

Insurance Product Information Document

Company: Westfield Health



Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd 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

Product: Westfield Flex Health Cash Plan

This document provides a summary of cover only, full details of the pre-contractual and contractual information on this product are detailed in the Terms & Conditions in the plan guide.

What is this type of insurance

This product provides reimbursement for everyday health needs up to a maximum allowance for each benefit.



What is insured?

This cash plan has five levels of cover. The employer selects and pays for a level of cover for each employee if the cover is core funded. If it is not core funded the employee chooses their cover on the plan. The employee can also pay for their partner to have cover if this is allowed by the flexible benefit scheme rules. Depending on the level selected, each benefit has an annual limit we will pay up to, for each person covered. The table of benefits in the plan guide will provide you with more information.

- ✓ **Optical** - the annual limits payable for this benefit range from £40 for level one to £200 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **Dental** - the annual limits payable for this benefit range from £40 for level one to £200 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **Therapy Treatments (Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy)** - the annual limits payable for this benefit range from £100 for level one to £500 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **Consultation** - the annual limits payable for this benefit range from £100 for level one to £500 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **Chiropractic** - the annual limits payable for this benefit range from £25 for level one to £100 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **In-patient and Day Surgery Benefit** – payments for each day or night you are admitted, up to a maximum of 20 days for Inpatient and 10 nights for Day Surgery each policy year. The amounts payable for this benefit range from £15 per day/night for level one to £75 for level five.
- ✓ **Other benefits** – reimbursements or payments for Health Screening, Prescription Charges, Flu Jab, Dental Accident, Maternity/Paternity /Adoption, Personal Accident.
- ✓ The plan also includes a range of services designed to help support your overall health and wellbeing. Speak to a GP 24/7. Also provides 24/7 access to a counsellor and legal and wellbeing guidance. Access to gym discounts and access to MRI, CT and PET Scanning Services.
- ✓ The plan guide provides full details of the benefits and claims limits.



What is not insured?

- ✗ Pre-existing medical conditions are not covered on Personal Accident cover.
- ✗ Payments for more than the benefit balance you have available, you will receive a variable percentage reimbursement, detailed in your benefit table up to your maximum allowance, for a range of everyday healthcare expenses.
- ✗ For a full description of what is not covered please refer to your terms and conditions.
- ✗ Treatment carried out before the start date of the policy.
- ✗ Treatment or service by a family member, in a business you own, treatments carried out in the workplace or arranged through your employer.
- ✗ Treatment by someone who is not on the appropriate practitioner register.



Are there any restrictions on cover?

- ! To apply for cover or to upgrade cover, the partner must be aged 18-65.
- ! You must live in the UK, Jersey or Isle of Man for a minimum of 180 days each year.
- ! Dependent children covered up to their 22nd birthday.
- ! Qualifying periods apply to Maternity/Paternity/Adoption.
- ! There are 1 year benefit period limits on most benefits.
- ! We do not accept professional sports people for cover on the plan. There are restrictions on the Personal Accident cover for members of the armed forces.



Where am I covered?

- ✓ Some claims can be submitted if you are temporarily outside of the UK, Jersey or Isle of Man. You must be resident in the UK, Jersey or Isle of Man.



What are my obligations?

You must

- Abide by the terms and conditions and ensure any information you provide is complete and accurate.
- Pay premiums when they are due.
- Submit claims within 26 weeks of treatment and include supporting information such as receipts or proof of a hospital stay or within 26 weeks of the child's birth or adoption.
- Update us if any personal or contact information changes.



When and how do I pay?

- Premiums are paid monthly.
- Voluntary premiums are paid from your salary via your employer.



When does the cover start and end?

- Cover starts from the date stated on your welcome letter/email, it will be the first of the month.
- Cover ends when
 - You cancel your cover. Restrictions in place, generally you must have a Qualifying Lifestyle Event which are part of your flexible benefit scheme rules. Not selecting cover at the annual selection will end cover.
 - We cancel your cover.
 - We don't receive premiums.



How do I cancel the contract

- You can only cancel your policy (by deciding not to re-select this benefit) at annual renewal, except when permitted under the rules of your employer's flexible benefits package, following a Qualifying Lifestyle Event.
- You have 14 days from the date we accept your application to change your mind. Providing a claim has not been made we will refund your premium.