Health Cash Plan

Insurance Product Information Document

Company: Health Shield Friendly Society Limited **Product: Flexible Paid Health Cash Plan**

Health Shield Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

This document provides an overview of key information relating to your health cash plan. Complete contractual and non-contractual information is provided in your benefit table, terms and conditions and policy schedule.

What is this type of insurance?

This health cash plan provides cover for everyday healthcare costs which can be claimed back up to a maximum allowance for each benefit.

What is insured?

- ✓ A health cash plan provides cover for everyday healthcare needs, which may include dental check ups and treatment, physiotherapy, eye-tests, prescriptions and more.
- ✓ The benefits you can claim and the allowances that apply to these in each benefit period are detailed in the benefit table of this product.

What is not insured?

- ✗ Any treatment or service not included within the policy.
- ✗ GP fees for private treatment.
- ✗ Pregnancy terminations and contraceptives.
- ✗ Any health checks, treatments, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons.
- ✗ Postage and packing costs or administrative charges.
- ✗ Couples' or group consultations.
- ✗ Treatments carried out in the workplace or arranged, facilitated or promoted through your employer.
- ✗ Most costs covered by private medical insurance.
- ✗ Claims made because of a pandemic or epidemic, radioactive contamination, war or hostilities and acts of terrorism.
- ✗ Claims made because of dangerous activities and sports, professional sports injuries or self-inflicted injuries.

Are there any restrictions on cover?

- ! Pre-existing conditions are not covered on all benefits, please check the benefit rules for for full details.
- ! Some benefits have qualifying periods when you join the plan, meaning that you will need to wait until you can claim for these.
- ! For dental accident claims, you must have attended a dental emergency appointment within 30 days of the accident or injury.
- ! Dependent children, if included on your plan, can be covered for some benefits. Please see your benefit table for details.
- ! Claims for teeth-whitening under the dental benefit, if included on your plan, can only be made where the teeth-whitening was provided by a dentist.
- ! Personal Accident Protection cover, if included on your plan, will end on your 70th birthday and claims can only be made if you have written to us within six months of the accident to let us know.
- ! Sickness and accident protection cover, if included on your plan, will end on your 70th birthday.
- ! Major illness benefit, if included on your plan, can only be claimed up to the age of 65
- ! Family planning benefit, if included on your plan, is a lifetime benefit and does not refresh each benefit year.
- ! Family planning benefit, prescriptions, maternity cover and sickness and accident cover, if included on your plan, do not apply to dependent children.

Where am I covered?

This plan is designed to cover you whilst in the UK. For some benefits, coverage is included for treatments or accidents which take place outside of the UK, providing you have not been outside of the UK for more than 28 days.

Worldwide coverage is included for the following benefits (if these are included on your plan):

- Combined physiotherapy
- Dental
- Emergency admissions for hospital benefits
- Optical
- Personal Accident Protection

What are my obligations?

- ✓ To abide by the terms and conditions in force throughout your membership and ensure that any information submitted to Health Shield is complete and accurate.
- ✓ To pay at the level and frequency agreed..
- ✓ To ensure that your treatment provider's qualifications, registration or membership is on our accepted list and relevant to the treatment that they are providing and that they are not a family member, partner or work colleague.
- ✓ To ensure that your contact details are kept up to date, as Health Shield will send any notifications of a change to your policy to the last address or email supplied to us, based on your communication preferences at the time of the change.

When and how do I pay?

You can select your level of cover, the cost of this will be taken on a monthly basis by Direct Debit or payroll deduction through your employer. This is a monthly renewable contract that remains in force if you continue to pay your premiums when due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

Any premiums that you pay will include Insurance Premium Tax (IPT) at the appropriate rate. If there is an increase in IPT, then your premiums will also increase to reflect this. Our sales agents receive a salary and also a bonus based on sales when meeting certain thresholds. If this policy was purchased via an intermediary a commission may also be payable. All of this is included within the premium of your plan. We do not make any recommendations about the insurance products offered.

When does the cover start and end?

The policy schedule you receive in your welcome pack, will show the date your policy commences and the date from which you are able to make claims. Typically you will be covered from the first day of the month in which your cover comes into effect until the last day of the month in which your cover ceases.

Cover will end when the premiums cease, or if you leave your employer.

How do I cancel the contract?

Once you join the plan, you must remain on this until the next annual benefit renewal. You cannot change your cover or leave the plan before the benefit renewal, unless you leave your employer. If you cancel your cover within 30 days of joining the plan, as long as you have not made a claim, we will refund the premiums you have paid for this cover.