



Your little guide to health cover with big benefits

Advantage Corporate Health Cash Plan



Hello

A warm welcome to your health cover from Westfield Health. We've been dedicated to making a healthy difference to the quality of life of our customers and the communities in which they live and work.



A little bit about us

We are Westfield Health. From humble beginnings, we've evolved to become a leading health and wellbeing provider.

We encourage positive changes in the wellbeing of our customers and the wider population across the UK. Together, we can help everyone to live healthier lives through better choices, ongoing support and a more proactive approach to healthcare.

Through our charitable donations, we support causes that align to our purpose to make a healthy difference to quality of life.

Getting started

Take a look through your handy little guide, which provides everything you need to help you get the most from your cover. If you have any questions at all, just give our friendly UK based Customer Care Team a call on **0114 250 2000**.

Don't forget to read the full Terms and Conditions at the back of this guide.

A century on and we still have the same beliefs, vision and values we've always had – to support you throughout your life with innovative, best in class health cover.



Introducing your cover

Congratulations. Like thousands of others, you're about to discover why so many of our customers are happy with their cover.



Taking better care of you.

No one knows what's around the corner where our health is concerned. With your cover, you can be sure that we will work harder on your behalf to help you pay for those essential health bills.

Money back and cash payouts.

We aim to ensure that as many of your health costs are covered as possible. From dental appointments to optical check ups, therapy treatments and more, you can rest assured that your cover will help with your bills.

You can claim back a percentage reimbursement and, in some cases, 100% of the money you spend straight away, up to the maximum allowance provided by your cover. You can also receive fixed cash payouts for hospital stays and day surgery. And you will also receive a sum of money if you have a baby or adopt a child.

Diagnosis and peace of mind.

We want you to stay at your fit and healthy best and, to help you do that, we've included all kinds of additional benefits. As well as providing cash towards diagnostic consultations, your cover includes a 24 hour DoctorLine service, because we know that illness doesn't just strike during surgery hours.

You'll also have access to a Scanning Service. We will arrange your scan for you, usually within 2 weeks, so you don't have to worry about the wait or the cost.



Customer Testimonial

"I've been through a lot medically, but having my Westfield cover to help has been fantastic. From getting quick access to consultations to receiving payment after my operation, the cover played a big part in my treatment and rehabilitation. From run of the mill things like eye checks and visits to the dentist, to more serious issues, I have always had excellent service."





Caring for your loved ones.

We're here to help people be healthy and independent for as long as possible, so it's reassuring to know that our eldercare advice and support services can help you make informed choices about putting care in place for a loved one or yourself. There's also a Care After Hospital benefit, giving you the reassurance of up to 18 hours of home care following an overnight stay in hospital.

Health and wellbeing.

Your cover has been designed to help keep you in the best possible shape, physically and mentally. So our 24 Hour Advice and Information Line is a reassuring aspect of your cover as it gives you help, support and advice by phone – day or night. Your cover also includes Gym Discounts providing discounted membership at local gyms, so you can actively start improving your health right away.

Personal Accident cover too.

You have cover in place to help you and your family if the worst should happen. Levels 3, 4 and 5 provide cash payouts in the event of death or permanent disability as a result of an accident.

Enjoy even more cover.

Your employer or your partner's employer may have chosen to provide an option for you to purchase additional cover. Your welcome letter or email tells you if this option is available to you.

If so, for just a little extra, you can choose to upgrade your corporate paid cover and/or arrange separate cover for other adults. Details of premiums and how to apply for additional cover are detailed in your welcome letter or email.



Working harder for you.

As you start to use your health cover, the advantages really add up. It works harder for you by providing excellent cash payouts and money back for treatment – and this is just part of your cover. It also provides access to valuable services to help keep you at your fit and healthy best.



MRI, CT and PET Scanning Service.

For policyholders on levels 2-5. In order to access this facility you will first need to see your Consultant to gain a referral for a scan. Once you have this referral please contact the Scanning Helpline on **0345 345 4556**, available Monday to Friday, 8.30am to 5.30pm.

Helpline staff will explain the process for booking your scan and will require written confirmation from your Consultant before arranging your scan for you. Only scans arranged through the Scanning Helpline will be covered.



DoctorLine.

From anywhere in the world, 24 hours a day, you can pick up the phone and arrange a call back from a practising UK GP, to discuss any health issues and receive advice or a diagnosis. You can even choose to have a webcam consultation so you can see and speak to a doctor while you're at home or at work. It's the closest thing to a surgery appointment, but without the wait. Over 70% of DoctorLine consultations result in the patient being recommended a course of action, without the need for referral to another medical professional.

If the doctor believes that your treatment requires medication, they can offer you a private prescription. You can choose for the medicine to be sent directly to you at an address of your choice or a local pharmacy, or you could be sent a digitally secure electronic prescription to show at a nominated local pharmacy.

Prescriptions can be raised for one-off occasions such as prescription-only painkillers/inflammatory drugs, digestive medication, or NHS prescription medication where the patient is away from home and has forgotten or has insufficient prescription medication, antibiotics or hormonal medication.



Telephone Care Advisory Services.

It's often emotional and unsettling when making the decision to find care for elderly relatives or even yourself. You need to feel confident that they're comfortable and well cared for. Our service provides expert advice and support to help you resolve your care issues.

Our care advisors will listen carefully to your needs and wishes and discuss your situation in detail. They'll guide and support you through your next steps, providing you with the information and advice to help you make the best possible care decisions.



24 Hour Advice and Information Line.

It's good to talk. Whatever the issue, support and advice is just a phone call away. This freephone telephone service gives you, your partner and your children (aged 16-24 in full time education) access to confidential guidance on medical, legal or domestic issues from experienced counsellors, lawyers and medical advisors. From stress, bereavement or relationship advice to health and money worries, you'll be able to talk to a qualified counsellor any time day or night. On levels 2-5, your cover also provides access to up to 6 sessions of structured counselling for the policyholder, the telephone counsellor will arrange the sessions if clinically appropriate.

You also have access a progressive app – Wisdom; an online dedicated resource, designed to support your health and wellbeing. It provides you with tailored resources, tools and learning materials - wellbeing fact sheets, videos, self-help programmes, interactive tools and educational resources to help with life's challenges.

For details on how to access your services, see page 17.



Westfield Rewards.

Helping your money go further. You have access to our exclusive rewards website.

It provides access to special offers on all your favourite goods and services from hundreds of leading online and high street retailers. Make use of discount codes or purchase reloadable cards. The savings are often on top of sale prices, money off vouchers and online promotions, so their money goes even further. It's retail therapy at its best.

Pick up exclusive discounts by purchasing reloadable cards for high street stores and supermarkets or receive Cashback from participating retailers by connecting to them online via the Westfield Rewards website.

Instant vouchers are a quick and easy way to save. Order the amount you want and then download the voucher from your account to use in store or online for an instant discount. Instant vouchers can be downloaded to the SmartSpending app whilst in a shop.

Even better, all discounts are on top of sale discounts or online promotions and you can even save on utility services such as gas or electricity too.

Visit www.westfieldrewards.co.uk to register. You can then use the SmartSpending app to make savings while on the move.



Customer Testimonial

“Being a Westfield customer not only means I can save money and claim back my dental and optical bills but I am now able to shop without feeling too guilty. I registered with Westfield Rewards and in the past month I have saved money by using my reloadable cards. I am currently in the process of buying my first house and through Westfield Rewards I can save money on the cost of my new kitchen.”

It feels good to be covered.

We know how much effort you put into your work and the stresses and strains you face in everyday life, so we're committed to ensuring that your policy works harder for you. Take a look at the full range of benefits your cover provides. For just a little extra, you can choose to upgrade your cover and arrange separate cover for your partner or other adults. Just fill in the application form that appears on your My Westfield account. Premium rates are detailed in your welcome or renewal letter.

Important information.

The featured premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation. In the case of Therapy Treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one or combination of treatments. To access the Health and Wellbeing Services please refer to the full Terms and Conditions within this guide, and see page 17. More information on each benefit and service, including details of limitations, exclusions and any qualifying periods, can be found in the Terms and Conditions within this guide.

Key **100** 100% money back **75** 75% money back **50** 50% money back **2yr** 2 year benefit period **1yr** 1 year benefit period

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money back on everyday health and retail discounts						
Optical For you.	100 2yr	Up to £45	Up to £90	Up to £145	Up to £205	Up to £295
Dental For you.	100 1yr	Up to £33	Up to £75	Up to £120	Up to £165	Up to £245
Dental Accident For you.	100 1yr	Up to £75	Up to £165	Up to £265	Up to £350	Up to £500
Chiropody For you.	75 1yr	Up to £35	Up to £75	Up to £115	Up to £155	Up to £225
Therapy Treatments For you. Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy.	75 1yr	Up to £200	Up to £425	Up to £625	Up to £850	Up to £1,250
Prescription Charges For you. Number of items.	1yr	—	—	1	2	3
Surgical Appliance For you.	75 1yr	Up to £55	Up to £125	Up to £175	Up to £230	Up to £335
Maternity/Paternity/Adoption For you, per child.	1yr	£55	£115	£195	£265	£385
Health Screening/Assessment For you.	50 1yr	—	—	—	Up to £200	Up to £300
Gym Discounts For you.		✓	✓	✓	✓	✓
Westfield Rewards For you.		✓	✓	✓	✓	✓
Diagnosis and treatment for body and mind						
DoctorLine For you, your partner and your children.		✓	✓	✓	✓	✓
Specialist Consultation and Diagnostics Shared between you, your partner and dependent children.	75 1yr	Up to £70	Up to £135	Up to £290	Up to £390	Up to £575
MRI, CT & PET Scanning Service For you.		—	Following a referral from a Consultant, you must call our Scanning Helpline on 0345 345 4556 and they will arrange your scan. Please see Benefit Rules for more information.			
24 Hour Advice and Information Line For you, your partner and your children. - Legal, Debt, speak to a Counsellor and online resources.		✓	✓	✓	✓	✓
Including up to 6 sessions of structured counselling. For you.		—	✓	✓	✓	✓
Help if you require hospital treatment						
Hospital Benefit For you. Per day/night up to 14 days/nights per year.	1yr	£13	£24	£42	£61	£85
Care After Hospital Shared between you and one relative aged 65 or over (your partner or your parent). - 18 hours of home care following an overnight hospital stay. On Levels 1 and 2, Westfield Health will contribute 50% towards the cost. On Level 3, Westfield Health will contribute 75% towards the cost.	1yr	18 hours	18 hours	18 hours	18 hours	18 hours
Personal Accident - Accidental Death For you.		—	—	£10,000	£20,000	£30,000
Personal Accident - Permanent Disability For you.		—	—	Up to £10,000	Up to £20,000	Up to £30,000
Caring for your loved ones						
Telephone Care Advisory Services For you and your/your partner's elderly relatives aged 65 or over. - Understand your rights, navigate NHS/private residential and home care choices, resolve care issues. - Have the most appropriate care providers researched for you to make an informed choice. - Get practical and emotional support for your caring responsibilities.		✓	✓	✓	✓	✓

Cover for your children too.

If you have dependent children, it's nice to know that they are covered on certain key benefits at no additional cost, giving you that extra peace of mind.



The table below shows what cover is included for children. The amounts allow you to claim money back towards optical and dental expenses as well as fixed cash payouts for unexpected events like overnight hospital stays and day surgery.

And you have the reassurance of having access to valuable health services including DoctorLine, a 24 Hour Advice and Information Line and access to an online wellbeing app and website.

Please refer to page 33 for the definition of a dependent child and age limits.

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money Back - Shared between dependent children						
Optical	100 2yr	Up to £45	Up to £90	Up to £145	Up to £205	Up to £295
Dental	100 1yr	Up to £33	Up to £75	Up to £120	Up to £165	Up to £245
Dental Accident	100 1yr	Up to £75	Up to £165	Up to £265	Up to £350	Up to £500
Cash payout - for each dependent child						
Hospital Benefit Per day/night up to 14 days/nights per year.	1yr	£6	£10	£18	£23	£36

Key 100 100% money back 75 75% money back 50 50% money back 2yr 2 year benefit period 1yr 1 year benefit period

Your cover: a few useful pointers

Here's a little helpful guidance to help you make the most of your cover. Please feel free to contact us if there's anything else you need to know.



Making the most of your benefit periods.

Every benefit has its own benefit period.

The majority of your money back benefit allowances have a one year benefit period. Each benefit period will be activated when you submit your first claim, and will start from the date you paid your practitioner.

For Hospital Benefit your benefit period begins on the first day or night that we pay benefit for.

For Care After Hospital your benefit period begins on the first day we pay benefit for.

For Maternity/Paternity/Adoption, your benefit period begins on the date of birth or the date the child is placed with you for adoption.

You can keep sending in claims for a benefit until you reach your maximum allowance, or your benefit period expires. When your benefit period expires, the full allowance will renew, but your next benefit period will not be activated until you submit your next claim.

Example:

If the first claim you make on your Dental benefit has a receipt date of the 6th April 2022 your Dental benefit period activates on this date, giving you one year to use your Dental allowance, before it expires on the 5th April 2023. Once your benefit period expires your next Dental benefit period will not be activated until you submit your next Dental receipt.

Please refer to our [Terms and Conditions](#) for full details.

It's easy to check your benefit balance



0114 250 2000

8:30am-5:30pm, Mon-Fri (except public holidays)



westfieldhealth.com

You have 26 weeks to make a claim.

Please submit your claim within 26 weeks. Those 26 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient, or the date you attended for day surgery. In the case of the Maternity/Paternity/Adoption Benefit, it is 26 weeks from the date of birth or adoption placement.

Full details can be found in the [Terms and Conditions at the back of this guide](#).

Make sure you use a qualified practitioner.

One simple rule. Your practitioner must be registered with, or a member of an approved professional organisation. Just click on the 'Find an approved practitioner' link on the **My Westfield** area of our website or refer to the Definitions section of this guide to locate the required qualifications for each practitioner.

Did you know you're covered emergencies worldwide?

You can even use your cover for emergencies when abroad. For example, if you damage your glasses whilst overseas, you can still claim towards the optician's costs, up to the limits of your plan. We ask that all relevant documentation relating to your claim is in English.

Get your claims paid directly into your bank account.

Direct Credit is the easiest and fastest way to reclaim your payments. We recommend that you register for a My Westfield account at westfieldhealth.com where you can add your bank details. Alternatively, you can contact us on 0114 250 2000 to set this up.



When submitting your claim, make sure your receipt has all the right details.

including your name, full practitioner details, date and payment amounts, details of treatment, goods or services and a list of any sundry items purchased.

Cover that puts you in control

Your cover puts you in control by enabling you to budget for your healthcare as never before. And claiming is easy too. Some people say you only find out how good our cover is when you make a claim, which is why we make it so simple.



Making life simple.

For money back and cash payout benefits, we aim to process correctly presented claims within four working days and pay the money directly into your bank or building society account. If we hold your email address, we'll also send confirmation straight to your inbox.

For our fastest service, you can submit claims for all benefits on our My Westfield mobile app (available on Apple App Store & Google Play for Android), or online at www.westfieldhealth.com/my-westfield. Alternatively, you can use a claim form, this is available on your My Westfield account or contact us for a paper claim form.

Personal Accident claims.

We understand that it is likely to be in difficult circumstances that you or a family member will be considering making a Personal Accident claim. You or the person acting on your behalf should contact us on **0114 250 2000**. We will send out a Personal Accident claim form, which should be completed and returned to us. We will then start to assess your claim and contact you to discuss it.

Claim money back in three easy steps

1. Receive and pay for your healthcare treatment as normal
2. Submit your claim online, through our mobile app or by using a claim form and sending it to us by post, which is available on your My Westfield account or contact us for a paper claim form. You must submit your claim with your receipt, within 26 weeks of the date of each payment
3. Receive payment directly into your bank or building society account



My Westfield

It's all about you.

We want you to make the most of your cover. That's why **My Westfield** makes life simple. Think of it as your personal online account manager – a secure area on our website that's totally devoted to you as a customer, where you can either manage or view your account online. Just visit westfieldhealth.com/my-westfield and you can view your plan guide, claim online for all benefits, change your details, check benefit balances and access your wellbeing services.



Your Benefits

We're here for you

If there's anything you need to know about your health cover, your account or your claim, just get in touch. With our help, it's easy to start accessing the treatment you need to keep you at your healthy best.



Managing your account

We are here to make things easy for you.

My Westfield

We want you to make the most of your cover. That's why My Westfield makes life simple. Think of it as your personal online account manager - a secure area on our website that's totally devoted to you as a customer, where you can view and manage your account online. Just visit westfieldhealth.com/my-westfield and you can register and log in to change your details, view your plan guide, check benefit balances and make a claim.

Email

You can email us at enquiries@westfieldhealth.com – we're only a click away.

Phone

An easy and convenient way to access your account details. Simply call our Customer Care Team on **0114 250 2000**.

Contact us



enquiries@westfieldhealth.com



westfieldhealth.com



0114 250 2000
8:30am-5:30pm, Mon-Fri (except public holidays)



Accessing your services:

DoctorLine

0345 612 3861 or **0203 858 9094**

(Available 24 hours a day. Calls will be recorded but remain confidential)

Telephone Care Advisory Services

0114 303 1060

(Available 8.30am-5.30pm, Mon-Fri, except public holidays)

Care After Hospital

0114 303 1060

(Available 8.30am-5.30pm, Mon-Fri, except public holidays)

24 Hour Advice and Information Line

0800 092 0987

(Available 24 hours a day)

Wisdom app

Download: Wisdom, available on Apple App Store for iOS and Google Play Store for Android

Westfield Rewards

Register/log in www.westfieldrewards.co.uk

Helpdesk 0203 583 7020

(Available 24 hours a day)

Gym Discounts

via the My Westfield area

Helpdesk 0345 123 5327

(Available 9am-5pm, Mon-Fri, except public holidays)

Scanning Service

0345 345 4556

(Available 8.30am-5.30pm, Mon-Fri, except public holidays)

Change of circumstance?

If your circumstances change and you are no longer eligible for cover under this plan, don't worry – your cover with Westfield Health can continue on an alternative plan.

Monitoring and confidentiality.

To keep improving our service, we record and monitor all calls. This includes recording and monitoring information relating to health and medical conditions.

We will not discuss policy details with anyone other than the policyholder, unless you have given us specific approval for a relative or friend to obtain account information on your behalf. If you need to access our service in this way, we can explain how you need to provide this authority.

Our Privacy Promise

We are committed to protecting the privacy of our users and customers whilst improving people's quality of life by enabling them to make healthier choices.

We believe in being open and up front with users and customers and have developed our Privacy Promise, a quick and simple summary explaining how we manage, share and look after your personal data.



We promise to collect, process, store and share your data safely and securely.

- **You're always in control:** Your privacy will be respected at all times and we will put you in control of your privacy with easy-to-use tools and clear choices.
- **We work transparently:** We will be transparent about the data we collect and how we use that data so that you can make fully informed choices and decisions.
- **We operate securely:** We have achieved ISO27001 certification and we will protect the data that you entrust to us via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.
- **For your benefit:** When we do process your data, we will use it to benefit you and to make your experience better and to improve our products and services.

If you'd like to know more, please read our detailed Privacy Policy available on our website and **page 41** in this plan guide.

If you need to speak to us in relation to how your personal data is processed please feel free to contact our Data Protection Officer, whose details are provided below:

Email: dpo@westfieldhealth.com

Post: Data Protection Officer
Westfield Health
PO Box 340
Sheffield
S98 1XB



Everything you need to know

This section contains important information about your cover, so please read it carefully. If you have any questions, please get in touch.

Important Information

Pages 20 to 21

Benefit Rules.

Pages 22 to 32

General Terms and Conditions.

Pages 33 to 41

Definitions

Pages 33 to 34

- | | |
|--|---------|
| 1. Who can have cover | Page 35 |
| 2. Pre-existing medical conditions | Page 35 |
| 3. The contract between Westfield Health and you | Page 36 |
| 4. Premiums | Page 36 |
| 5. Qualifying periods | Page 37 |
| 6. Exclusions | Page 37 |
| 7. Benefit period | Page 38 |
| 8. How to claim | Page 38 |
| 9. Worldwide cover | Page 40 |
| 10. Making a complaint | Page 40 |
| 11. Compensation | Page 40 |
| 12. General conditions | Page 40 |

Our Privacy Policy.

Pages 41 to 42

Important information

The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires us to give you certain information so that you can decide if our products and services are right for you.



Statement of Demands and Needs.

This plan meets the demands and needs of someone who is looking for help towards the cost of a selected range of everyday healthcare expenses. Exclusions and restrictions apply, more information can be found in the Terms and Conditions.

The services you will receive

We will only provide you with information about our plans so that you can make an informed choice. We will not provide you with any advice or personal recommendation about the plan or range of options available from Westfield Health. You will need to make your own decision as to the suitability of the product for your own circumstances.

Who are we?

This plan is sold, underwritten and managed by Westfield Health. Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England and Wales, company number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, our registration number is 202609. Our registered address is Westfield House, 60 Charter Row, Sheffield, S1 3FZ.

Commission

For direct sales, our Health and Wellbeing Consultants receive a salary and a monthly bonus which is calculated as a percentage of sales.

If you are introduced, to us by an Introducer Appointed Representative (IAR) we pay them a percentage commission.

For sales via an Intermediary/Broker, we pay them a percentage commission.



Cooling Off Period

If you are not completely satisfied with the plan, simply notify us within 14 days of the date that we accept your application and we will cancel it. Provided a claim has not been paid, we will refund any premium collected. Please refer to full terms and conditions in your plan guide.

Complaints

You can contact us with your concerns by phone, email or post. If you're not satisfied with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). You will have 6 months from the date of our response letter to do this, or you may lose your right to have the complaint investigated. More information is available on the FOS website www.financial-ombudsman.org.uk.

The Financial Services Compensation Scheme

Westfield Health are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations, you may be entitled to compensation from the scheme. For more information please visit www.fscs.org.uk

Multiple policies

If you have multiple plans with Westfield Health, or from any other source, you are not entitled to receive more than the total amount that you have paid for treatment. If you are claiming from another insurer we will pay our proportionate share of the cost, subject to the benefit being available and the terms and conditions of your plan.

Benefit Rules

So you'll know that we've given them a special meaning, we've put some words or phrases in 'bold type' like this in the Benefit Rules and General Terms and Conditions. Our definitions of these words and phrases are on pages 33 to 34.

Don't forget to check the benefit tables on pages 8 to 11 to see what you're covered for.



For each money back or receipted benefit, the tables tell you the length of the benefit period, the percentage of each receipt that you'll be paid and the maximum that you can claim during each benefit period (benefit limit).

For each fixed cash payout, the tables tell you the benefit period, the set benefit amount and where applicable how many days/ nights are covered.

Benefits are listed in alphabetical order except for Personal Accident as it appears last..

24 Hour Advice and Information Line, with Structured Counselling Sessions

including access to the Wisdom app

Policyholder: For you

Structured counselling sessions just for you on levels 2, 3, 4 and 5.

The 24 Hour Advice and Information Line and the Wisdom progressive web app are provided by Health Assured Ltd.

The telephone service can be used by you, your partner and dependent children who are 16 to 24 years old, in full-time education and living with you, this includes children living away from home during term time. There is a scheme number in your welcome pack that you and your family must use when you call the 24 Hour Advice and Information Line. The scheme number doesn't identify individual users and any usage statistics given to an employer don't include any personal information. The service includes up to six sessions of structured counselling for the policyholder and access online CBT courses.

The scheme number can also be found on your My Westfield account.

To access the 24 Hour Advice and Information Line:

Phone 0800 092 0987

Available 24 hours a day, 365 days a year. Call charges may apply. Calls are not recorded. This is a confidential service; the only time Health Assured would breach confidentiality is if you or someone else is at risk of serious harm.

Please have your scheme number ready when you call.

Wisdom mobile app and website

You, the policyholder has access to online tools including a progressive app – Wisdom. With the Wisdom app you are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. These include weekly mood trackers, four week plans that can be worked through by you using the app, mini health checks and webinars. In addition, you are also able to dial through to the helpline, request a call back or LiveAgent instant chat function with one of the team.

To access Wisdom:

Only you, the policyholder, can

register to use this service. It is available as a progressive app, which means as well as a mobile app you are able to login on your mobile phone app, tablet or computer using an internet browser. There is a unique code that you will need when registering. Please use WHCORP. You then create your own username and password. Once registered you can access Wisdom through an app or through an internet browser using the same username and password.

Download: Wisdom available on Apple App Store for iOS and Google Play Store for Android . You can also access on the website <https://wisdom.healthassured.org/login>

What's covered...

- Unlimited use of our 24/7/365 confidential telephone service, giving you and your family support from a team of qualified counsellors and legal advisors.
- Telephone support from a qualified counsellor on issues such as: stress; anxiety; family problems; bereavement; money management; depression; relationships; problems at work; substance misuse.
- For you, the policyholder, up to six



service.

- For **you**, the **policyholder** access to online resources via Wisdom app and wellbeing portal to help overcome life's mental and financial wellbeing challenges with a large library of wellbeing resources, giving you access to podcasts, videos, guides, webinars, factsheets, self-help programmes, interactive tools and educational resources and articles. Wisdom users are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. The features for Wisdom include weekly mood trackers, four week plans that can be worked through by the user using the app, mini health checks and webinars. Track your activity, steps, sleep, and mood. Guided breathing exercises and meditation sessions.

structured counselling sessions.

Your telephone counsellor will arrange the sessions if they think that it would benefit **you**. This **plan** covers the cost of up to 6 sessions in a 12-month period, per issue. These sessions can be delivered face-to-face, telephone or online. The counsellor may also offer **you** a digital Cognitive Behavioural Therapy (CBT) self-guided learning course; these programmes are supported by sessions with counsellors. There are over 30 different programmes to support with wellbeing, mental health, and chronic health – topics such as panic, phobia, stress, anxiety, depression, sleep, coronary heart disease.

- Free telephone legal information from a qualified legal professional on a wide range of issues e.g. consumer disputes; property; motoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate.
- Access to medical information provided by Health Assured's Occupational Health nurses, available Monday to Friday 9am to 5pm. Health Assured's qualified nurses can provide easy to understand expert information, guidance and signposting on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking. Please note, this is not a diagnostic

Care after Hospital

18 hours of home care services following an overnight stay in hospital.

Phone 0114 303 1060

Available 8.30am-5.30pm, Monday to Friday except public holidays.

Please have your Westfield Health policy number ready when you call.

Our Care After Hospital benefit is arranged and administered by Grace Consulting. Eligibility will be verified with Westfield Health.

You must contact the Westfield Health care advisory team at Grace Consulting so that they can find the **Home Care** for **you**.

The allowance of 18 hours **Home Care** is available for **you** to share with one relative aged 65 or over who must be either **your Partner** or **your Parent**.

The first home visit must occur within 14 days of discharge from **Hospital** or **Hospice**, and **Home Care** must be delivered within 28 days of that first home visit.

What's covered...

- Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.
- Rapid research into appropriate care providers, and a written report for you to make an informed choice.
- Up to 18 hours of **Home Care** services in any 12 consecutive months for you. The allowance of 18 hours **Home Care** is available for you to share with one relative aged 65 or over who must be either your **Partner** or **your Parent**. The 65 year old age limit does not apply to you as the policyholder.
- Payments for the first 18 hours of **Home Care**, at the money back rate that applies to **your** level of cover, will be paid on **your** behalf. Please see the table of benefits for the money back rate.

What's not covered...

- Any **Home Care** that hasn't been arranged in conjunction with and with the approval of the Westfield Health care advisory team at Grace Consulting.
- **Home Care** for **your partner** or **parent** if they are aged under 65, or for anyone else other than **you**.
- **Home Care** that does not follow a **Hospital In-patient** admission.
- **Home Care** that commenced more than 14 days after discharge from hospital, or **Home Care** delivered more than 28 days after the first home visit.

- **Home Care** that follows a **Hospital In-patient** admission due to a **pre-existing** medical condition.
- **Home Care** that follows a **Hospital In-patient** admission during **your qualifying period**.
- **Home Care** that exceeds 18 hours in any consecutive 12 month period.
- **Home Care** provided by a care provider who is not registered with the Care Quality Commission or an equivalent national body.
- Care that is not domestic or personal care. For example, nursing or medical care are excluded. If only cleaning is required, this isn't classed as personal care.
- Discharge expenses such as medical equipment, assisted living aids, medicines, and transport from **Hospital** to home.
- Exclusions (see section 6, General Terms and Conditions)

How do I access Care After Hospital?
Care After Hospital is not a cash benefit: you must follow these simple steps so that the care advisory team can find the Home Care for you.

Step 1

Ring the care advisory helpline. You'll need **your** Westfield Health policy number. The care advisory team will explain how the service works. The care advisory team will verify **your** entitlement with Westfield Health before arranging care.

Step 2

Before they can arrange a **Home Care** package the care advisory team will discuss **your**, or (with their permission) **your partner's** or **your parent's** needs with **you**. Our **Home Care** package is not intended to replace any discharge arrangements such as Intermediate Care made by the **Hospital**, NHS community team, or Local Authority, but to complement them. Our care advisory team will provide advice about your statutory entitlements and carry out rapid research into appropriate care providers, and provide a written report for **you** to make the final choice.

Step 3

The care provider that **you** select will visit **you**, or **your partner** or **parent**, to agree a package of care with **you** and carry out an assessment.

Step 4

You will advise the care advisory team of the agreed **Home Care** to be delivered, the commencement date, and home visit timings. The care advisory team will confirm this with the care provider.

Step 5

The care advisory team will pay the care provider for the first 18 hours of **Home Care**, at the money back rate that applies to **your** level of cover. If your cover level means **you** are liable for part of the cost, then the care provider will invoice **you** direct for this part. Let the care advisory team know if **you**, or **your partner** or **parent**, need any further help.

Chiropody

Policyholder: Your maximum benefit allowance is available over a one year **benefit period**.

When...

- **you** receive and pay for treatment from a registered Chiropodist/ Podiatrist, who must be a fully qualified practitioner who is registered with the Health and Care Professions Council (HCP) **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- chiropody and podiatry consultations, assessments and treatment

We will not cover...

- any treatment that is not chiropody or podiatry
- pedicures or cosmetic treatments
- surgical footwear or appliances (e.g. corrective footwear)
- exclusions (see section 6, General Terms and Conditions)

Dental

Policyholder: Your maximum benefit allowance is available over a one year **benefit period**.

Dependent children: You have a separate allowance for **your dependent children** - the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-11

For...

- dental treatment, full* or partial dentures and dental check-ups
- hygienist
- x-rays
- braces and implants

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- dental treatment as a result of an accident (see Dental Accident benefit)
- teeth whitening
- prescription charges
- non-prescribed gum shields
- exclusions (see section 6, General Terms and Conditions)

*Full Dentures

If you need full dentures (either a full upper set, full lower set or both) you can claim up to double the maximum Dental Benefit, but this allowance will be available over a two year **benefit period**. Your receipt must confirm that full dentures have been supplied. Once you have made a claim for full dentures, all subsequent dental or denture claims will then also be assessed over a two year **benefit period**. If you do not claim the maximum benefit on the first claim you submit for dentures, any remaining balance may be used, within the two year **benefit period**, for claims for either dental treatment or dentures. The dentures must be removable by the wearer.

Dental Accident

Policyholder: Your maximum benefit is available over a one year **benefit period**.

Dependent children: You have a separate allowance for **dependent children** - the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice, for treatment carried out as a result of accidental injury to teeth, caused by direct external impact to the head e.g. sports injuries, falls, or other accidents that cause injury by external force **and**
- the dentist's receipt specifically confirms treatment is a consequence of an accidental injury **and**
- if there has been a dental emergency appointment within

30 days of the accident or injury **and**

- **you** give us details of the accident, which must have occurred after **you** applied for the **plan and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan level**, see table of benefits on pages 8-11

For...

- dental treatment directly related to the accidental injury

We will not cover...

- any accidental injury that has not been caused by direct external impact to the head e.g. **we** will not cover injury caused by eating/drinking
- any payment made more than 24 months after the date of the accident
- any insurance or dental care scheme premiums
- prescription charges
- exclusions (see section 6, General Terms and Conditions)

DoctorLine

Policyholder: For **you**, **your partner** and **your dependent children** under the age of 18.

Round the clock advice from a **GP**.

Phone **0345 612 3861** or **0203 885 9094**

24 hours a day, every day. Call charges may apply.

The DoctorLine web app can be used to book appointments. The web address is <https://doctorline.onlinegp.co>

Webcam appointments are available between 8am-10pm **UK** time; 7 days a week, except on Christmas Day. All consultations are confidential but calls and any visual images will be recorded for your protection.

Please have the Westfield Health policy number ready when you call to arrange a telephone or webcam consultation or when using the app.

Our DoctorLine service is provided by an experienced external provider. DoctorLine is a registered trademark of Westfield Health.

You and **your partner** can call DoctorLine from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back with a **GP** at a time that suits you. During surgery hours you can choose to have

a virtual consultation, if you've access to a webcam and broadband. **You** and **your partner** can call on behalf of **dependent children** under the age of 18.

It's reassuring to know that your consultation will be with a qualified practising **GP**, who'll give you advice and in most cases a diagnosis. You can discuss anything that you'd usually ask your own **GP** about, from common ailments to sensitive or confidential concerns. You might want to talk about travel inoculations, side effects from your medication, or a health story you've seen in the news. DoctorLine is the closest thing to a surgery appointment, but without the wait.

If you need to consult with a medical professional regarding a long-term medical condition including managing your symptoms and medication, then you have the option to speak to an experienced Clinical Pharmacist. They can support you with a wide range of medication queries including:

- Reviewing your medication if you have multiple prescriptions; you may have been given new medications separately and require an expert Clinical Pharmacist to ensure your medications are working effectively
- Reassuring you that you are taking your medication correctly
- Side effects from existing medication
- Over the counter medication that works with your existing medication
- Alternative medication options

Private Prescription service

If the DoctorLine **GP** thinks that prescription medicine would be appropriate, you may choose from the following options:

- The DoctorLine **GP** may offer to send a private prescription electronically to a registered online pharmacy service from where the medication will be sent directly to you. When the prescription is issued before 4pm during weekdays, it is usually delivered the next working day. They will not charge you for processing your prescription, but you will be charged for the cost of the medication and delivery. The online pharmacy service will call you to take your payment by credit card or debit card. Simply confirm your payment details and delivery address and they'll arrange delivery of the medication to your home or place of work

- You can also collect your medication from a nominated local pharmacy. The DoctorLine **GP** will send your prescription directly to the pharmacy and you will be contacted when your medication is ready to be collected
- You may be offered a digitally secure electronic prescription to present at a nominated local pharmacy. An email will be sent to you with your prescription and instructions on how to collect your medication. You must present this to your nominated pharmacy at collection. This service is unable to prescribe any controlled medications outside of the **UK** electronically

DoctorLine web app

You can save the website as an icon on your mobile phones home page. You can access the service through a computer. After you have created an account, booking future appointments is easier as it uses the stored information.

The web app also includes access to articles on health:

- Information on medicines, treatments and conditions
- Health & Wellbeing articles, tips and information to help you make the best choices for your body and mind
- Search your local area for clinic services including **GPs**, dentists, pharmacies and more

What's covered...

- Telephone consultations with a qualified practising **GP** or Clinical Pharmacist
- A call back at the time of your appointment. You don't pay for the call whether you're at home, work, or travelling anywhere in the world
- Virtual consultations using state of the art webcam technology so that you can show the **GP** your symptoms to help with a diagnosis.
- An electronic private prescription service, that delivers the medication that you buy to your home or place of work, or a local nominated pharmacy
- DoctorLine may offer to update your own **GP** about your consultation; this is particularly important if you've been prescribed medicine

What's not covered...

- Emergencies or urgent consultations; DoctorLine isn't intended to replace your own **GP** or the emergency services
- Any charges for receiving a call to your mobile e.g. while you're outside the **UK**

- Face to face consultations at a doctor's surgery
- Private prescriptions can't be sent directly to you via post
- Electronic prescriptions are not available to send outside the UK
- DoctorLine can't prescribe controlled drugs
- You can't use a recommendation from a DoctorLine GP to claim any other plan benefits.
- Exclusions (see section 6, General Terms and Conditions)

Gym Discounts

Just for you, the policyholder only
Helping you to get fit and keep active, for less.

Go to www.westfieldhealth.com to log onto your account, or to register for My Westfield access; then choose Gym Discounts from there you gain access to the gym discount offers.

Your cover has been designed to help keep you in the best possible shape. We believe in well beings and are therefore pleased to provide you with access to discounted gym and digital fitness memberships, along with active lifestyle discounts in order to support your journey to your best health.

What's covered...

You can save up to 30% on a membership at your chosen health club, closest to wherever you live or work. Choose from a wide range of options at over 3,700 gyms, leisure centres, yoga or Pilates studios and bootcamps across the UK.

If the gym isn't for you – don't worry! There are also discounted subscriptions to online workout programmes so you can kickstart your fitness regime from the comfort of your home.

Alternatively, if you enjoy getting out and about then why not select a multi-activity membership meaning you can pick and choose from thousands of activities and classes at your leisure.

Frequently Asked Questions are within My Westfield and within the gym discount website

If you have any queries on the offers you can call **0345 123 5327**

Available 9am-5pm, Monday to Friday except public holidays. Calls may be recorded.

What's not covered...

- Some deals aren't available to existing health club members.
- Whilst the gym network is hugely extensive there are some gyms who do not wish to participate, you can however recommend gyms for inclusion via the gym

- discounts website
- Only available online through My Westfield, no post copies of vouchers
- Exclusions (see section 6, General Terms and Conditions)

Health Screening/Assessment

This benefit is to help towards the costs of a detailed assessment of your health.

Plan levels 4 and 5 ONLY.

Policyholder: Your maximum benefit allowance is available over a one year benefit period.

When...

- you pay for and receive a health screening check **and**
- the screening check is carried out by medically qualified staff **and**
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 50% of the cost if you have cover on level 4 or 5, up to the maximum for your plan level, see table of benefits on pages 8-9

For...

- tests which you have to assess your general health. The tests must be carried out within one appointment:
 - by a registered doctor, nurse or pharmacist at a registered establishment
 - as a minimum the health assessment must include all of the following:
 - body composition measurement including height, weight (BMI) and body fat percentage
 - blood pressure measurement
 - cholesterol or diabetes check and
 - kidney or liver function test

Please note: Health assessments must be carried out:

- by a doctor registered with the General Medical Council (GMC) or
- by a nurse registered with the Nursing and Midwifery Council (NMC) or
- by a pharmacist registered with the General Pharmaceutical Council (GPhC)
- and in each case at an establishment registered with the General Pharmaceutical Council (GPhC) or Care Quality Commission (CQC), or the equivalent regulatory body where the assessment is carried out. These could include, for example,

a hospital, GP practice, pharmacy or health screening unit.

We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- exclusions (see section 6, General Terms and Conditions)

Hospital Benefit

Policyholder: Your benefit is payable for a maximum of 14 days/nights in a one year benefit period.

Dependent children: Each of your dependent children has a maximum allowance of 14 days/nights in a one year benefit period.

When...

- you are admitted as an in-patient to an NHS or private hospital/treatment centre or hospice **and**
- you submit your claim in accordance with section 8, General Terms and Conditions

Or on a day when...

- you are admitted to an NHS or private hospital/treatment centre as a day case patient **and**
- you are required to sign a consent form and are allocated a bed – the use of which is normally for a period of supervised recovery **and**
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- you at the day/night rate for your plan level, see table of benefits on pages 8-11

For...

- a surgical procedure involving the use of theatre facilities when you're admitted as a day patient, you sign a consent form and you have a local, regional or general anaesthetic. The surgical procedure is one that aims to treat disease, injury or abnormality by operating directly on or removing the affected body part, or removing a foreign body. When you submit your claim, we need a copy of your discharge letter as evidence of your admission. If you do not have your discharge letter, you will need to get written confirmation of your hospital stay (e.g. a headed letter from the hospital)
- overnight in-patient admissions for treatment, tests or investigations
- maternity related in-patient admissions, from the 11th night

that you have been an **in-patient**. You must give us evidence of the first 10 nights that you have spent in the **hospital/treatment centre** (these nights do not have to be consecutive)

- a **dependent child** required to remain in the **hospital/treatment centre** following its birth, from the date that the mother is discharged
- claims submitted when the patient is discharged as an **in-patient**. When you submit your claim, we need a copy of your discharge letter as evidence of your admission. If you do not have your discharge letter, you will need to get written confirmation of your hospital stay (e.g. a headed letter from the hospital).

We will not cover...

- **out-patient** attendances, including procedures carried out in an **out-patient** setting. An out-patient is a person attending a **hospital/treatment centre** for advice, consultation and/or treatment, but who does not receive admitted patient care.
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes as a **day patient**
- treatment and/or pain relief administered by injection as a **day patient**
- cardioversion as a **day patient**
- **out-patient** visits for chemotherapy, radiotherapy or kidney dialysis
- admissions for rehabilitation, domestic reasons or respite care
- attendances at a GP or Dental surgery
- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital/treatment centre** could be regarded as your permanent residence
- if you had a day surgery procedure and are admitted as an **in-patient** on the same day this counts as one event not two so only one day/night can be claimed.
- exclusions (see section 6, General Terms and Conditions)

Maternity/Paternity/Adoption

Policyholder: Benefit(s) are payable once in a one year **benefit period**.

When...

- you are named as mother or father on the child's full birth certificate, or you are named as the child's adopter **and**

- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- you at the rate for your **plan level**, see table of benefits on pages 8-9

For...

- single or multiple births, benefit is payable per child
- adoptions when the child is placed with you before their 16th birthday
- stillbirths when you send us the stillbirth certificate

We will not cover...

- exclusions (see section 6, General Terms and Conditions)

Optical

Policyholder: Your maximum benefit is available over a two year **benefit period**.

Dependent children: You have a separate allowance for **dependent children** - the maximum benefit is available over a two year **benefit period** and is shared between all your **dependent children**.

When...

- you pay an **Optician** who must be a fully qualified Optical practitioner holding current registration with the General Optical Council, who works in a general optical practice **and**
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your **plan level**, see table of benefits on pages 8-11

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- prescription lenses to an existing frame
- prescription goggles/safety goggles
- solutions for use with your prescribed contact lenses
- repairs to prescription spectacles
- payments that you make for prescription contact lenses supplied under a monthly scheme, when you obtain an itemised receipt

We will not cover...

- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- any insurance or peace of mind guarantee

- exclusions (see section 6, General Terms and Conditions)

Prescription Charges

Plan levels 3, 4 and 5 ONLY.

Policyholder: Your maximum benefit is available over a one year **benefit period**.

When...

- you are not exempt from paying NHS prescription charges **and**
- you receive and pay a charge for an NHS prescription item or private prescription item, or you provide us with evidence that you have purchased an NHS prescription pre-payment certificate to pay for your prescription charges **and**
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- the maximum number of prescription items for your **plan level**, see table of benefits on pages 8-9

For...

- The cost of NHS prescription charges at the current standard rate for an item in England. This means if the claim is for a private prescription the amount reimbursed is the equivalent cost of an NHS prescription item in England and the number of items for your plan level.

We will not cover...

- any prescription item if you are exempt from paying prescription charges or a prescription charge does not apply
- exclusions (see section 6, General Terms and Conditions)

Specialist Consultation and Diagnostics

Policyholder: Your maximum benefit allowance is available over a one year **benefit period**. You can use your benefit allowance for yourself, your partner and/or your dependent children.

When...

- your **Medical Professional** recommends referral to a **Consultant Physician** or **Consultant Surgeon** **and**
- you pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification or a **GP** (see Definitions section) **and**
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- diagnostic consultations on all levels of the **plan** from a **Consultant Physician** or **Consultant Surgeon**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopies, tests on body tissue samples, blood tests, ECGs, required to aid the diagnosis under the management of a **Consultant Physician** or **Consultant Surgeon**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopies, tests on body tissue samples, blood tests, ECGs required to aid the diagnosis under the management of a **GP**
- payments you make to a **Consultant Physician** or **Consultant Surgeon** for treatment on levels 3, 4 or 5 of the **plan**

We will not cover...

- treatment on levels 1 or 2 of the **plan**
- the **policyholder**, on levels 2, 3, 4 and 5, for MRI, CT or PET scans or the associated Radiologist's/ Nuclear Medicine Consultant's report (see Scanning Services)
- room fees, nursing charges, prescription items/charges or sundry items
- exclusions (see section 6, General Terms and Conditions)

Surgical Appliance

Policyholder: Your maximum benefit allowance is available over a one year benefit period.

When...

- you pay for an appliance prescribed by **your GP, Consultant Physician/Consultant Surgeon, Chiropodist/ Podiatrist, Physiotherapist, Acupuncturist, Chiropractor or Osteopath** and
- If requested you provide us with evidence that the appliance was prescribed for **your use** and
- you submit **your claim** in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- **hearing aids** (including repairs); surgical supports that are worn;

surgical corsets; trusses; surgical stockings; prosthetics; orthotic shoes (custom-made for **your** specific medical needs); orthotic inserts/arch supports; wigs; mastectomy bras/prosthesis/ swimwear

We will not cover...

- any item not specifically listed above
- hearing aid batteries
- tens machines
- wheelchairs/crutches/walking frames
- exclusions (see section 6, General Terms and Conditions)

Scanning Service

MRI, CT and PET scans. Levels 2-5 only.

Policyholder: For you
Phone **0345 345 4556** 8.30am-5.30pm, Monday to Friday except public holidays. Calls will be recorded

Please have your Westfield Health policy number ready when you call.

Our Scanning Service is provided by Alliance Medical Limited. You must contact the Westfield Health scanning team at Alliance Medical so that they can arrange the scan for you. They'll need a detailed referral from **your** consultant physician or consultant surgeon before they can book **your** scan appointment. You must travel to one of the Alliance Medical scanning sites. You may need to travel further for a CT, PET or specialised scan because they're only available at certain sites. The scanning service doesn't cover every type of MRI, CT and PET scan.

What's covered

- Unlimited MRI scans, at any Alliance Medical scanning site
- Unlimited CT scans, at selected Alliance Medical scanning sites
- One combined PET/CT scan in any consecutive 12 months, at selected Alliance Medical sites
- A copy of **your** PET scan images on a disc and a written report from a nuclear medicine consultant appointed by Alliance Medical, sent directly to **your** consultant

What's not covered

- Any scan that hasn't been arranged and supplied by Alliance Medical: the scan must not be booked by **you** or **your** consultant.
- Out of pocket expenses e.g. travel costs, meals or accommodation
- Urgent scans: this isn't an emergency service
- MRI scans if **you** have a metal object anywhere in **your** body e.g. a heart pacemaker; surgical

clip; metal heart valve; cochlear implant; metal fragments in **your** eyes

- Heart scans; dental scans; virtual colonoscopy; interventional MRI scans; arthroscopy; CT calcium score; liver imaging with ferrous contrast agents e.g. Ferumoxides or Endorem
- Oncology scans, but **you** can be scanned if **you've** symptoms and cancer is suspected but hasn't been diagnosed
- Scans that need sedation or a general anaesthetic
- Scans if **you're** pregnant; weigh more than 133kg/21 stones; take Metformin (for diabetes)
- Scans while **you're** an **in-patient** or day case patient
- Complex scans. Scans that aren't covered by the scanning service include: arthrograms; scans that require the injection of a contrast medium; scans that need specialised scanning equipment; scans that need the assistance of an on-site radiologist for the scan or scan report. Although complex scans aren't included on **your** policy, if they have a suitable facility, Alliance Medical may agree to offer you free use of one of their scanners. This isn't guaranteed; they'll tell you if they've a suitable scanner that you can use. You must travel to the scanning site offered and pay Alliance Medical any extra costs e.g. the charge for the contrast medium and/or an on-site radiologist. Alliance Medical will explain how much **you'll** need to pay.
- Health screening; monitoring of a medical condition
- X-rays; ultrasound scans
- Scans outside the UK, Channel Islands or Isle of Man
- Exclusions (see section 6, General Terms and Conditions)

How do I ask for a scan?

Our scanning service is not a cash benefit: you must follow these simple steps so that the scanning team can arrange your scan.

Step 1

Alliance can only accept a referral from a consultant therefore, **you'll** need to see a consultant so that they can decide whether **you** need a scan.

Alliance Medical can only arrange the scan once they have all the necessary details from the referring consultant.

Your consultant can send the scanning team a referral letter.

To avoid any delays the letter must

include all of these:

- The consultant's General Medical Council registration number
- The consultant's full address so that Alliance Medical can send them **your** scan images and report
- **Your** name, address and date of birth
- **Your** Westfield Health account number
- All **your** relevant clinical history
- Full details of the scan that **you** need
- Details of where the consultant would like the images and report to be sent via IEP (Image Exchange Portal).

If your consultant would prefer to have a form to complete Alliance Medical will be happy to send you one. A copy is on your My Westfield account. The consultant must sign the form or referral letter.

Step 2

Contact the Scanning Helpline, once you have the consultant's referral on **0345 345 4556** 8.30am-5.30pm, Monday to Friday except public holidays. **You'll** need **your** Westfield Health policy number. The scanning team will explain how the scanning service works.

Step 3

Your consultant's referral must be sent to Alliance Medical by email nawestfield@alliance.co.uk (to ensure that a valid practitioner has made the request, referrals by email must be sent from the consultant's business email address)

Step 4

When the scanning team receive the request form (or referral letter) from your consultant they check it to make sure that they've all the information they need to book an appointment for **you** at one of their scanning sites. Sometimes they need to contact **you** or **your** consultant for more details.

Next, they'll give **you** a call and ask **you** some questions to make sure it's safe for **you** to have the scan. They'll also discuss the location and date of **your** appointment. **You'll** usually be able to have **your** scan within two weeks of Alliance Medical receiving a complete and valid referral from **your** consultant

The scanning site will contact **you** to book **your** scan in. Once the scan has been arranged, they will send **you** confirmation of the date, directions to the location and a full safety questionnaire for **you** to complete and take with **you** on the day of **your** appointment. **You'll** attend the site for the scan.

Your scan images and report.

- The images from **your** MRI or CT scan will be reviewed by a radiologist appointed by Alliance Medical. PET scans are reviewed by a nuclear medicine consultant.
- The report and images are sent directly to referring consultant via image exchange portal (IEP). This is usually within 10 working days of **your** scan appointment.
- Before **you** make any follow up appointment with **your** consultant, please check that they've received the report. Let the scanning team know if **you**, or **your** consultant, need any further help

Telephone Care Advisory Service

Make informed care choices for yourself and elderly relatives.

Phone **0114 303 1060**

Available 8.30am-5.30pm, Monday to Friday except public holidays.

Please have your Westfield Health policy number ready when you call.

Our Telephone Care Advisory Service benefit is arranged and administered by Grace Consulting. Eligibility will be verified with Westfield Health.

You can use the Westfield Health care advisory team to support you with your own care, or the care of any of you/your partner's elderly relatives defined as 65 or over (including your partner if aged 65+).

The care advisory team can help **you** with **your** role as a carer. They will also discuss **your** own care needs, or those of **you/your partner's elderly relatives**, and inform and help you to resolve all care issues, including researching the most appropriate care providers for each personal situation.

What's covered...

- Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.
- Practical advice and emotional support for your caring responsibilities.
- Advice on how to resolve all care issues including: navigating the care system; appropriate care options; how to find ideal care providers; state benefits and state funding of care; statutory services; guarding against potential future crises; relevant assistive devices, or monitoring devices that reassure about a loved one's wellbeing.
- An intensive research service to identify the most appropriate care providers for each personal situation, whether it be for care

homes, home care agencies, day centres, or lunch clubs.

- A written report on appropriate care providers for **you** to make an informed and final choice.
- Continued help and assistance until **your** care issue is resolved.

What's not covered...

- Care advice relating to the needs of anyone aged under 65, with the exception of you the Policyholder.
- Legal, financial or medical advice, although our team may signpost you to appropriate advisors and practitioners for these needs.
- Face to face advisory services or site visits to potential care providers.
- Exclusions (see section 6, General Terms and Conditions)

Therapy Treatments

Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

Policyholder: Your maximum benefit allowance is available over a one year **benefit period** and represents the total for any one or combination of the treatment types.

When...

- **your GP or Consultant Physician/ Consultant Surgeon** recommends that you receive treatment. If requested at any time, **you** must provide us with written evidence of this recommendation at **your** own expense **and**
- you receive and pay for treatment from a registered **Physiotherapist, Chiropractor or Osteopath**, or an **Acupuncturist or Homeopath** who is a member of an approved professional organisation. Registration/ membership must be relevant to the treatment that they are providing (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- physiotherapy, acupuncture, chiropractic, osteopathy, homeopathy treatment
- homeopathic prescriptions supplied by a **Homeopath** as part of a consultation

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, osteopathy or homeopathy

- group sessions or classes
- separate scans e.g. MRI, ultrasound, x-rays unless they are diagnostic scans or x-rays when they are performed by the therapist at the same time as their therapeutic assessment
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your **Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath**
- exclusions (see section 6, General Terms and Conditions)

Westfield Rewards

Policyholder: X for you.

Westfield Rewards is provided by Reward Gateway.

Website www.westfieldrewards.co.uk to register for Westfield Rewards.

Helpdesk 0203 583 7020

Available 24 hours a day, 7 days a week, 365 days a year. Calls may be monitored or recorded to confirm that your instructions have been carried out and to help improve the quality of the service.

To activate your Westfield Rewards registration, you'll need your Westfield Health policy number and your email address.

Once you have registered you can download the SmartSpending app from the iOS App Store or Google Play for Android. You cannot register for Westfield Rewards on the app, you must first register via the website, then use the same details to login to the app.

You'll get a discount when you buy Reloadable Cards to spend in some high street stores and supermarkets. Please allow time for the card to be sent to you and be activated if you want to use it by a specific date. You can top-up your card's balance at any time online, or by calling the helpdesk. If you change your mind within 14 days you can ask Westfield Rewards for a refund if you haven't activated the card. Top-ups aren't refundable. Reloadable Cards are just like cash, so keep them safe and if your card is lost or stolen tell the Westfield Rewards helpdesk straightaway.

Cashback is another easy way to save you money. Simply check out the Cashback rate for a participating retailer and then connect to their online store via the Westfield Rewards link. Cashback is credited to your Cashback account when your purchase has been confirmed. Cashback isn't payable if you cancel, return the goods, or don't use the Westfield Rewards link. When you want to

withdraw your Cashback just follow the online instructions. If your Westfield Health cover ends you must claim your Cashback within 30 days.

You simply manage your Westfield Rewards account online. Full terms of use are on the Westfield Rewards website. Reward Gateway are always happy to help if you have any questions.

What's covered...

- Offers on a wide range of goods and services.
- Cashback when you buy online through a link on the Westfield Rewards website.
- Discounts when you buy Reloadable Cards to spend in participating high street stores and supermarkets.
- Instant vouchers are a quick and easy way to save. Order the amount you want and then download the voucher from your account to use in store or online for an instant discount. Instant vouchers can be downloaded to the SmartSpending app whilst in a shop.

What's not covered...

- Cashback won't be paid if you get a refund for anything that you've bought.
- Cashback won't be paid if you don't complete your purchase online through the link on the Westfield Rewards website.
- Any money spent on a Reloadable Card that's been lost or stolen: report your loss to Westfield Rewards as soon as possible so that they can cancel the card.
- Exclusions (see section 6, General Terms and Conditions)

Personal Accident Cover

Just for you, the policyholder

We underwrite and administer the Personal Accident cover provided by your plan.

Conditions of your cover

Please read this summary together with the full terms and conditions of your personal accident cover.

- If you suffer **bodily injury** as a direct result of an **accident** which within 24 months of the **accident** results in **death** or **disablement**, benefit will be paid in accordance with the Scale of Benefits outlined on page 31
- The maximum amount of benefit that will be paid for one **accident** is equivalent to the amount for **permanent total disablement**, item 2 in the Scale of Benefits on page 31

- If we pay the benefit for **loss** of limb we won't also pay for parts of that limb
- If you already had a disability or condition before your **accident** we will take this into account and it may reduce the amount of permanent disability benefit that you get
- Please submit your personal accident claim within 60 days, or as soon as reasonably possible, after the **time** of the **accident**

What's covered...

- **Accidental bodily injury** that causes your death within 24 months of the **time** of your **accident**
- **Accidental bodily injury** that causes your **permanent total disablement** within 24 months of the **time** of your **accident**
- **Accidental bodily injury** that causes your **permanent disability** within 24 months of the **time** of your **accident**

What's not covered...

- Any **accident** that happened before your **personal accident** cover started or after your **personal accident** cover ended
- **Permanent total disablement** benefit if you are 75 or older at the date of accident: we will assess your claim based on the degree of your **permanent disability** instead
- **Bodily injury** caused or contributed to in any way
 - by you committing an illegal act
 - while you were under the influence of drugs or excessive alcohol
 - by a deliberate or reckless exposure to danger
 - by participation in dangerous activities and sports – this includes but is not limited to canyoning, gorge walking, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race
- by you engaging in any form of **air sports** or taking part in air travel, unless travelling as a fare paying passenger in an aircraft which is provided and operated by an airline or air charter company that is licensed for this
 - by **war**: except when **war** is declared in the country that you are travelling to after you've already left the country where you live
 - because you are: a full time member of the armed forces of any nation or international authority; you are on active service as a member of any reserved forces
 - by your suicide, attempted suicide or deliberate self-inflicted injury, regardless of the state of your mental health

- Illness or disease not directly caused by **bodily injury**, including but not limited to a medical or surgical procedure or childbirth
- Repetitive stress (strain) injury or syndrome, or any gradually operating cause
- Post-traumatic stress disorder or related syndromes, or any psychological or psychiatric condition
- Bacterial or viral infection, except where it is the direct result of **accidental bodily injury**
- This benefit does not provide cover in the event of death caused by illness or disease

Personal Accident		Percentage of Accidental Death amount in table of benefits on pages 8-9
1	Death as a result of an accident	100%
2	Permanent total disablement	100%
Permanent disability benefits		
3	Loss of sight - both eyes	100%
4	Loss of speech	100%
5	Loss of sight - one eye	50%
6	Loss of hearing - both ears	50%
7	Loss of hearing - one ear	15%
8	Loss or loss of use of:	
	a foot below the level of the ankle	50%
	a hip, knee, or ankle	20%
	one or more limbs	100%
	a thumb	20%
	a forefinger or big toe	15%
	any other finger	10%
	any other toe	5%
9	Permanent and total loss of use of:	
	the back or spine below the neck, with no damage to the spinal cord	40%
	the back neck or cervical spine, with no damage to the spinal cord	30%
	a shoulder elbow or wrist	25%
10	To ensure you are provided with a payment for a permanent disability that is not listed above, we will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of your occupation. For example if bodily injury results in 25% of the loss of sight in one of your eyes, we will pay you 25% of the loss of sight – one eye, item 5 on this scale.	

When will my personal accident cover start?

Your personal accident cover always starts on the date **we** receive the application for **your** cover. This is regardless of **your plan's** registration date.

We won't pay any benefit if the **time** of the **accident** was before **we** received **your** application for a policy.

If **your plan** level changes **your** level of personal accident cover changes on the date that **we** receive the application, not on the **registration** date for **your new plan** level.

When will my personal accident cover end?

Your personal accident cover will end on the date that **your plan** cover finishes.

How do I make a claim?

We understand that it's likely to be a difficult time if **you've** had an **accident**. **You**, or someone acting on **your** behalf, should contact the Westfield Health Customer Care Team within 60 days or as soon as reasonably possible after the **accident**. **We'll** send out a personal accident claim form for **you** to fill in and return to **us**. **We'll** then contact **you** to explain what happens next.

If there's any delay in you notifying a claim to **us** it could be detrimental to **us** investigating and assessing the claim: this may impact the claim being paid at all, or the amount of the claim that's paid.

Sometimes it may be necessary to wait up to 24 months to establish the full extent of **your** injury and whether a **permanent total disablement** or **permanent disability** claim is payable. **We** cannot carry out a medical assessment while **you** are still having treatment for that injury.

Personal Accident Definitions

We've put some words or phrases in '**bold type**' like this, so that **you**'ll know that **we** have given them these special meanings for **your** personal accident cover. The definitions of other words and phrases in '**bold type**' are in the General Terms and Conditions section on pages 33 to 34.

Accident/Accidental

A sudden, identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Air sports

Airborne leisure activities, for example:

- ballooning
- bungee-jumping
- gliding
- hang-gliding
- micro lighting
- parachuting
- paragliding
- parascending

Bodily injury

- Injury to **you** which happens whilst the personal accident cover is in force
and
- which is caused only by an **accident**
and
- on its own, within 24 months of the **accident** leads to **permanent disability** or death and results in a claim covered under this policy.

Loss of hearing

Permanent profound deafness, which means the quietest sound **you** can hear is louder than 90 decibels when **you're** tested by a qualified audiologist.

Loss of limb

With reference to:

- an arm - amputation or complete and permanent loss of all functional use - at or above the wrist joint
- a leg - amputation or complete and permanent loss of all functional use - at or above the ankle (talo-tibia joint)

Loss or loss of use

Amputation or permanent loss of all functional use.

Loss of sight - both eyes

Permanent blindness, which based on medical evidence **you** will never recover from, and which results in **your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

Loss of sight - one eye

Permanent blindness, which based on medical evidence **you** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Loss of speech

Permanent and total **loss** of speech as confirmed by a **GP** or **Consultant Physician**.

Permanent disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **you** will never recover.

Permanent total disablement

If you were in gainful employment at the date of the accident:

A **permanent disability** which stops **you** from carrying out gainful employment for which **you** are fitted by way of training, education or experience.

Or

If you were not in gainful employment at the date of the accident:

A form of **permanent disability** calculated on a medical assessment by **us** or an independent medical expert appointed by **us**, which results in **your** inability to perform, without assistance from another person, at least two of the following activities of daily living:

- eating
- getting in and out of bed
- dressing and undressing
- toileting
- walking 200 metres on level ground

Time

The Standard Local Time where **you** permanently live.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised military force.

General Terms and Conditions.

Definitions.

Acupuncturist

A fully qualified Acupuncturist who is a:

- Member of the British Acupuncture Council (BAC)
- Fully Accredited Member of the British Medical Acupuncture Society (BMAS)
- Fully Accredited Member of an association under British Acupuncture Federation (BAF)

Agreement

The contract between Westfield Health and **you** for the provision of the **plan** governed by the terms and conditions set out in this guide.

Benefit Period

The period of time over which each separate benefit is available to claim. See section 7, General Terms and Conditions.

Chiropodist/Podiatrist

A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Chiropractor

A fully qualified practitioner who is registered with the General Chiropractic Council.

Consultant Physician/ Consultant Surgeon

A registered **Consultant Physician** or **Consultant Surgeon**, including any individual holding an appropriate **Consultant Physician** or **Consultant Surgeon** position within a private or registered **hospital/treatment centre**.

The Consultant must not be **you**, **your partner** or a member of **your** family.

Day patient

A patient that:

- Is admitted to a **hospital/treatment centre** as a day case

and

- Is allocated a bed, or similar facility e.g. a reclining chair that the treatment provider classes as a bed – the use of which is normally for a period of supervised recovery **and**
- Doesn't stay overnight.

Dependent Child

A child who is:

- **your** child, **your partner's** child, a child that **you/your partner** have legally adopted or have legal guardianship of **and**
- under 18 years old **and**
- not married/not in a civil partnership **and**
- living with **you** or is financially dependent on **you** and lives in the UK, Channel Islands or Isle of Man.

We may ask **you** for proof of **your** relationship with the child. A **dependent child** that's included on **your** policy won't be covered for **dependent child** benefits once they're 18.

Elderly Relative

Any relative aged 65 or over, including **your Partner, Parents**, aunts, uncles, etc, but excludes friends and neighbours.

GP

A General Practitioner who's registered with the General Medical Council and who works in general practice.

Hearing Aid

An electronic device usually worn in or behind the ear of a hearing-impaired person for amplifying sound

Home Care

Domestic and personal care such as help with dressing, washing, bathing or shaving, toileting, getting in or

out of bed, eating, drinking, taking medication, communicating, preparing meals, cleaning, laundry and ironing, shopping, and companionship.

Homeopath

A fully qualified **Homeopath** who is a member of one of the following professional bodies:

- Member of the Faculty of Homeopathy
- Licensed or Registered Member of the Society of Homeopaths
- Registered Member of the UKHMA
- Member of the Alliance of Registered Homeopaths

Hospice

A facility that provides **in-patient** palliative care for patients with a life limiting or terminal illness.

Hospital/Treatment Centre

A medical facility that:

- has permanent facilities for caring for patients as an **in-patient** and/ or a **day patient** **and**
- has facilities for medical practitioners to diagnose and treat injured or sick people **and**
- provides nursing services from qualified nurses/midwives who are on the Nursing and Midwifery Council (NMC) register (or an equivalent register if the **hospital/treatment centre** is outside the UK, Channel Islands or Isle of Man) **and**
- is not a nursing home; **hospice**, convalescent home; residential care home; prison; health spa/ hydro.

In-patient

Admission to a **hospital/treatment centre** or **hospice** for a full night stay, or longer. To qualify as a full night you must be admitted before midnight.

Medical Professional

This could be your **GP** or could be an Optician, Dentist, Physiotherapist, Chiropractor, Osteopath, Chiropodist, whose qualifications are already defined in the applicable benefit rules or within definitions section.

Osteopath

A fully qualified practitioner who is registered with the General Osteopathic Council.

Outpatient

A patient that attends a **hospital/ treatment centre**, consulting room or outpatient clinic but is not admitted as an **in-patient** or **day patient**.

Parents

Your natural or lawful father or mother, including adoptive parents. A step parent married to your natural parent is also covered. **We** may ask **you** for proof of **your** relationship with that person.

Partner

A person who:

- **you** live with that **you're** married to/in a civil partnership with **or**
- **you** permanently live with as if **you're** married to them/in a civil partnership.

We may ask **you** for proof of your relationship with that person.

Physiotherapist

A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Placed/Placement

When a child comes to live with you permanently so that **you** can formally adopt the child in the future.

Plan

The Advantage Corporate Health Cash Plan.

Policyholder

The person in whose name the **plan** is held (sometimes called the lead name on a policy). **We** send all communications to the **policyholder**.

Pre-existing medical condition

This plan is only intended to cover new medical conditions.

You, your partner and your dependent children will not be entitled to claim the following benefits for any **pre-existing medical conditions**:

Care After Hospital; Chiropody; Specialist Consultation and Diagnostics; Dental Accident; Health Screening /Assessment; Hospital Benefit; Prescription Charges; Surgical Appliance; Therapy Treatments.

When **you** submit a claim we may ask you to give details of the condition/

symptoms; dates; **GP's** name, address and telephone number if **you, your partner or your dependent child**:

- Were taking any prescribed medication, or had taken prescribed medication in the last 12 months;
- Had consulted a **GP** or **Consultant Physician/Consultant Surgeon** during the 12 months;
- Had received advice or treatment from a qualified practitioner or therapist i.e. **Physiotherapist, Acupuncturist, Chiropractor, Homeopath, Osteopath, Chiropodist, Podiatrist** or any other complementary medicine practitioner, during the 12 months;
- Had attended a **hospital/ treatment centre** during the 12 months;
- At point of application were awaiting any medical tests, investigations or treatment, or were awaiting the results of any medical tests or investigations, whether or not the condition has been diagnosed;
- Attended your **GP, Consultant Physician/Consultant Surgeon** or hospital for monitoring or check-ups;
- Have an illness, injury or condition that is permanent, or has ever previously recurred or that is likely to recur.

If **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not.

Qualifying period

The period of time that **you, or your dependants**, have to wait before you can use a benefit. **You** can read a full explanation of how **qualifying periods** work on page 35.

Registration

The first day of the current month if **we** accept **your** application on the 1st of the month. Cover will start that month.

The first day of the next month if **we** accept **your** application after the 1st of the month. Cover will start the 1st of the following month.

UK/United Kingdom

The **United Kingdom** of Great Britain and Northern Ireland i.e. England, Scotland, Wales and Northern Ireland.

We/us/our

Westfield Contributory Health Scheme Limited.

You/your/yourself

The Westfield Health **policyholder**.

1. Who can have cover

This **plan** is not available to purchase directly from Westfield Health. It is primarily available on a corporate paid basis; however employees who are not eligible for the company provision can apply for cover on the **plan**.

The employer has chosen this **plan** from the range of products offered by Westfield Health. If the employer decides to change the cover available to **you** we will notify you as soon as reasonably practicable. **Your** cover will cease if the agreement between the employer and Westfield Health comes to an end. **We** will try to offer all **policyholders** an alternative Westfield Health plan, however this may not be on the same terms as **your** current cover.

You must reside in the **United Kingdom**, Channel Islands or Isle of Man for a minimum of 180 days each year to be an Advantage Corporate Health Cash Plan **policyholder**.

Professional sports people are not eligible for the **plan**.

We, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or a request to upgrade **your** cover. If **your** application is not accepted **we** will refund any premium that **you** have paid for the cover that **we** have declined to offer (providing that **we** have not paid a claim under that cover).

Corporate Paid Cover

If **you** are eligible the employer will pay premiums for **you** to have cover on one level of the **plan**.

There is no restriction regarding the age of an eligible employee taking out cover on the **plan** at the level provided by **your** employer.

You do not need a medical before **you** are accepted for cover. Employees who are eligible for cover provided by the company, and everyone covered on **your** policy, will be covered for **pre-existing medical conditions** (except for Personal Accident cover) on all levels of the **plan** including any chosen upgrade option, subject to the terms and conditions of the **plan**.

However, if **your** employer is also providing **you** with Private Health Insurance please refer to **your** Schedule of Cover and Private Health Insurance leaflet for full details of the terms and conditions, including any exclusions relating to **pre-existing medical conditions**, which apply to your Private Health Insurance cover.

For Personal Accident **we** will take into account any disability or condition that **you** already had when **we** assess the amount of disablement benefit **we**

will pay as a result of a subsequent **accident**.

Employee upgrade option and/or cover paid through payroll

Only available when the employer has agreed to provide a facility for deducting premiums through wages/salary.

Employees who are eligible for corporate paid cover can choose to upgrade (where applicable) to a higher level of the **plan**.

Employees who are not eligible for the cover provided by the company can apply for any level of the **plan**.

Employees can also arrange a deduction through their wages/salary to pay additional premiums for their **partner**, family or friends to have cover. **Partners**, family or friends choosing to have cover on the **plan** will each hold a separate policy.

You must satisfy **yourself** that this **plan** and the level of cover **you** decide to apply for are right for **you**. **We** will not provide any advice in this regard but **you** are of course free to seek information or advice from a professional advisor.

The application form is located on My Westfield. Follow the instructions stated on the form. My Westfield mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-Westfield.

You must be at least 16 years old and younger than 66 years of age when **you**:

- apply for a new policy (including any application following a lapse in **your** cover)
- apply to upgrade **your** corporate paid cover
- apply to increase **your** level of cover

However, **policyholders** are not required to leave the **plan** once they become 66 and can transfer to a lower **plan** level at any age.

Cooling Off Period - If you change your mind

Your policy contains a 14-day cooling off period from the date **we** accept **your** application. If **you** change **your** mind during this cooling off period **you** should contact **us**. Providing that **you** have not made or intend to make a claim, **we** will refund the full premium paid by **you**.

2. Pre-existing medical conditions

Employee Upgrades

Your and anyone covered on **your** policy will still be covered for **pre-existing medical conditions** for the health cash plan benefits, even if **you**

choose to upgrade **your** **plan** level, subject to the terms and conditions of the **plan**.

For Personal Accident cover **we** will take into account any disability or condition that **you** already had when **we** assess the amount of disablement benefit **we** will pay as a result of a subsequent **accident**.

If **you** are receiving corporate paid Private Health Insurance cover please refer to **your** Schedule of Cover and Private Health Insurance leaflet for exclusions relating to **pre-existing medical conditions**.

Policyholders who are not receiving corporate paid cover

Policies that are not fully or partly paid by the employer are only intended to cover new medical conditions. **Pre-existing medical conditions** will not be covered for employees who are paying for their own cover, employees' **partners** and employees' family or friends who choose to apply for the **plan**.

You, your partner and your dependent children will not be entitled to claim the following benefits for any **pre-existing medical conditions**:

24 Hour Advice and Information Line with Structured Counselling Sessions; Care After Hospital; Chiroprody; Specialist Consultation and Diagnostics; Dental Accident; Health Screening /Assessment; Hospital Benefit; MRI, CT and PET Scanning Service; NHS Prescription Charges; Surgical Appliance; Therapy Treatments.

Please read the definition of a **pre-existing medical condition** on page 34 carefully, if **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not. Failure to tell **us** about a **pre-existing medical condition** may invalidate **your** policy. **We** may ask for information from your **GP** to confirm any details that **you** have given regarding **pre-existing medical conditions**. The application form, together with any information that **you** give, forms part of the contract of insurance.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition**, **we** will seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the terms and conditions of the **plan**. **We** may terminate your policy and **we** may seek to recover from **you** any costs that **we** have incurred.

It may be necessary for **us** to request a medical report from your **GP**, Consultant Physician or Consultant Surgeon. **We** will only request a report when it is reasonably necessary and under the Access to Medical Reports

Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you**, or where applicable another person covered on **your** policy, do not give **us** your consent **we** may decline **your** application for cover, or terminate **your** policy.

We will usually agree to accept **your** application on condition that any **pre-existing medical conditions** are not covered on **your** policy; if **you** are applying to increase **your** level of cover **you** will not be entitled to claim for **pre-existing medical conditions** from the date that **you** qualify for benefit at the higher level of the **plan**.

When **you** apply for a new policy, or ask **us** to increase **your** level of cover, it is **your** responsibility as the **policyholder** to send **us** written details of any **pre-existing medical conditions**. If **you** are providing information about another person **you** should ensure that **you** have their consent to do so.

If **your** application form was completed and signed by someone else on **your** behalf **you** must provide this information to Westfield within 7 days of **us** welcoming **you** as a **policyholder**

3. The contract between Westfield Health and you

Corporate Paid Cover

For eligible employees, cover will only continue to be provided at the corporate paid level on condition that **your** employer continues to pay the premiums for **your** cover to Westfield Health.

Employee upgrade option and/or cover paid through payroll

For employees who have chosen an upgrade option, and all **policyholders** who are paying for their own cover, **your** health cash **plan** cover operates on the basis that each calendar month a new contract is formed between Westfield Health and **you**. **We** do not issue monthly reminder notices. The cover that **you** are paying for **yourself** will be automatically renewed each month providing **you** pay **your** premium and abide by the terms and conditions of the **plan**, unless **we** receive notice from **you** that **you** do not wish to continue **your** cover, or **we** give **you** notice that **we** are not willing to accept **your** monthly renewal.

Your Cancellation Rights – Employee upgrade option and/or cover paid through payroll

Employees with corporate paid cover have the right to cancel their upgrade option. **Policyholders** who pay for their own cover have the right to cancel their policy.

If **we** receive notice that **you** wish to

cancel before the 15th day in any month **we** will cancel **your** monthly contract for that month and refund the premium paid by **you** for that month. If **we** receive notice of cancellation on or after the 15th day of the month, then **we** will not refund **your** premium for that month but any further premiums will not be payable. Any premium that **you** have paid, in advance or that is not due following cancellation will be refunded to **you**. **We** will not pay a claim for any benefit beyond the date that **you** have paid up to.

To cancel **your** cover please contact **our** Customer Care Team on 0114 250 2000, email **us** or write to **our** Customer Care Team **our** address, detailed on the back cover.

Re-applying for cover after you have cancelled

If **you** cancel **your** policy and then decide to re-apply for cover with **us** **you** will be subject to the **qualifying periods** for a new applicant to the **plan** **you** apply for. **You** will also need to sign a new declaration on the Application Form. Previous claims may be taken into account when **we** assess **your** entitlement to benefit on **your** new policy.

Terminating your cover – All policyholders

We reserve the right to cancel **your** cover at any time, (with retrospective effect where appropriate), if:

- Under the terms and conditions of the **plan** **you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information when **you** applied for cover, applied to increase **your** **plan** level, or submitted a claim
- **You**, or anyone covered on **your** policy, fails to comply with **our** request for information relating to a claim or an application for cover
- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false and/or misleading and/or exaggerated
- **You** (or anyone covered on **your** policy) act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of **our** organisation, or one of **our** suppliers
- **You** fail to abide by any of the terms and conditions of this **plan**

Should **we** cancel **your** cover **you** will not have any right to make any further claim on the **plan**. In addition, **we** may also seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the Terms and Conditions of this **plan**.

If premiums for **your** cover have been paid in advance **we** may refund premiums paid beyond the date for which **you** have had the benefit of cover. However, **we** retain the right to withhold such premiums if **you** owe **us** money.

We will notify **you** in writing **our** reason for cancelling **your** cover and **you** have the right to appeal to **us** through **our** published Complaints Procedure, which is available on request.

If **your** policy is terminated **we** will not accept **you** for cover with **us** again on any **plan**.

4. Premiums

Corporate Paid Cover

Your cover will continue on condition that the premium due each month is paid and **you** abide by the terms and conditions of the **plan**.

You will not be entitled to use any of the services included in the **plan** and **we** will not pay **your** claim if premiums have not been paid to cover the date(s) for which **you** are claiming. If when **we** receive **your** claim the employer has not paid the premiums for **your** cover for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until a payment is made to cover the date(s) for which **you** are claiming. If **you** leave **your** employment, or lose entitlement to corporate paid cover, **we** will not pay **you** any benefit, and **you** will not be entitled to use any of the services included in the **plan**, beyond the date that **your** premiums are paid up to.

If **you** have chosen an employee upgrade option please see below.

Employee upgrade option and/or premiums paid through payroll

We implement stringent credit control procedures, however it ultimately remains **your** responsibility to ensure that when **your** premiums are collected from an employee's wages/salary they are remitted to **us**.

If **you** do not continue to pay **your** premiums for an upgrade option, benefits will cease at the higher **plan** level on the date that **you** have paid up to: cover will cease when the premiums that **you** pay are more than one month in arrears if **you** have upgraded to level 3, 4 or 5 and three months in arrears if **you** have upgraded to level 2.

If **you** are paying for **your** own cover **you** will cease to be a **policyholder** when **your** premiums are more than one month in arrears for level 3, 4 or 5 and three months in arrears for level 1 or 2.

If when **we** receive **your** claim **your** premiums are not paid up to date for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until a payment is made to cover the date(s) for which

you are claiming. For **policyholders** who are not eligible for corporate paid cover if **your** premiums are not paid all cover will cease on the date **you** are paid up to.

We will not accept payment for more than 13 months cover in advance.

Premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.

Where a benefit included in the **plan** is underwritten by another insurer, **our** agency agreements with insurers **allow us** to hold the premiums **you** pay in respect of these elements of the product as agent of the insurer and therefore payment to **us** means the same as if **you** have paid that insurer direct. This does not affect elements that **we** underwrite.

Change of employer or retirement

When an employee retires or leaves their employment they should ask their employer to notify Westfield Health and each **policyholder** should contact **us** immediately.

Policyholders, who wish to continue to have cover with **us**, must transfer to an alternative plan and **our** Customer Care Team will be happy to arrange this for **you**.

5. Qualifying Periods

Corporate Paid Cover

Employees who are eligible for corporate paid cover qualify for benefits from their date of **registration**, except for Maternity/Paternity/Adoption benefit.

The **qualifying period** for Maternity/Paternity/Adoption benefit is 10 months; premiums for **your** cover must be paid for 10 consecutive months from **your** date of **registration** at that **plan** level.

If **your** level of corporate paid cover is reduced **we** will pay benefits at **your** new level of cover from the **registration** date of the transfer, if **you** have benefit available. **Benefit periods** and benefits paid at the higher **plan** level will be taken into account when assessing entitlement to benefit at the lower **plan** level. Maternity/Paternity/Adoption benefit will be paid at the lower **plan** level, if **you** have benefit available, providing **you** had already completed the required **qualifying period** during the time **you** were at the higher level of the **plan**.

If **you** have Private Health Insurance please refer to the separate Private Health Insurance leaflet for details of **your** cover.

Employee upgrade option and/or cover paid through payroll

You will have to wait a **qualifying period** to be eligible for most benefits if **you** are:

- an employee, who is not eligible for the company provision, applying for a new policy (including following a lapse in **your** policy) or applying to increase **your** plan level
- an employee applying to upgrade **your** corporate paid level
- an employee's **partner**, family member or friend applying for a new policy (including following a lapse in **your** policy) or applying to increase **your** plan level

The **qualifying period** starts from **your** date of **registration**, at that **plan** level. Following **your** date of **registration** **you** must renew **your** monthly contract with **us** for the required minimum number of consecutive months, detailed below, to qualify for each benefit.

Available from the date of registration:

24 Hour Advice and Information Line with Structured Counselling Sessions; DoctorLine; Gym Discounts; MRI, CT and PET Scanning Service; Personal Accident cover; Telephone Care Advisory Services; Westfield Rewards.

10 months qualifying period – all plan levels:

Maternity/Paternity/Adoption benefit

3 months qualifying period – levels 1 and 2:

All other benefits

6 months qualifying period – levels 3, 4 and 5:

All other benefits

If **you** transfer to a higher **plan** level **qualifying periods** for benefit at the higher level are as shown above.

During the **qualifying period** we will pay benefit at the lower **plan** level, if **you** have benefit available.

If **you** transfer to a lower level of cover **we** will pay benefits at the lower **plan** level from the **registration** date of the transfer, providing **you** had already completed the required **qualifying period** during the time **you** were at the higher **plan** level and **you** have benefit available. **Benefit periods** and benefits paid at the higher **plan** level will be taken into account when assessing entitlement to benefit at the lower level.

Former Policyholders

In addition to the above, if **you** were previously covered on this **plan** and **your** policy lapsed or was cancelled, **we** may take into account claims paid under **your** previous cover when

assessing entitlement to benefit on **your** new policy.

This will depend upon:

- a) the **plan** level for **your** new policy
- b) the level of the **plan** **you** were previously covered on
- c) claims previously paid and the **benefit periods** relating to these claims

Transferring Plans

For **policyholders** who transfer to the Advantage Corporate Health Cash Plan from another Westfield Health plan previous claims that **you** have made may be taken into account when assessing **your** entitlement to benefit.

Our Customer Care Team can explain the **qualifying periods** and benefit entitlement that will apply to **you**, following a lapse in **your** cover or transfer from another Westfield Health plan.

6. Exclusions

The list of exclusions, below, should be read in conjunction with the Benefit Rules section before receiving treatment or paying for goods and services for which **you** intend to claim.

We will not cover:

- any claim that is not submitted in accordance with section 8, General Terms and Conditions
- any claim that is submitted where **you**, or anyone covered on **your** policy, are in breach of the **plan** and/or General Terms and Conditions
- claims that arise as a result of a **pre-existing medical condition**. See section 2, General Terms and Conditions for details of the policies and the benefits that exclude cover for **pre-existing medical conditions**
- any charges that a **hospital/ treatment centre**, practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim
- benefit for treatment, goods or services within **your** **qualifying period**. If **you** transfer to a higher level of the **plan** a new **qualifying period** will apply. Until **you** have completed the new **qualifying period** **we** will pay **you** benefit at **your** previous **plan** level, provided that **you** have entitlement to that benefit
- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion, revolution or terrorism including chemical or biological terrorism
- claims arising directly or indirectly

from, or as a consequence of:

- professional sports injuries – this is any injury sustained whilst training for, or participating in, sport for which **you** receive payment or non-charitable sponsorship
- **you** participating in a criminal act
- an accident while **you** were under the influence of alcohol or drugs
- drug, alcohol or solvent abuse, or taking drugs (unless told to do by a registered medical practitioner)
- suicide or deliberate self-inflicted injury
- participation of dangerous activities and sports - this includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.
- flying as a pilot or crew member (that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding and ballooning)
- a pandemic illness
- any claim or expense of any kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it
- 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
 - treatments carried out in the workplace or arranged through your employer

We cannot pay benefits for any claims directly related to the following

- any health-screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons
- contraceptives
- cosmetic reasons
- vasectomies or sterilisation
- GP fees for private treatment

This policy does not cover fees or charges for:

- missing an appointment
- completing a claim form or providing a medical report
- providing further information in support of a claim
- administration or referral costs, joining fees or registration fees
- postage and packing costs

7. Benefit Period

A separate **benefit period** applies to each benefit and these are detailed in the Benefit Rules section.

You must have benefit available for the date(s) on which you paid for treatment, goods or services. For Hospital Benefit and Maternity/Paternity/Adoption benefits **you** must have benefit available, for the date(s) that **you** are claiming.

When you have FULL BENEFIT available the benefit period will start on the following dates:

- For Hospital Benefit the **benefit period** begins on the first day or night that **we** pay benefit for
- The Maternity/Paternity/Adoption **benefit period** begins on the date of birth or the date a child is placed with **you** for adoption
- For Care After Hospital the **benefit period** begins on the first day **we** pay benefit for
- For all other benefits the **benefit period** begins on the date that **you** paid for the treatment, goods or service

During each **benefit period** **you** can submit more than one claim under each benefit, however **we** will not pay more than the maximum allowance for **your plan** level.

The benefit period that each claim falls into is determined by:

- the date of birth/adoption placement for Maternity/Paternity/Adoption benefit
- for Hospital Benefit the date that **you** are an **in-patient** or the date that **you** attend for day surgery
- the date that **home care** was provided for Care After Hospital benefit
- the date of your payment for treatment goods or services

When a **benefit period** ends full benefit will again become available to claim. Any unused benefit will not be carried forward from one **benefit period** to the next. The new period for that benefit will not begin until **you** submit the next claim and will start according to the criteria set out above.

For Private Health Insurance claims please refer to **your** leaflet.

8. How to claim

For **our** fastest service, **you** can submit claims for all benefits on **our** My Westfield mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-Westfield. Alternatively, **you** can use a Health Cash Plan claim form, this is available on **your** My Westfield account. The claim form must be signed and dated by the **policyholder**.

We won't pay a claim until **you** or your dependant has received and paid for the treatment, goods or service.

To be entitled to claim, the premiums for your cover must be paid up to and including:

- the date on which you made each payment for treatment, goods or services
- the nights you were an **in-patient** for Hospital Benefit
- the date you attended for day surgery for Hospital Benefit
- the child's date of birth/adoption placement for Maternity/Paternity/Adoption
- the date that **home care** was provided for Care After Hospital
- the date of **your accident**, for Personal Accident

For all benefits where **you** (or a person covered on **your** policy) have paid for treatment, goods or services **you** must get a full receipt detailing the payment you have made. **You** must send us the receipt if **you** are submitting **your** claim on a paper claim form. **We** may ask **you** to send the receipt to **us** within six months if **you** submit a claim online.

The receipt must include:

- the name of the person who has received the treatment, goods or service
- the date and amount of each payment
- the supplier or practitioner's name, address and daytime contact details
- details of the qualifications/ professional organisation that the practitioner is registered with/a member of (see Benefit Rule or Definitions section)
- details of the type of treatment/ service
- the date that **you** (or a person eligible to claim on **your** policy) received each separate treatment or service
- separately itemised details of any additional sundry items purchased

We do not accept the following:

- invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt
- receipts where only a part payment or deposit* has been

paid, including receipts showing a balance outstanding for payment claims for payment(s) made in advance for a course of treatment, a service or goods: except when the receipt also confirms that prior to claiming you have received the treatment, goods or service. The receipt must detail the date(s) you received the treatment, goods or service and **we** must receive **your** claim within 26 weeks of the payment date – see below

- * The only exception to this is when **you** provide **us** with written evidence that you have entered into a payment arrangement/ credit agreement for treatment, goods or services that **you** have received. The date that **you** pay the first instalment determines the **benefit period** that **your** claim falls into and **we** will pay **you** up to the benefit balance available on that date **ONLY** towards the full cost of the treatment, goods or service purchased by the credit agreement.

We do not cover administration/ interest charges. Dental insurance or care scheme premiums/payments are not covered on the plan.

For Maternity/Paternity benefit **we** need **your** baby's full birth certificate with **your** claim. To claim for Adoption **you** must send **us** proof of the child's name and age, together with confirmation from an adoption agency of the date that the adoption was **placed** with **you** for adoption.

To claim Hospital Benefit **your** Westfield Health claim form must be completed, signed and stamped by the **hospital/ treatment centre** or **hospice**. **We** do not accept photocopies of completed claim forms.

We will not pay your claim unless it is received within 26 weeks of the following:

- the date that you tender each payment (i.e. cash; credit/debit card; cheque) to the practitioner/ supplier for treatment, goods or services
- the date on which you were discharged as an **in-patient** for Hospital Benefit
- the date of each attendance for Day Surgery for Hospital Benefit
- the child's date of birth; the date a child is **placed** with **you** for adoption
- the date that home care was provided for Care After Hospital

It is **your** responsibility to ensure that **you** allow sufficient time for the claim to reach **us** within the 26 weeks deadline. **We** will not accept any responsibility for claims (or supporting evidence) lost, delayed or damaged in

the post.

If you can claim part or all of your costs under another Westfield Health plan, or from any other source, you are not entitled to receive more than the total amount that you have paid. If you are claiming from another insurer **we** will pay **our** proportionate share of the cost, subject to benefit being available and the terms and conditions of **your** plan.

You should only submit a claim if the person who has received the treatment, goods or service is eligible to claim under that specific benefit. If the claim is for **your partner** or **dependent child** **we** may require proof of **your** relationship with them. It is **your** responsibility to provide complete and accurate information with the claim.

When **you** submit a claim, for audit purposes **we** will carry out checks on the information **you** and practitioners provide to **us** and **we** will not process that claim, or **any** further claims on **your** policy, until **we** have successfully completed **our** audit checks. If **we** make a reasonable request for additional information, this must be provided at **your** own expense.

In order for **us** to verify a claim it may be necessary for **us** to request a medical report from your **GP, Consultant Physician or Consultant Surgeon** at any time. **We** will only request a report when it is reasonably necessary in accordance with the Access to Medical Reports Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991, if a medical report is required we will write to you first to tell **you** why. If **you**, or where applicable another person covered on **your** policy, do not give **us** **your** consent **we** will withhold payment of all claims and may terminate **your** policy.

Pre-existing medical conditions are not covered on the **plan** for some benefits. When a claim is submitted **we** will check if there is a **pre-existing medical condition**. If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition** **we** will seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the terms and conditions of the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs **we** have incurred.

If **you** are providing information about another person you should ensure that you have their consent to do so.

If **you** submit a claim that is false **we** will terminate **your** policy and **your** benefits as a **policyholder** will end immediately. **We** will not refund premiums paid for the **plan** and always take legal action

for fraudulent claims.

How do we check claims and prevent fraud?

We check all claims. **We** may need to ask **you** for further proof before **we** can process a claim; **you** must provide this at **your** own expense. **We** may also contact the practitioner for verification. If the claim is for **your** dependant **we** may ask **you** for proof of **your** relationship with them. While **we're** waiting for information **we** won't pay any claims on **your** policy. **We** do these routine checks to make sure that **we're** paying claims correctly; it doesn't mean that **we** think **you're** being dishonest.

It's **your** responsibility to make sure that all the information that **you** give **us** with a claim is truthful and complete. **We** take fraud prevention very seriously. False claims can cause premiums to go up. To protect **our** honest customers, **we've** many systems and procedures that detect false claims. **We** also share information with other insurance companies, fraud prevention agencies, the police and other enforcement agencies.

You must always act honestly. For example **you**, or anyone covered on **your** policy, must not:

- Alter or forge a receipt/claim form.
- Send **us** any evidence with a claim that you know is misleading or untrue.
- Give dishonest answers to **our** questions.
- Refuse to give **us** any information that **we** need, or withdraw a claim to avoid investigation.
- Refuse permission for **us** to contact a healthcare provider.
- Deliberately claim for anything, or anyone, that's not covered.
- Claim reimbursement from more than one policy with the intention of getting back more than you've paid out (this is called **betterment**).
- Fail to tell **us** if the claim could be covered on another policy.
- Claim for a **pre-existing medical condition** that isn't covered on **your** policy, or a medical condition that **you** should've told **us** about when **you** made a claim.

If **we** reasonably believe that a claim is false or fraudulent, even if **we** haven't proved that **you've** acted dishonestly, **we** won't pay that claim. **We** may terminate **your** policy and all **your** benefits will stop immediately. **We** won't refund any premiums for a terminated policy. **We'll** charge **you** any other costs that **we've** incurred.

Insurance fraud is a criminal offence. **We** always pass details of suspected fraudulent claims to the police or Crown Prosecution Service for them to

investigate and prosecute through the criminal courts. Anyone convicted of fraud may have to declare it when they apply for any type of insurance in the future.

How we pay you

We will pay your claims directly into your bank/building society account and send you a remittance advice as confirmation.

24 Hour Advice and Information Line; Care After Hospital; DoctorLine; Gym Discounts; Structured Counselling Sessions; Telephone Care Advisory Services; Westfield Rewards

For information on how to access these services please refer to the Benefit Rules section.

How to claim Personal Accident

Once a claim has been submitted by you we will contact you to explain what happens next. Any document or evidence reasonably required by us to verify the claim shall be provided by you or on your behalf at your own expense. Any medical examination required by us to verify the claim will be at our expense. Any receipt which you or anyone acting on your behalf may give to us for benefits payable shall be deemed a final and complete discharge of all liability in respect of such benefit.

9. Worldwide cover

If, as a result of an emergency, a claim arises when you are temporarily travelling away from home anywhere in the World, on business or for pleasure, you can still make a claim. You (and if the claim relates to them your partner or dependent child) must be resident in the UK, Jersey or Isle of Man for a minimum of 6 months each year to be eligible for cover on this plan. When you submit a receipt for money that you have paid, we will use the currency exchange sell rate, supplied by our bank, on the date we process the claim.

If we request it, you must provide us with evidence of your travel dates, these must be for a period of less than 28 days. All documentation supporting your claim should be in English.

Entirely at our discretion we may agree to accept an English translation accompanying the original documents, when you have provided this at your own expense.

What benefits are covered (if included on your policy)

- Dental Accident
- Emergency Dental treatment

- Optical – replacement eyewear (glasses or contact lenses)
- Emergency admissions for Inpatient or Day Surgery
- DoctorLine
- 24 Hour Advice and Information Line.

All other benefits and services are not available.

10. Making a complaint

We are committed to providing the highest possible level of service to our customers.

However, if the services provided do not meet your expectations please contact our Customer Care Team at Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ or call them on **0114 250 2000**.

Our complaints procedure will be sent to you on request. If you remain dissatisfied with our final response you can refer your complaint to the Financial Ombudsman Service by visiting www.financial-ombudsman.org.uk or writing to Insurance Enquiries Division, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation that our internal complaints procedure has been applied in full or if it takes us longer than eight weeks to resolve your complaint.

11. Compensation

Westfield Health is covered by the Financial Services Compensation Scheme.

In the unlikely event that we are unable to meet our obligations, you may be able to claim compensation. Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU and by visiting www.fscs.org.uk.

12. General Conditions

Governing Law

Once your application to register for the plan has been accepted by us, this agreement shall be governed by and construed in accordance with the laws of England and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of England in respect of any dispute or difference between them arising out of this agreement.

Changes to this Contract

From time to time upon renewal it may be necessary for us to increase the amount of the premium for the plan, alter the benefits payable under the terms of the plan or amend the rules relating to the plan. If we decide to make any such changes we will give

you reasonable notice to enable you to decide if you do not wish to continue your policy, except when it is not possible for us to do this, for example changes required by law. Any revisions will not extend the benefit period relating to each separate benefit.

A person who is not a party to this agreement shall not have any rights under or in connection with it.

The Maternity/Paternity/Adoption benefit will remain in place if you continue to be an Advantage Corporate Health Cash Plan policyholder unless we give you 12 months' notice that it is to be withdrawn.

We reserve the right to cancel the plan. If we intend to completely withdraw the plan, we shall provide you with reasonable notice. Where possible, we will try to offer you an alternative Westfield Health plan.

Marketing Preferences

At Westfield Health, we help people to lead healthier lives and feel their best. We occasionally send out communications with ideas and information on health and wellbeing, plus special offers that we think are of value to you, invitations to take part in our research panel Westfield Insiders, and on the products we've designed to help keep you and your loved ones healthy and happy.

We'll never make your data available to anyone outside Westfield Health for them to use for their own marketing purposes, we'll treat your data with respect and will keep your details safe and secure.

You can let us know what you want to hear about and how you want to hear about it by using the application form or by visiting westfieldhealth.com to register or log in to My Westfield where you can also update your details.

We'd like to bring to your attention our Privacy Policy which details how your data is used and stored, and how to exercise your privacy rights. Visit www.westfieldhealth.com/about-us/legal/privacy-policy.

Westfield Contributory Health Scheme Ltd (company number 303523), Westfield Health & Wellbeing Ltd (company number 9871093) are collectively referred to as Westfield Health and are registered in England & Wales.

Language

In accordance with regulatory guidance we confirm the language we will use for communication purposes. It is: English.

Additional Information

We are required to notify you that

there may also be other taxes or costs which are not paid through, or imposed by, the insurance underwriter.

The information contained within this guide is effective from 1st June 2024 and replaces all previously published information.

Our Privacy Policy

Who we are:

"Westfield Health" (referred to as "we", "us" or "our") is a trading name of: Westfield Contributory Health Scheme Ltd, Westfield House, 60 Charter Row, Sheffield, S1 3FZ. Company Registration Number: 0303523. ICO registration number: Z5678949.

We have a Data Protection Officer who can be contacted in the following ways should you have any questions, complaints or feedback about your privacy. Please email: dpo@westfieldhealth.com or write to them via the above address.

What information we collect:

In relation to your plan, you may provide us with your personal details including:

- Your title, full name, postal and billing addresses, email address, phone number and date of birth;
- Your payment details;
- Information in relation to your health, including any pre-existing medical conditions;
- Details in relation to your partner, friends or dependents for the purposes of adding them to your plan/policy or in order to create their own. Where you have provided information about another person you should ensure that you have their approval to do so.

How we use it:

Information provided to us or collected in relation to your plan will be used by Westfield Health, or selected third parties to:

- Fulfil your order;
- Provide the benefits for which you have applied;
- Manage and maintain your records;
- Manage the underwriting and/or claims handling procedures (including your dependants' claims);
- Handle complaints and improve customer service;
- Administer marketing on behalf of Westfield Health. (You can change your details and preferences at anytime by logging into and using your My Westfield account or by calling our friendly Customer Helpline on **0114 250 2000**);
- Prevent and detect fraud;
- Understand our customers better in order to provide tailored communications, a better experience and to improve our services.

We will record, and monitor telephone calls made to and from Westfield Health's sales and customer service teams. We do this in order to continuously improve our service to customers and for training purposes. This will also include the recording and monitoring of data relating to health and medical conditions. We do not record the element of telephone calls where any form of payment is being made.

We may share information, including your health and medical information, with third parties or individuals. These may include:

- Other insurance providers in order to process your claims;
- For purposes of national security; taxation; criminal investigations or when we are obliged to do so by law;
- To prevent and detect fraud. This will include the recording and monitoring of Special Category data, such as health and medical conditions for all claims processed under your plan;
- Your employer (if they are paying some or all of the premium for your cover) where we have a reasonable belief that the claims activity is in serious breach of our terms and conditions and/or may be fraudulent;
- Marketing agencies or mailing houses acting on our behalf.

We'll never make your personal data available to anyone outside Westfield Health for them to use for their own marketing purposes without your prior consent.

How we look after your data:

We have achieved ISO27001 certification and we will protect the data that you entrust to us at all times via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.

All the personal data we process is processed by our staff in the UK and stored on servers located inside the European Economic Area (EEA).

How long we keep your data:

We will keep your personal data for a number of purposes, as necessary to allow us to carry out our business. Your information will be kept securely for up to 6 years following the date you cease to remain an active customer, after which time it will be archived, deleted or anonymised. In some cases for the purposes of processing your existing or future claims and for underwriting purposes, we may keep personal information for longer. Where we, at present, cannot technically erase the data we will ensure this is securely archived with restricted access.

Your Rights:

- **Right to be Informed:** We will always be transparent in the way we use your personal data. You will be fully

informed about the processing through relevant privacy notices.

- **Right to Access:** You have a right to request access to the personal data that we hold about you and this should be provided to you. If you would like to request a copy of your personal data, please contact our Data Protection Officer.
- **Right to Rectification:** We want to make sure that the personal data we hold about you is accurate and up to date. If any of your details are incorrect, please let us know and we will amend them. You can also visit the My Westfield section of the website and update your details at any time.
- **Right to Erasure:** You have the right to have your data 'erased' in the following situations:
 - Where the personal data is no longer necessary in relation to the purpose for which it was originally collected or processed.
 - When you withdraw consent.
 - When you object to the processing and there is no overriding legitimate interest for continuing the processing.
 - When the personal data was unlawfully processed.
 - When the personal data has to be erased in order to comply with a legal obligation.If you would like to request erasure of your personal data, please contact our Data Protection Officer. Please note that each request will be reviewed on a case by case basis and where we have a lawful reason to retain the data or where exceptions exist within our retention policy, then it may not be erased.
- **Right to Restrict Processing:** You have the right to restrict processing in certain situations such as:
 - Where you contest the accuracy of your personal data, we will restrict the processing until you have verified the accuracy of your personal data.
 - Where you have objected to processing and we are considering whether Westfield Health's legitimate grounds override your legitimate grounds.
 - When processing is unlawful and you oppose erasure and request restriction instead.
 - Where Westfield Health no longer need the personal data but you require the data to establish, exercise or defend a legal claim.
- **Right to Data Portability:** You have the right to data portability in certain situations. You have the right to obtain and reuse your

personal data for your own purposes via a machine-readable format, such as a .CSV file. If you would like to request portability of your personal data, please contact our Data Protection Officer, this only applies:

- To personal data that you have provided to us;
 - Where the processing is based on your consent or for the performance of a contract; and
 - When processing is carried out by automated means.
- **Right to Object:** You have the right to object to the processing of your personal data in the following circumstances:
 - Direct marketing (including profiling). Remember you can opt out at any time from marketing communications via our Marketing Preferences, available in My Westfield; and
 - Where the processing is based on legitimate interests.

- **Rights in Relation to Automated Decisions Making Including Profiling:**

You have the right to not be subject to a decision when it is based on automated processing. If you have any questions in relation to how your information is processed in this way, then please contact our Data Protection Officer.

- **Not Happy?**

If you feel that Westfield Health has not upheld your rights, we ask that you contact our Data Protection Officer so that we can try and help.

- If you are not satisfied with how Westfield Health processes your data, or believe we are not processing your data in accordance with the law you have the right to lodge a complaint with the Information Commissioner's Office (ICO). Please visit: www.ico.org.uk.





Notes

A series of horizontal dotted lines for writing notes.



Remember, our friendly Customer Care Team is here to help.

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Online

[westfieldhealth.com](https://www.westfieldhealth.com)

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Email

enquiries@westfieldhealth.com

.....



Phone

0114 250 2000
8:30am-5:30pm, Mon-Fri
(except public holidays)

 **Westfield**
Health

Postal address
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PO Box 340
Sheffield
S9B 1XB

Westfield Health is a trading name of Westfield Contributory Health Scheme and is registered in England & Wales Company Number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609. Registered Office is Westfield House, 60 Charter Row, Sheffield, South Yorkshire S1 3FZ. Westfield Health is a registered trademark.