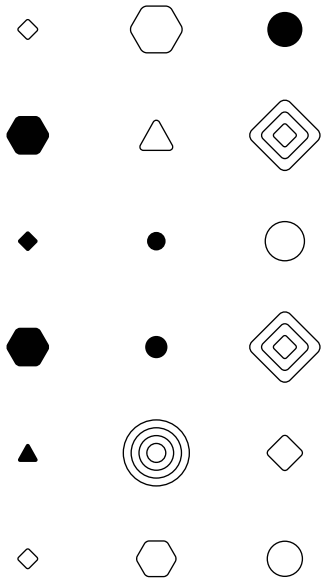
Simplyhealth

Your Simply Cash Plan

Policy document
Part 1

Inside you'll find all you need to know about what is and isn't covered



Part 2 will tell you about adding your family, changing cover and claiming - as well as some other important information.

Important contact information

If you have any questions about your policy and how it works, here's how you can get in contact with us:

You can call us on:
0370 908 3481

Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines or mobiles.

You can write to us at:
Simplyhealth
Hambleden House
Waterloo Court
Andover
Hampshire
SP10 1LQ

You can also email us:
customerservices@simplyhealth.co.uk

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

You can also contact us using Facebook or Twitter:
Facebook - @SimplyhealthUk or facebook.com/simplyhealthuk
Twitter - @AskSimplyhealth

Telephone numbers for the myWellbeing services

Speak to a GP:
0330 102 5443

Health and lifestyle guidance:
0800 975 3345

Telephone counselling:
0800 975 3345

Your table of cover

	Level 1	Level 2	Level 3	Level 4
Monthly premium for you	£11.88	£17.77	£23.71	£35.64
Monthly premium for you and your partner	£23.76	£35.54	£47.42	£71.28
Cover for up to four of your children under the age of 18	FREE			

Premiums include Insurance Premium Tax where applicable

myWellbeing	Available to all levels of cover
Speak to a GP Speak to a GP over the phone 24 hours a day, 7 days a week. If the GP privately prescribes you some medication, they can arrange for this to be delivered to you at home or at work (the cost of the medication and delivery is not covered under this policy)	
Telephone counselling Speak to a qualified counsellor over the phone 24 hours a day, 7 days a week	
Wellbeing and lifestyle guidance Speak to someone over the phone about your wellbeing, legal and financial challenges or relationship issues 24 hours a day, 7 days a week	

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

To help keep your eyes and teeth healthy	We pay	Annual limit for each person			
Dental Includes check-ups and treatment, for example fillings, crowns and bridges, hygienist's fees, dentures	100% of your receipt up to your annual limit	£95	£120	£145	£195
Optical Includes sight tests, prescription glasses and contact lenses		£90	£115	£140	£190
To help you feel your best	**We pay**	**Annual limit for each person**			
Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy You can use your annual limit for one or all of these treatments	75% of your receipt up to your annual limit	£50	£100	£150	£200
Chiropody / podiatry Includes treatment and assessments, for example gait analysis, by a chiropodist or podiatrist		-	£50	£100	£150
To help you find out what's wrong	**We pay**	**Annual limit for each person**			
Diagnostic consultation Consultant's fees for a diagnostic consultation that is to find or help to find the cause of your symptoms. Includes allergy testing	75% of your receipt up to your annual limit	£150	£200	£300	£400
To help you when you need it most	**We pay**				
Hospital Cash amount when you are admitted to hospital, or staying overnight with your child. Pre-existing conditions are excluded for the first 12 months	For each day / night (max 20 each year)	-	£10	£15	£20
To help you when your family grows					
New child payment (12 month qualifying period) One payment for each child if you or your partner have a baby or adopt		-	£100	£200	£300

The joining age for this policy is from 18 years old up to 79. If anyone on the policy is aged 80 or over, you will not be able to increase the level of cover.

You can find full policy details in the policy documents.

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Introduction

Thank you for buying a Simplyhealth cash 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, whatever your needs, and information is available in large print or audio.

We want you to have a policy that meets your needs, so we recommend that you review your cover on a regular basis to make sure that it does.

How does my cash 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.

For some of your benefits, we'll pay you a percentage of the costs you've paid for your treatment or service. For example, if your payback level is 75% and you've paid £100, we'll give you £75 back. Your **table of cover** shows the percentage of your costs that we'll pay back.

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 optician). 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 you need to know to pay my claim?
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 a receipt 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 don't accept receipts that have been altered, or invoices, credit or debit card receipts or bank statements. We are unable to return receipts.

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

What happens if you need more information 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. We aren't responsible for the treatment or services you receive or for any consequences that may result from them.

myWellbeing

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.

Speak to a GP
The service is available 24 hours a day, 365 days a year by calling 0330 102 5443. Webcam appointments are also available from 8.30am to 6.30pm, Monday to Friday.

If the GP privately prescribes you some medication, they can arrange for the medication to be delivered to you at home or at work. The cost of the medication and delivery is not covered under this **policy**.

The **policyholder** or their **partner** will need to call on behalf of any **children** covered under this **policy**.

Telephone counselling
The service is available 24 hours a day, 7 days a week by calling 0800 975 3345. This service has some age restrictions, 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 0800 975 3345. This service has some age restrictions, please see the myWellbeing website for more information.

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

Dental

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 and 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

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, homeopathy (POCAH)

Important: In order to be able to practise in the UK:

- 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 not pay for treatment by someone who is not registered with the HCPC, GOsC or GCC (as appropriate).

What the POCAH benefit covers

- ✓ physiotherapy
- ✓ osteopathy
- ✓ chiropractic
- ✓ acupuncture
- ✓ homeopathy and homeopathic medicines prescribed by and bought directly from a homeopath.

What the POCAH 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
- × homeopathic medicines bought from a professional who is not a homeopath or bought from a chemist, health food shop, by mail order or over the internet
- × **general exclusions**.

Chiropody/podiatry

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 treatment by someone who is not registered with the HCPC.

What the chiropody/podiatry 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.

What the chiropody/podiatry 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**.

Diagnostic consultation

A diagnostic consultation is to find or to help to find the cause of your symptoms.

What the diagnostic consultation benefit covers

- ✓ the fees for a diagnostic consultation that you have as a private patient. The consultation must be with a medical professional who is (or has been) a consultant in an NHS hospital or the Armed Services. The consultant post must be a substantive appointment (that is to say not as a locum).

  In addition, the consultant must hold a current licence to practise and also be included on the:

  - General Medical Council's specialist register (please see www.gmc-uk.org)

  or

  - General Dental Council's dentist's register (please see www.gdc-uk.org).

  If you have any questions as to whether your consultant meets these criteria then please contact Customer Services on 0370 908 3481.
- ✓ blood tests or visual field tests directly connected to a diagnostic consultation
- ✓ allergy tests performed by a GP or consultant (not tests or advice about nutrition or food intolerance).

What the diagnostic consultation benefit does not cover

- × follow-up consultations and check-ups after you have been diagnosed, for example cancer remission checks or management of a condition
- × treatment charges, for example private hospital charges, operation fees, anaesthetic fees
- × consultations with a podiatric surgeon
- × diagnostic tests and procedures, for example X-rays and scans, endoscopy, tests on body tissue samples, ECGs, health screening
- × counselling, for example psychological counselling, speech therapy and dyslexia services
- × assisted conception, fertility treatment or termination, pregnancy care
- × **general exclusions**.

Hospital

This benefit can help towards costs such as meals for visitors, telephone calls, travel costs or even hospital parking fees, if you are admitted to hospital.

To make an online claim for hospital cover you'll need a copy of your discharge letter as evidence of your admission. If you do not have your discharge letter, you'll need to get written confirmation of your hospital stay (for example a headed letter from the hospital).

What the benefit covers:

- ✓ an admission to hospital as a day-patient for tests or treatment.

  A day-patient is a patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight. If you are admitted as a day-patient and then stay overnight, we will pay one night's hospital cover (not one day and one night)
- ✓ an overnight stay in a hospital as an in-patient for tests or treatment.

  An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons
- ✓ out-patient cancer treatment, for example chemotherapy or radiotherapy
- ✓ an overnight stay in a hospital for one parent who has accompanied their **child** where the **child** is an in-patient for tests or treatment. Both the parent and **child** must be covered by the **policy**.

What the benefit doesn't cover:

- × pre-existing conditions during the first 12 months that you are covered by the **policy**. We may ask for evidence that your condition is not pre-existing if you claim for this benefit during the first 12 months of cover.

  A pre-existing condition is any condition for which you:

  - have been referred to a consultant or hospital for either tests or treatment before the date that you joined the **policy** or
  - are receiving consultant or hospital tests or treatment before the date that you joined the **policy**

  or

  - reasonably believe that you would be referred to a consultant or hospital for tests or treatment within 12 months of joining the **policy**.
- × the first 14 nights of any stay in hospital during which you give birth
- × out-patient visits, for example consultations, tests, scans
- × out-patient treatment (although treatment for cancer is covered)
- × day care, for example psychiatric, respite care (short term temporary relief for a carer of a family member), maternity care and care for the elderly
- × permanent residence in a nursing home
- × kidney dialysis
- × attendance at an accident and emergency department, or treatment not in a hospital, for example operations carried out in a GP's surgery or clinic
- × pregnancy termination
- × laser eye surgery
- × cosmetic surgery
- × hotel ward admission
- × ante or post-natal admission for a **child** registered on the **policy**
- × a parent staying with their **child** during the post-natal period following the **child's** birth
- × **general exclusions**.

New child payment

This benefit has a **qualifying period** of 12 months.

If, after the **qualifying period,** you have a baby or adopt a **child** we will pay new child payment for that baby or **child.** We only make one payment for each **child** no matter how many policies you or your **partner** are covered on. If you have more than one policy you will have to choose which one to claim the new child payment under.

We will also make a payment following a stillbirth of your **child** after 24 weeks of pregnancy.

To claim under this benefit we may ask you for supporting documents, for example a birth or stillbirth certificate, or adoption papers.

We **will make a new child payment after:**

- ✓ the birth of your **child**
- ✓ the legal adoption of a child by you or your **partner**. However, we will not pay new child payment if that **child** is already related to either you or your **partner** (for example if you adopt your **partner's child**)
- ✓ the stillbirth of your **child** after 24 weeks of pregnancy.

We **will not make a new child payment for:**

- × a miscarriage of up to 24 weeks' gestation
- × foster children
- × a baby born to a **child** who is covered under the **policy**
- × pregnancy termination
- × a **child** born or adopted before or during the **qualifying period**.

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)
- any consultation which is not face to face, for example telephone, video or internet consultations (this exclusion does not apply to the services available through myWellbeing)
- 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 we don't have to keep explaining 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.

Qualifying period
A set period of time in which we will not pay claims:

- for any treatment or service that you receive
- if you have a baby or adopt a **child**

during that time. The qualifying period starts from the date that you join this **policy** or the date of any increase in cover. The **table of cover** shows any qualifying periods that apply to this **policy**.

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. For new child payment this will be the date of adoption or birth of the child.

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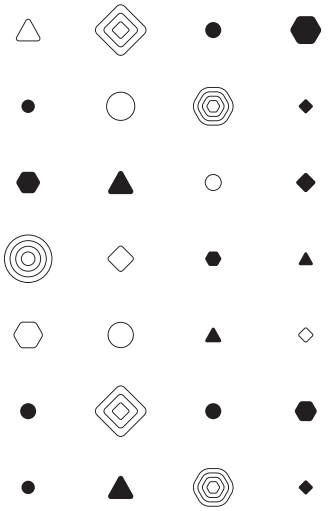

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