Tower
London
E14 9SR
Telephone: 0800 023 4567 or 0300 123 9123.
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

The FOS will only look at your complaint if you’ve given us the chance to resolve it first. Making a complaint to the FOS will not affect your legal rights.

If you bought the policy online and you wish to make a complaint, you can use http://ec.europa.eu/odr which is the European Commission’s Online Dispute Resolution (ODR) platform. The ODR platform will not resolve your complaint, but provides another way to access the FOS.

11.3 **What happens if Simplyhealth cannot pay claims?**

If we cannot pay claims, the Financial Services Compensation Scheme (FSCS) protects you. If the FSCS is satisfied that we are unable to pay claims, any valid outstanding claims you have at that point would be paid by the scheme.

For more details please visit www.fscs.org.uk or contact the FSCS directly on 0800 678 1100 or 020 7741 4100.

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12.2 **How do we protect ourselves from fraud?**

We have strong anti-fraud measures to protect ourselves and our customers. These may include:

- internal reviews of all activity on this policy
- external of this policy and the claims made under it using private investigators
- passing details of suspected fraudulent claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts
- sharing information with NHS counter-fraud teams, health professionals’ trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud.
- such other action as we may consider necessary.

12.3 **What happens if we suspect fraud?**

If we suspect fraud we will take appropriate action to protect our rights, which may include one or more of these actions:

- suspending the policy whilst we review the matter. We’ll tell the policyholder if we stop taking the premiums and when we’ll start to take them again. We won’t pay claims until we’ve received any premiums that we didn’t collect while the policy was suspended
- recovering the full amount that we’ve paid to the policyholder for a fraudulent claim (including any element of the claim that is not fraudulent) regardless of which member actually made the claim
- no longer accept claims for treatment that has been provided by a particular professional
- cancelling the cover for that member
- cancelling the whole policy (this means cancelling cover for everyone on the policy)
- cancelling all policies held by the member with the Simplyhealth Group
- taking legal action to recover any costs that we reasonably incur as a result of the fraud, plus interest and legal costs
- notify the member’s employer
- such other action as we consider necessary.

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12.1 **What is Fraud?**

Fraud is a criminal activity that can result in a fine or a prison sentence.

We would consider someone (which includes the treating professional) to be committing fraud by making a claim, or a statement in support of a claim or sending us a document in support of a claim knowing that it was, or part of it was, false or misleading or exaggerated in any way with the intention of deceiving us into paying them more than they are entitled to.
Section 13: General rules

13.1 If we have not applied any of these policy rules on one or more occasions, we can still apply it in the future.

13.2 No term of this policy or any part of it is enforceable other than by us or by the policyholder.

13.3 We will use English for all policy documents and letters.

13.4 The law of England governs this policy. We strongly recommend that you use our complaints process for any policy disputes. If our process doesn’t resolve a dispute, only the courts of England and Wales are entitled to deal with it.

How we use your data

Simplyhealth respects your privacy and is committed to protecting your personal data. This privacy notice sets out the way in which any personal data you provide to us is used and kept safe by us. For a more detailed explanation of how we use your data please take the time to read our full privacy policy online at the bottom of our website or you can request a copy from our Data Protection Officer.

Why is my personal data needed and what is it used for?
We need and use your data to:
• service the policy / contract that you have
• identify, analyse and calculate insurance risks
• improve our services to our customers
• comply with legal obligations which we are subject to
• protect our interests
• detect and prevent fraud.

Sometimes we may use automation and profiling to evaluate information about you, which may include to determine whether an application for a product is accepted by us, to tailor our marketing material to your needs, to identify and investigate fraudulent activity, to understand claiming behaviour and patterns, or to tailor our pricing, products and services to provide you with a more efficient, consistent and fair customer experience. If you want to know more please contact us.

Who will use my personal data?
We and other companies within the Simplyhealth group may use your information to keep you informed about products and services that may be of interest to you, including from carefully selected third parties.

What personal data will Simplyhealth need to know?
In order to provide our services under this policy we need to know, for example, your name, address, date of birth. We may also take your phone number and email address. In order to take payments and to pay claims, we’ll also need your bank account details. If payment is taken from a salary by the policyholder’s employer we’ll know who that employer is and we might need to hold your payroll details. When you make a claim, you consent to us processing personal medical details about you for that claim.

We may record and monitor both inbound and outbound calls for training and monitoring.

Who holds my personal data?
Simplyhealth Access who are part of the Simplyhealth group of companies.

How is my personal data protected?
By law we must have measures in place to protect your personal data. As a result we have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the personal data, even if they are not part of the Simplyhealth Group (we make sure that our contracts include clauses to protect personal data). We may send your personal data outside the European Economic Area. If we do this, we put contracts in place to ensure that your personal data will be kept confidential. Our processes also include protection for our buildings and IT systems. To check that these measures work we run independent audits on a regular basis.

Who can see my personal data?
We can give your personal data:
• to persons who provide a service to us or act as our agents
• to anyone to whom we may transfer rights and duties under this policy
• to persons who may record, use and give personal data to other insurers (such as agencies whose role is to prevent fraud)
• to persons that the policyholder appoints (such as a broker) in order to service this policy
• where we have a duty to provide that personal data (such as to regulatory bodies), or if the law allows us to do so, or if the person who asks for the personal data has a lawful interest in seeing it

In these situations, we may send your personal data outside the European Economic Area.

How long is my personal data kept for?
We keep your personal data for seven years after this policy has been cancelled.
What rights do I have regarding the use of my personal data?
You have the right to see your personal data that we hold. You also have the right to ask us to amend any of your personal data that is incorrect. You can ask us to delete your personal data, or not use it in certain ways. You have the right to move, copy or transfer your personal data. We will agree to any reasonable request unless it means that we cannot service this policy. You’ll need to contact the Data Protection Officer to do this.

If I have given my consent for my personal data to be used for a reason, can I change my mind?
Yes, you can change your mind at any time. But if this means that we cannot service this policy, we may have to cancel it.

Who can I contact to talk about my personal data?
If you have any questions or comments regarding any aspect of your personal data, please contact our Data Protection Officer either by email: thedataprotectionofficer@simplyhealth.co.uk, or by post, at:
The Data Protection Officer
Simplyhealth Access
Hambleden House
Waterloo Court
Andover
Hampshire
SP10 1LQ

If I am not happy with the way my data is used, who can I talk to?
If you’re not happy with the way we use your personal data, you can contact our Data Protection Officer, or the Information Commissioner’s Office (ICO). You can call the ICO on 0303 123 1113 or 01625 545 745, or email the ICO at casework@ico.org.uk

Simplyhealth Access is registered as the Data Controller with the ICO, number Z9564932.

About us
Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 202183. You can check this online on the Financial Services Register by visiting https://register.fca.org.uk/ or by contacting the Financial Conduct Authority on 0800 111 6768. Simplyhealth Access is the insurer that underwrites this policy.

We can only provide you with information on our own products and you will not receive any advice or a personal recommendation from us for our health plans. We may ask you some questions to narrow down the product option on which we provide you with information, but you will then need to make your own choice about how to proceed.
Get in touch

0370 908 3481

Simplyhealth, Hambleden House,
Waterloo Court, Andover,
Hampshire ,SP10 1LQ

customerservices@simplyhealth.co.uk

@AskSimplyhealth

@SimplyhealthUk

If you’re unhappy with the service you’ve received, then please let us know

You can call us on:
0370 908 3310

Or email us: customerrelations@simplyhealth.co.uk

Wellbeing services

Speak to a GP:
Via the Simplyhealth app

Health and lifestyle guidance:
0300 100 1128

Telephone counselling:
0300 100 1128

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Simplyhealth Access is registered and incorporated in England and Wales, registered no. 183035. Registered office, Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ. Your calls may be recorded and monitored for training and quality assurance purposes.

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