

Please read this document carefully as it sets out the Terms and Conditions governing your cash4health+ Plan (the "Plan").

We have tried to make this document as clear and easy as possible for you to read and the accompanying Definitions set out the meanings of specific words and phrases which are used throughout this text.

These Terms and Conditions together with any accompanying Certificate of Insurance, Benefits Table, Renewal Notices, Declaration and any Endorsements should be treated as one contract and you are recommended to keep them in a safe place.

If after reading this document, you wish to reconsider your decision, you have 14 days from receiving your Plan documents to cancel your Plan and, provided you have not made a claim, receive a full refund of any premium paid. Please do not hesitate to contact us if you have any queries. You can telephone our Customer Helpline on 08457 990099 (calls will be charged at local rates).

## 1. MEMBERSHIP DETAILS

### a) Who can join

You can apply to join if you are aged between 16 and 69 and are resident in the UK. We are not obliged to accept your application but once we have there is no upper age limit governing the time you can continue your Plan.

### b) Who is covered

The Planholder and any other Insured Person (including Dependant Children) named on your Certificate of Insurance. You must permanently reside in the UK throughout the term of your Plan.

## 2. YOUR PREMIUMS

### a) Paying your premiums

Premiums are payable in advance of any cover provided under your Plan effective from the Plan Start Date. The amount of your premium and your level of Benefits are as set out in your Certificate of Insurance, Benefits Table and any Endorsements.

### b) Monthly renewal

Your Plan is automatically renewed from month to month for as long as you pay the monthly premium or until the Plan is ended by cancellation or termination.

### c) If you do not pay your monthly premium

You will not be covered for the period relating to any unpaid premiums. Where your premiums are in arrears a concession may be given for the premiums to be brought up to date subject to you serving a further Waiting Period.

### d) Changing your level of Benefits

You can change your level of Benefits to suit your needs. The maximum age at which you can upgrade is 69 and you must serve a further Waiting Period during which time any claim will be paid at the lower Benefit level. If you upgrade you have to maintain at least that level of Benefits for a minimum 12 month period.

## 3. PLAN CONDITIONS

### a) Changes to Plan Terms, Benefits and Premiums

We will give you 30 days written notice of any changes in Benefits, Terms and Conditions, Premiums or payment methods.

### b) Cancellation of your Plan

We are not bound to renew your Plan. We may cancel it at any time by giving you 30 days written notice. Any cancellation will not affect claim(s) which occurred before the date of cancellation except where an Insured Person has failed to observe the Terms and Conditions.

You may cancel your Plan by giving us notice in writing. Cover will cease from the monthly renewal date following receipt of your notification. Premiums are not refundable.

Upon death of the Planholder the Plan is cancelled and cover ceases automatically.

### c) Termination without Notice

We shall be entitled to terminate this Plan without notice and/or make your level of Benefits subject to different terms if you have at any time misled us by misrepresentation, non-disclosure of a material fact or false claim for Benefits, or failed to observe the Terms and Conditions.

### d) Notification of changes

You must inform us as soon as is reasonably possible of any changes to the information you have supplied to us including any changes of address, Insured Person status or other material fact. Failure to do so may result in Benefits being refused or your Plan being cancelled.

### e) Disputes

We take the concerns of our Planholders very seriously. If at anytime you do have any comments or wish to make a complaint, please write to Cash4Health Limited, 2 Darnley Road, Birmingham, B16 8TE. In the unlikely event that your complaint cannot be resolved to your satisfaction, you can write to the Financial Ombudsman Service (FOS), South Quay Plaza, 183, Marsh Wall, London, E14 9SR (telephone 0845 080 1800). The existence of the FOS or this complaints procedure does not prejudice your right to take legal action.

### f) Laws and Language

This plan is subject to and shall be construed in accordance with the Laws of England. We will always communicate with you using the English language.

### g) Financial Services Compensation Scheme (FSCS)

Cash4Health Limited is covered by the FSCS. Compensation from that scheme may be payable if Cash4Health is unable to meet its obligations (e.g. if it goes out of business or into liquidation or is unable to trade). Entitlement depends on the type of business and the circumstances of the claim. Claims against insurance firms are at the level of 100% of the first £2,000 and 90% of the remainder with no upper limit.

Further information about the scheme is available on the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk)

#### 4. CLAIMS

##### a) *Waiting Period*

A *Waiting Period* of 3 months, commencing from the *Plan Start Date*, must be served for all *Benefits* with the exception of Hospital In-Patient Benefit for emergency hospital admission for which cover is available from the *Plan Start Date*, and the Birth Grant and any maternity related *claim* for which a *Waiting Period* of 10 months applies.

##### b) *Time limit for Claims Notification*

You must submit *claims* within 3 months of the expense being incurred or, in the case of Patient Care, the date of discharge from *hospital*. We reserve the right to reject any *claim* which is not received within this period.

##### c) *Pre existing Medical Conditions*

Any *medical condition* which you were aware of and/or were receiving *treatment* for during the 2 years prior to the *Plan Start Date* will not be covered until 2 years have elapsed from the *Plan Start Date*.

##### d) *Making a claim*

Upon receipt of *treatment*, or following discharge from *hospital*, you should contact us on 08457 990099 (calls charged at local rates). A claim form will be prepared over the telephone and sent to you to complete, sign and return to **Cash4Health Limited, 2 Darnley Road, Birmingham, B16 8TE**.

##### e) *Supporting Documentation*

In addition to your signed claim form the following supporting documentation is required before we can settle your *claim*.

- i) For all *Benefits* where you are claiming a refund, an original receipt must be supplied (we cannot accept credit/debit card slips or photocopies).
- ii) For Hospital In-Patient/Day Case Surgery the claim form must be supported by a signed certificate of admission available from the administering *hospital*. The certificate should show the name, job title and work telephone number of the signatory to enable it to be validated before payment. Alternatively you may contact us prior to admission for an authorisation form that you can ask the administering *hospital* to complete.
- iii) For the Birth Grant, an original or certified copy of the full birth certificate is required.
- iv) Supporting documents/receipts for *treatment* abroad must be accompanied by an English translation.

##### f) *If we need a medical report*

In certain circumstances it will be necessary to obtain medical evidence or reports to justify payment of a *claim*. We will request your agreement to see any reports already in existence which you are entitled to see under the 'Access to Medical Reports Act 1988' before they are sent to us. If it is necessary for you to undergo a medical examination, carried out by a *GP* or *Consultant*, we will pay the cost of the examination.

##### g) *Double Indemnity*

In the event that your *claim* is also covered by another insurance plan the total amount paid to you by all of the insurance companies involved will be shared and will not exceed the total eligible cost which you have incurred. You must disclose to us the existence of such further cover.

If you and your partner have separate healthcare plans with us any claim relating to *Dependant Children* will be covered for *Benefits* on one plan only.

##### h) *General exclusions*

We will not pay *claims* in any of the following circumstances:

- *Treatment* for injuries or illness directly or indirectly resulting from any intentionally self inflicted injury or illness.
- *Treatment* related to or caused directly or indirectly by *Alcohol* or *Drug Dependence Syndrome* or *Alcohol* or *Drug Abuse*.
- *Treatment* related to or caused directly or indirectly by *AIDS*.
- *Treatment* for Sexually Transmitted Diseases.
- Any *claim* caused directly or indirectly by, or as a consequence of, nuclear or chemical contamination, war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, civil commotion, terrorism, revolution, insurrection, military forces or riots of any kind.
- Any *claim* arising from an incident where the Insured Person is convicted of driving with more than the legally permitted level of alcohol in the blood, or under the influence of drugs or related offences under the Road Traffic Acts.
- *Treatment* whilst detained in any prison establishment.
- Administration and legal costs, including the costs of obtaining a signature on a claim form, certification or translation of supporting documents and missed appointment fees.

#### 5. BENEFITS

Full details of the *Benefits* which you are entitled to claim are set out overleaf. Please see the accompanying Benefits Table for details of the amounts applicable. Your level of *Benefits* and any special terms are set out in your Certificate of Insurance and any Endorsements.

##### DENTAL CARE

We will pay you the cost of dental check-ups and dental *treatment* with a *Dentist*, up to the maximum amount applicable for your level of *Benefits* for each 12 month period from your *Plan Start Date*. Within this *Benefit* you are covered for emergency dental *treatment* during visits of up to 28 consecutive days to European Union countries.

What is not covered:

- Dental whitening
- Costs incurred under dental contracts
- Dental related sundries including toothbrushes, toothpaste, dental floss, dental fixatives and cleaning solutions
- Sports gum shields

##### OPTICAL CARE

We will pay you the cost of eye tests, and glasses and contact lenses prescribed and supplied by an *Optician*, up to the maximum amount applicable for your level of *Benefits* for each 12 month period from your *Plan Start Date*.

Within this *Benefit* you are covered for the costs of laser eye surgery conducted by a *Consultant*.

Also included within this *Benefit* is the emergency supply of optical lenses during visits of up to 28 consecutive days to European Union countries.

What is not covered:

- Optical/contact lens cleaning materials or solutions
- Optical related sundries including spectacles/contact lens cases

##### BODYCARE

We will pay 60% of the following Bodycare costs up to the maximum amounts applicable for your level of *Benefits* for each 12 month period from your *Plan Start Date*:

###### Physiotherapy, Chiropractic and Osteopathy

The amounts paid by you for *treatment* by a *Registered Physiotherapist*, *Osteopath* or *Chiropractor*.

###### Complementary Treatments

The amounts paid by you for *treatment* by a *Registered Chiropodist* or a *Qualified Practitioner* in Homeopathy or Acupuncture.

What is not covered under Bodycare *Benefits*:

- *Treatment* supplied by a practitioner who is not qualified and registered with an appropriate, approved professional organisation as defined in this document. (For details of professional organisations not covered by these Definitions please contact *our* Customer Helpline on 08457 990099)
- *Treatment* received outside the UK
- *Treatment* given to relieve a *chronic condition*
- Allergy testing

## **PATIENT CARE**

### **Consultation**

We will pay 80% of the amount paid by *you*, upon referral by *your GP* to a *Consultant* for initial *hospital* consultations and the cost of any directly related tests, up to the maximum amount applicable for *your* level of *Benefits* for each 12 month period from *your Plan Start Date*.

What is not covered:

- Laser eye surgery
- Dental consultations
- Vaccinations, medical examinations, reports and tests of a routine or preventative nature
- Investigations into infertility and/or any fertility *treatment*
- Termination of pregnancy
- *Treatment* received outside the UK
- *Chronic conditions*
- *Cosmetic treatment*

### **Health Screening**

We will pay 80% of the cost of an approved health screening check, carried out by a *Consultant* at a *hospital* or registered Health Screening Clinic upon referral by *your GP*, up to the maximum amount applicable for *your* level of *Benefits* for each 12 month period from *your Plan Start Date*. This includes well-woman and well-man screening, breast screening and heart disease screening.

What is not covered:

- Medical tests in isolation including cholesterol and blood tests
- Medical examinations for legal, insurance, employment or similar matters
- *Treatment* received outside the UK
- Allergy testing

### **Hospital In-Patient**

We will pay *you*, at the appropriate rate for *your* level of *Benefits* for each night spent in *hospital* as an in-Patient, up to a maximum of 30 nights for each 12 month period from *your Plan Start Date*. Within this Benefit, emergency *hospital* admission during visits of up to 28 consecutive days to European Union countries is covered from the *Plan Start Date*.

What is not covered:

- Ante-natal and post-natal *treatment* arising within 10 months of *your Plan Start Date*
- The first 5 nights spent in *hospital* arising from maternity confinement
- Laser eye surgery
- Renal Dialysis or supportive *treatment*
- *Cosmetic Treatment*
- Permanent residence in a *hospital*
- *Hospital* stays due to termination of pregnancy
- Investigations into infertility and/or any fertility *treatment*

### **Hospital Day Surgery**

We will pay *you*, at the appropriate rate for *your* level of *Benefits* for admission to *hospital* for scheduled day surgery involving the use of *hospital* theatre facilities, where an admission form is signed but an overnight stay is not necessary, up to a maximum of 12 admissions for each 12 month period from *your Plan Start Date*.

What is not covered:

- Periods immediately prior to or following an overnight *hospital* stay for which a *claim* is payable under *Hospital In-Patient Benefit*
- Any *claim* in addition to the Birth Grant
- Out-patient visits
- Laser eye surgery
- Dental surgery
- Renal Dialysis or supportive *treatment*
- *Cosmetic Treatment*
- Vasectomy or sterilisation
- Investigations into infertility and/or any fertility *treatment*
- Termination of pregnancy

### **Parent Accompanying Child**

We will pay *you*, at the appropriate rate for *your* level of *Benefits* for each night spent accompanying a *Dependant* Child who has been hospitalised as a result of an *Acute Condition*, up to a maximum of 30 nights for each 12 month period from *your Plan Start Date*.

What is not covered:

- Renal Dialysis or supportive *treatment*
- *Cosmetic Treatment*
- Permanent residence in a *hospital*
- Laser eye surgery
- Dental surgery

### **Birth Grant**

In place of the *Hospital In-Patient Benefit* we will pay *you* a cash sum, at the appropriate rate for *your* level of *Benefits*, for each child born to *you* following *your* admission to *hospital* for childbirth.

What is not covered:

- Any *claim* arising within 10 months of *your Plan Start Date*

## Definitions

Throughout the plan documentation there are words and phrases which have special meanings and are shown in italics throughout the text. Those meanings are given here.

**ACUTE CONDITIONS** - An illness, disease or injury which responds quickly to *treatment* and which will cure *you* completely, or return *you* to the state of health *you* were in immediately prior to suffering from it.

**AIDS** - Infection by (including zero positivity to) any Human Immunodeficiency Virus (HIV), or Acquired Immune Deficiency Syndrome or any other similar or related condition or syndrome.

**ALCOHOL ABUSE** - The excessive consumption of alcohol to the extent that the *Insured Person's* bodily functions are impaired.

**ALCOHOL DEPENDENCE SYNDROME** - A mental or physical state caused directly or indirectly by, or in any way related to taking, alcoholic drinks. Symptoms must include a compulsion to take alcohol either all the time, or from time to time.

**APPLICATION** - The form *you* have filled in and any other information given to *us* by *you*, or on *your* behalf.

**BENEFITS** - The appropriate amounts shown in the Benefits Table. The Benefits payable under this plan shall be cash benefits only. Payment will be made to the *Planholder*.

**CHIROPRACTOR** - A practitioner who is a Member of the British Chiropractic Association or who is on the Register of Chiropractors.

**CHRONIC CONDITION** - Any *Medical Condition* of long duration involving very slow changes. Such disease is often of gradual onset and likely to re-occur. The term does not imply anything about the severity of the disease. *Treatment* is given to relieve, alleviate or control the symptoms rather than cure the *Medical Condition*.

**CLAIM** - A claim for *Benefits* arising from a single *Medical Condition*.

**COSMETIC TREATMENT** - A *treatment* undertaken solely to change appearance and not undertaken to cure or alleviate a *Medical Condition*.

**CONSULTANT** - A medically qualified person who has been given accreditation as a specialist in the *treatment* for which you have been referred and who is (or was) a consultant or surgeon in a NHS *Hospital*, and/or holds a certificate of specialist training issued by the General Medical Council or General Optical Council.

**DENTIST** - A dental practitioner or orthodontist in general practice who is registered with the General Dental Council.

**DEPENDANT CHILDREN** - Children of *Insured Persons*, including legally adopted children, aged 16 or under (18 or under if in full time education), who are named in your Certificate of Insurance or *Endorsement* and whose permanent residence is within the UK. Children born or adopted (prior to their 16th Birthday) after the *Plan Start Date* are covered upon registration with us within 3 months of the birth or formal adoption. An original or certified copy of the full birth certificate or formal adoption order is required.

**DRUG ABUSE** - The use of any drug or other addictive substance, unless under a prescription.

**DRUG DEPENDENCE** - A mental or physical state caused directly or indirectly by Drug Abuse, or in any way related to taking drugs or other addictive substances. The symptoms must include a compulsion to take the drug or addictive substance either all the time, or from time to time.

**ENDORSEMENT** - A wording which changes the Certificate of Insurance, *Benefits*, Terms, Conditions, Exclusions or *Premiums* of the Plan.

**GENERAL PRACTITIONER (GP)** - A Doctor in general practice who works on behalf of the National Health Service or privately.

### HOSPITAL

- A private hospital or nursing home in the UK with specialist facilities for *treatment* registered under the Nursing Home Acts.
- A National Health Service Hospital
- A Trust Hospital (a NHS Hospital opting out of Regional Health Funding or control).

**INSURED PERSON** - Anyone named in the Certificate of Insurance as the *Planholder* or permanently residing with the *Planholder* as their husband or wife or partner (by "partner" we mean a person to whom *you* are not legally married but who is living with *you* as if *you* are) or any *Dependant Children*.

**MATERIAL FACT** - Any fact which *you* are or ought to be aware of and which we should reasonably be informed of.

**MEDICAL CONDITION** - A disease, illness or injury.

**OPTICIAN / OPTOMETRIST** - A person who is registered with the General Optical Council to either provide and fit optical appliances, or to provide sight testing.

**OSTEOPATH** - A practitioner who is a Member of the Register of Osteopaths (MRO), or is on the Register of the General Osteopathic Council (GOC).

**PLANHOLDER** - The person named on the Certificate of Insurance as the *Planholder*.

**PLAN START DATE** - The date each *Insured Person's* cover starts as shown on the Certificate of Insurance.

**PRE-EXISTING MEDICAL CONDITIONS** - Any *Medical Condition* (excluding dental or optical care) which an *Insured Person* was aware of and/or was receiving *treatment* for during the 2 years prior to the Plan Start Date.

**PREMIUM** - The amount you have selected to pay as shown on your Certificate of Insurance and which determines the level of *Benefits* available to *you*.

**QUALIFIED PRACTITIONER** - A practising Homeopath or Acupuncturist who is a current Member of The British Homeopathic Association or the Faculty of Homeopaths, a full or associate Member of The British Acupuncturists Council.

**REGISTERED CHIROPODIST** - A practitioner of chiropody who is a State Registered Chiropodist (SR Chr) or Member of the British Chiropody Association.

**REGISTERED PHYSIOTHERAPIST** - A practitioner of physiotherapy who is either State Registered, or a Member of the Chartered Society of Physiotherapy and holds any of the qualifications FCSP, MCSP, SRP or Grad. Dip. Phys.

**TREATMENT** - Any investigation, test, treatment or surgical or medical procedure which is only to cure or substantially relieve an *Acute Condition*. It must not be to give relief to a *Chronic Condition*.

**UK** - England, Scotland, Wales and Northern Ireland.

**WAITING PERIOD** (see Condition 4a)- A period of time during which *premiums* must be continuously paid by *you* but *you* cannot claim any *Benefits*

**WE, US, OUR** - Cash4Health Limited, 2 Darnley Road, Birmingham, B16 8TE.

**YOU, YOUR** - The person (or people) shown on the Certificate of Insurance.

# Benefits Table

COVER <i>(This is the range of benefits you and any dependant children* can claim for each year. For full details please refer to the Terms and Conditions)</i>	AMOUNT COVERED (yearly benefit per person per level of cover)				% of each claim payable
	4	3	2	1	
<b>Dental Care</b> <i>We will pay the full cost of dental check-ups and treatment (private or NHS) up to a yearly maximum for each person of:</i>	£160	£115	£90	£40	100%
<b>Optical Care</b> <i>We will pay the full cost of eye tests, prescription glasses and contact lenses up to a yearly maximum for each person of:</i>	£140	£105	£80	£40	100%
<b>Bodycare</b> <i>We will pay 60% of the cost of out-patient physiotherapy, chiropractic and osteopathy treatment, up to a yearly combined maximum for each person of:</i>  <i>We will pay 60% of the cost of homeopathy, acupuncture and chiropody treatments, up to a yearly combined maximum for each person of:</i>	£550  £415	£400  £300	£300  £250	£135  £100	60%  60%
<b>Patient Care</b> <i>We will pay 80% towards the cost of hospital consultations and directly related tests up to a yearly maximum for each person of:</i>  <i>We will pay 80% towards the cost of approved health screening checks following GP referral up to a yearly maximum for each person of:</i>  <i>We will pay the following amounts for each night spent by each person as an in-patient in hospital (maximum 30 nights each year) and each visit for day surgery as an in-patient (maximum 12 visits each year):</i>  <i>We will pay the following amounts for each night a parent has to spend accompanying a dependant child in hospital (maximum 30 nights each year):</i>  <i>We will pay the following amounts for each child that is born (after 10 months membership):</i> <i>One claim per child.</i>	£330  £110  £60  £30  £300	£240  £80  £40  £20  £200	£180  £60  £30  £15  £150	£90  £30  £15  £10  £100	80%  80%  100%  100%  100%
<b>PREMIUM</b>  <b>Cover4you</b> <i>(Dependant children* covered at no extra cost)</i>	£22.00 per month (£5.08 per week)	£16.00 per month (£3.69 per week)	£12.00 per month (£2.77 per week)	£6.00 per month (£1.38 per week)	
<b>Cover4you and your partner</b> <i>(Dependant children* covered at no extra cost)</i>	£44.00 per month (£10.15 per week)	£32.00 per month (£7.38 per week)	£24.00 per month (£5.54 per week)	£12.00 per month (£2.77 per week)	

\*Dependant children are children of insured persons, including legally adopted children, aged 16 or under (18 or under if in full-time education) who are named in your Certificate of Insurance or Endorsement and whose permanent residence is within the UK.

Premiums include Insurance Premium Tax of 5% which may vary in the future.

Registered Office: Cash4Health Limited, 2 Darnley Road, Birmingham, B16 8TE. Tel: 0800 073 0303. Fax: 0121 454 7725. [www.cash4health.co.uk](http://www.cash4health.co.uk)  
 Cash4Health Limited is authorised and regulated by the Financial Services Authority. Registered in England number 512778.

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