Cash Plan

Insurance Product Information Document



Insurer: Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Simplyhealth is registered and incorporated in England and Wales.

Product: Simplyhealth Active Plan

This document provides a summary of the key information relating to this policy but it is not personalised to you. The other documents you receive from us, before and after the policy starts, will tell you what you need to know about the policy.

What is this type of insurance?

This policy is a cash plain aimed at people who want to improve their health and wellbeing. It gives you money back towards a selection of health benefits that you pay for and claim back from us, up to an annual limit. You can add your partner and up to four of your children to the policy.



What is insured?

This cash plan has four levels of cover-Essential, Core, Premium and Enhanced. Depending on the level you select, each benefit has an annual limit we will pay up to, for you and your partner. All children will share an annual limit. The table of cover will provide you with more information.

- ✓ myWellbeing speak to a GP over the phone 24/7. Also provides 24/7 access to telephone counselling and wellbeing and lifestyle guidance and gym membership discounts.
- ✓ Physiotherapy, osteopathy, chiropractic, acupuncturethe annual limits payable for this benefit range from £200 for the essential level to £500 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ Chiropody / podiatry and reflexology the annual limits payable for this benefit range from £50 for the essential level to £150 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ **Dental** the annual limits payable for this benefit range from £75 for the essential level to £250 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ Dental accident the annual limits payable for this benefit range from £300 for the essential level to £600 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ Optical the annual limits payable for this benefit range from £75 for the essential level to £250 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ Diagnostic consultations, tests and scans the annual limits payable for this benefit range from £300 for the essential level to £600 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ Health assessment the annual limits for this benefit range from £100 for the essential level to £500 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ GP, dietitian consultation fees, vaccinations and inoculations - the annual limit for this benefit is £75 on all levels.

- ✓ Hospital we pay for each day or night you are admitted, up to a maximum of 20 days/nights each policy year. The amounts payable for this benefit is £20 on each level
- ✓ Prescriptions charges the annual limits payable for this benefit range from £20 for the essential level to £35 for the enhanced level. We pay 100% of your receipt up to the annual limit.
- ✓ New child payment paid once for each child, the amount payable for this benefit is £200 on all levels.



What is not insured?

- **X** People living outside the United Kingdom.
- ✗ People aged 80 and over are not able to join the policy, and if you have a policy you won't be able to increase the level of cover once you are aged 80 or over.



Are there any restrictions on cover?

- ! There is an annual limit for each benefit on this policy.
- ! Children covered on the policy share an annual entitlement.
- ! Each benefit has a number of exclusions, please read the full policy documentation to find out what these are.
- ! A partner covered by this policy must live with the policyholder.
- ! A child covered by this policy must be under 18.
- ! Dental accident benefit is not payable for the first three months of cover.
- Pre-existing conditions are not covered for the first 12 months of cover under the hospital benefit.
- ! New child payment is not payable for the first 6 months of cover.
- ! Worldwide cover is only payable for trips up to and including 28 days.



Where am I covered?

Eligible treatments and services are covered worldwide for trips up to and including 28 days.



What are my obligations:

- at the start of the contract? Give us honest, accurate and complete information when buying the policy, check your policy documentation when you receive it to make sure you have the cover you need and expect.
- during the term of the contract? Pay the premium on time, let us know of changes to your address.
- when making a claim? Give us the information that we need to assess the claim properly.



When and how do I pay?

We accept payment by monthly Direct Debit.



When does the cover start and end?

The cover starts from the date we include you on the policy and lasts for one year. It will renew automatically if it is not cancelled. If you buy or renew this product, your summary of cover will show these dates.



How do I cancel the contract?

You can cancel your policy by writing to us or calling us.

If you cancel within 14 days of receiving your policy documentation or within 14 days of the renewal date, we will refund the premium, unless you have made a claim. After that you can end the contract by giving us one month's notice. We can end the contract from a renewal date.