Westfield Health

Your little guide to health cover with big benefits

Westfield Mosaic Health Cash Plan

Hello

A warm welcome to your health cover from Westfield Health. We're 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

This handy guide provides details of all the benefits and services available on the Westfield Mosaic Health Cash Plan. Take a look at your welcome letter or email and policy schedule to see which benefits and services have been chosen for you, from the full range available. We recommend that you register for a My Westfield account at westfieldhealth.com where you'll be able to view your plan guide, change your details, check benefit balances and make a claim. 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 working life and beyond with innovative, best in class health cover. And we've got some good news. You can start to enjoy the benefits of your cover straight away (with the exception of Maternity/Paternity/ Adoption if this benefit has been chosen for you).

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 the cover chosen for you will help with your bills.

Remember your employer has chosen your benefits and services from the full list available. Check your welcome letter or email and policy schedule to see what you're covered for.

You can claim back 100% of the money you spend straight away, up to the maximum allowance provided by your cover.

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 one additional adult. Details of premiums, benefits and how to apply for additional cover are detailed in your welcome letter or email (if this option has been chosen for you).

Customer Testimonial

"I have used Westfield Health for the last 20 years across a variety of physio, chiropractic and other medical issues without any problems whatsoever. They are extremely competent and always a pleasure to deal with."

Your cover: a few useful pointers

Here's some useful 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

Your money back benefits have a one year benefit period, which starts on your company's anniversary date.

You can keep sending in claims for a benefit until you reach the maximum allowance for that benefit.

Your maximum benefit allowances will renew on your company's renewal date every year, but remember, any unused balance will not be carried forward from one year to the next.

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.

If they're included in your cover, the 26 weeks start from 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.

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 Benefit Rules and Definitions sections of this guide to locate the required qualifications for each practitioner.

Full details on how to claim and benefit periods can be found in the Terms and Conditions at the back of this guide.

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

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

Your cover: a few useful pointers

Here's some useful 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.

Did you know you're covered for emergencies worldwide?

You can even use some of your cover for emergencies when abroad. For example, if your plan includes optical benefit and 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.

Change of circumstances?

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.

Simply call our Customer Care Team today: **0114 250 2000**

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.

It's easy to check your benefit balance

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

westfieldhealth.com

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 100% of 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 Westfield Mosaic Health Cash Plan claim form, which 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. If Personal Accident is included in your cover, 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. 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

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 and you can register or 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)

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 30 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 10 to 11

Benefit Rules. Pages 12 to 22

General Terms and Conditions. Pages 23 to 31

Definitions Pages 29 to 30

1. Who can have cover Page 23
2. The contract between Westfield Health and you Page 24
3. Premiums Page 25
4. Qualifying periods and Benefit Availability Page 25
5. Exclusions Page 25
6. Benefit period Page 26
7. How to claim Page 26
8. Worldwide cover Page 27
9. Making a complaint Page 28
10. Compensation Page 28
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Our Privacy Policy. Pages 30 to 31

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.

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.

Benefit Rules

The employer has chosen to provide cover for eligible employees and, where applicable **your dependent children**, with the benefits detailed on **your Policy Schedule**, from the full range of benefits available.

The employer decides whether employee upgrades/**additional adult** cover will be available, and they also choose the benefits on cover. An employee's **additional adult** who decides to take out the **plan** will hold their own policy.

Where cover is included for **your dependent children** the benefit allowance shown on **your Policy Schedule** is the maximum amount available. The **Policy Schedule** will state if the benefit allowance is to be shared between all **your dependent children** or if the amount is per **dependent child.**

Please check **your Policy Schedule** carefully to confirm your cover before receiving treatment or paying for goods and services for which you intend to claim.

Full details of each benefit are listed on the following pages. Cover is subject to the General Terms and Conditions specified on pages 23 to 31.

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section. Information on how to claim benefits is given in section 7 and **benefit periods** in section 6 of the General Terms and Conditions.

If there is anything about these general terms and conditions that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

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

24 Hour Advice and Information Line,

including access to the Wisdom app

The 24 Hour Advice and Information Line and the Wisdom progressive 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 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 Live Agent 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 access code that **you** will need when registering. Please use WHCORP. **You** 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.
- 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 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 and articles, 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.

What's not covered...
- Structured Counselling Sessions and CBT programmes
- Crisis care: this is not an emergency service. At busy times, it may be necessary to take your details and arrange a convenient time for the most appropriate counsellor, legal advisor or health professional to call you back
- Access for **your** family to the online tools: only the **policyholder** can use Wisdom
- Diagnosis of a medical condition or issuing a prescription: the service gives general guidance only and isn't intended to replace your normal personal medical care
- Legal information about employment disputes
- Exclusions (see section 5, General Terms and Conditions)

Chiropody

The 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 (HCPC) and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...
- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

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 5, General Terms and Conditions)

Day Surgery

Your benefit is payable for a maximum of 10 days in a one year **benefit period.**

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, 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
- **you** submit your claim in accordance with section 7, General Terms and Conditions

We will cover...
- **you** at the daily rate for **your** level of cover, see **your Policy Schedule**

For...
- a **surgical procedure** involving the use of theatre facilities. 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. 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

Continued overleaf

who does not receive admitted patient care.
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes only
- treatment and/or pain relief administered by injection
- cardioversion
- out-patient visits for chemotherapy, radiotherapy or kidney dialysis
- attendances at a GP or Dental surgery
- attendances immediately prior to or following an overnight stay (for which a claim would be payable under In-patient benefit if applicable to **your** cover)
- exclusions (see section 5, General Terms and Conditions)

Dental

The maximum benefit allowance is available over a one year **benefit period**.

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 and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...
- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

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
- teeth whitening
- prescription charges
- non-prescribed gum shields
- exclusions (see section 5, General Terms and Conditions)
- dental treatment as a result of an accident but only if you have Dental Accident benefit, (see Dental Accident benefit)

Dental Accident

The maximum benefit allowance is available over a one year **benefit period**.

When...
- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, 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
- **you** give **us** details of the accident and
- if there has been a dental emergency appointment within 30 days of the accident or injury and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...
- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

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/payments
- prescription charges
- exclusions (see section 5, General Terms and Conditions)

DoctorLine

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 858 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 5, General Terms and Conditions)

Flu Jab & Vaccinations

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

When...

- **you** pay for and receive a vaccination
  and
- the injection is carried out by medically qualified staff
  and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions. The original receipt must have **your** name on it and state the type of vaccination and include the supplier's address and daytime contact number.

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

For...

- prescription and/or other charges arising from the administration of inoculation or vaccinations against the following conditions: Influenza (flu jab), Cholera, Diphtheria, Hepatitis A or B, Malaria, Poliomyelitis, Rabies, Tetanus, Tuberculosis (TB), Typhoid fever, Yellow Fever

We will not cover...

- non-prescribed consumables
- inoculation or vaccination against any condition other than those listed
- any treatment arranged, paid or facilitated through **your** employer or another employee
- exclusions (see section 5, 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 25% on a membership at your chosen health club, closest to wherever you live or work. Choose from a wide range of options at over 3,800 gyms, leisure centres, yoga or Pilates studios and bootcamps across the UK.

If the gym isn't for **you** – don't worry! There is the option of digital fitness. With 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 copies of vouchers by post
- Exclusions (see section 5, General Terms and Conditions)

Health Screening/ Assessment

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

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 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

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 5, General Terms and Conditions)

In-patient

Your benefit is payable for a maximum of 30 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 7, General Terms and Conditions

We will cover...

- **you** at the nightly rate for **your** level of cover, see **your Policy Schedule**

For...

- 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 **hospital/treatment centre** (these nights do not have to be consecutive)
- claims submitted when **you** are 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...

- 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
- admissions for rehabilitation, domestic reasons or respite care
- exclusions (see section 5, General Terms and Conditions)

Maternity/Paternity/Adoption

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 7, General Terms and Conditions

We will cover...

- **you** at the rate for **your** level of cover, see **your Policy Schedule**

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 5, General Terms and Conditions)

Optical

The maximum benefit allowance is available over a one year **benefit period**.

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 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

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 5, General Terms and Conditions)

Prescription Charges

Your maximum benefit allowance 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 7, General Terms and Conditions

We will cover...
- the maximum number of prescription items for **your** level of cover, see **your Policy Schedule**

For...
- the cost of NHS prescription charges at the current standard 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 5, General Terms and Conditions)

Scanning Service
MRI, CT and PET scans

Just for **you**, the **policyholder** only.

Phone 0345 345 4556 8:30am-5:30pm, Monday to Friday except public holidays. Calls may 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 5, 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 Medical 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

Specialist Consultations and Diagnostics

The maximum benefit allowance is available over a one year **benefit period**.

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 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

For...

- diagnostic consultations 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, endoscopy, test on body tissue samples, blood tests, ECGs required to aid the diagnosis under the management of a **GP**
- treatment from a **Consultant Physician** or **Consultant Surgeon**, but only towards payment that **you** have made for a private medical insurance policy excess

We will not cover...

- treatment (except for any treatment charges that you pay as part of a private medical insurance policy excess)
- room fees, nursing charges, prescription items/charges or sundry items
- the **policyholder** for standard MRI, CT or PET scans or the associated Radiologist's/Nuclear Medicine Consultant's report, if **you** have Scanning Services already in **your** plan. Please note this exclusion does not apply to **your dependent children.**
- exclusions (see section 5, General Terms and Conditions)

Structured Counselling Sessions

Just for **you**, the **policyholder** only

Accessed through the 24 Hour Advice and Information Line

What's covered...

- For **you**, the **policyholder**, up to six structured counselling sessions. **Your** telephone counsellor will arrange the sessions if clinically appropriate. 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.

What's not covered...

- Sessions for **your** family: only the **policyholder** is covered for structured counselling sessions and CBT programmes. **Your** family can speak to a counsellor via the helpline, but it is a new call each time, so they won't be able to speak to the same counsellor. There is no element of structured counselling
- Counselling won't be offered if it's clinically inappropriate for the service to take **your** case e.g. if it would be more beneficial for **you** to seek long-term counselling or medical care
- The cost of travelling to **your** face-to-face sessions. **You'll** need to travel to the nearest available Health Assured associate counsellor/therapist. **You** may have to go further to access counselling for any special requirements
- Exclusions (see section 5, General Terms and Conditions)

Therapy Treatments

Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

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

When...

- 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 below) and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

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 5, General Terms and Conditions)

*To ensure that you choose the most appropriate treatment we strongly recommend that you take advice from your **GP** or **Consultant Physician/ Consultant Surgeon**.

Please note:

- Physiotherapists must be a fully qualified practitioner who is registered in the UK with the Health and Care Professions Council (HCPC)
- Osteopaths must be a fully qualified practitioner who is registered in the UK with the General Osteopathic Council
- Chiropractors must be a fully qualified practitioner who is registered in the UK with the General Chiropractic Council
- For an Acupuncturist and Homeopath, the list of recognised Healthcare Professionals is held at www.westfieldhealth.com/approvedpractitioners This list will be reviewed at appropriate periods in time, **we** will not publicise changes.

Togetherall

For **you**, the **policyholder** only

This service is provided by Togetherall.

Togetherall is a safe online space where **you** can connect with a global community of peers through shared lived experiences and get support in confidence. Togetherall is completely anonymous, accessible 24/7/365, and overseen by licensed mental health practitioners around-the-clock who keep the community safe. **You** can share your feelings and everyday challenges with other members, express **yourself** in words or images, browse a library of resources, and access courses on topics including managing anxiety, positive thinking, and problem solving.

As a member of Togetherall, **you** can:

- Explore the community: Share **your** thoughts or find comfort in reading about others' experiences - **you're** in control. **You** have the option to join forums on topics ranging from depression, anxiety, relationship issues, work stress, abuse, self-harm, disordered eating, and more.
- Access resources: Dive into a wide range of self-help courses and expert articles tailored to support **your** mental health. Topics include self-compassion, sleep issues, loneliness, managing stress, and more. Creative therapies: employing art and writing therapies, express **yourself** on 'bricks'.
- Engage anonymously: Participate in open conversations, sharing as much or as little as **you** like. Every member on Togetherall is anonymous. **Your** identity is never revealed, making for a judgement-free space.
- Rely on 24/7/365 support: Access Togetherall anytime, anywhere. Help is always available, whenever **you** need it.
- Feel safe in the environment: Licensed mental health practitioners, called Wall Guides, facilitate and moderate the community, ensuring a supportive and safe space for everyone. **You** can reach out to a Wall Guide at any time for additional support.

To access Togetherall please log onto **your** My Westfield account, then choose Togetherall.

Wellbeing & Alternative Therapies

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

Westfield Health is not advocating the effectiveness of any of these wellbeing and alternative therapies and cannot accept any liability for any loss or

damage that may arise as a result of **your** use of the services of any Healthcare Professional. **We** strongly recommend that **you** keep **your** GP informed of any treatment that **you** are receiving.

When...

- **you** receive and pay for treatment, advice or a service from a Healthcare Professional who is registered with/a member of one of the professional organisations recognised by Westfield Health. The list of recognised Healthcare Professionals is held at www.westfieldhealth.com/approved-practitioners. This is also on **your** My Westfield account. This list will be reviewed at appropriate periods in time, **we** will not publicise changes. The practitioner's qualifications, registration or membership must be relevant to the treatment that they are providing. Whilst these professional organisations aim to ensure best practice, there is no statutory regulation of these therapies/ services. **We** therefore strongly recommend that **you** also check whether **your** chosen Healthcare Professional is adequately trained and holds any necessary liability insurance.
- **you** submit **your** claim in accordance with the instructions below and section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

For...

- Acupressure; Allergy/Food Intolerance Testing; Aromatherapy; Hypnotherapy; Indian Head Massage; Nutritional Therapy; Reflexology; Reiki; Sports Massage

We will not cover...

- any treatment/service that is not specifically listed above, even if

these have been provided by **your** Healthcare Professional
- missed appointment fees
- scans e.g. MRI, ultrasound (see Scanning Services and/ or Specialist Consultations and Diagnostics benefit, if these benefits are included in your cover)
- homeopathic remedies (see Therapy Treatments, if this benefit is included in your cover)
- home testing kits
- mail order or internet based services, except for laboratory tests that have been specifically arranged by and reported to your Healthcare Professional
- Vega testing
- Kinesiology
- group classes or sessions
- tuition, study groups or training courses
- Reiki training and/or attunements
- essential oils, creams, oils or any preparations for home use
- meal replacements, supplements or vitamins even if these have been recommended or supplied by your Healthcare Professional
- lumbar supports, mobility aids, surgical appliances e.g. surgical supports
- sundry items
- exclusions (see section 5, General Terms and Conditions)

Westfield Rewards

Just for **you**, the **policyholder**.

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 ard 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 5, 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 22
- 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 22
- 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

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 29 to 30.

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 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

Scale of Benefits

Personal Accident	Percentage of Accidental Death amount in Policy Schedule
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.

General Terms and Conditions

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section.

If there is anything about these general terms and conditions that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

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. Eligible employees will be provided with Level 1 cover, the cost of which is met by **your** employer.

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. If the employer decides not to renew the Westfield Mosaic Health Cash Plan **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.

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).

You must reside in the **United Kingdom** for a minimum of six months each year to be a Westfield Mosaic Health Cash Plan **policyholder.**

We do not accept professional sports people for cover on the plan.

Corporate Paid Cover

There is no restriction regarding the age of an eligible employee taking out the cover provided by their employer.

Your employer will choose the benefits that they will provide for **you**, from the full range available. Certain benefits will also be provided for **your dependent children**. Where cover is included for **your dependent children** the benefit allowance shown on **your Policy Schedule** is the maximum amount available. The **Policy Schedule** will state if the benefit allowance is to be shared between all **your dependent children** or if the amount is per **dependent child**. We will send **you** a **Policy Schedule** that includes details of the benefits and services that apply to **your** cover.

You should check **your Policy Schedule** to confirm that cover is available before receiving treatment or paying for goods or services for which **you** intend to claim.

You do not need a medical to be accepted as a **policyholder**. **We** will cover **you** and, where cover is provided for them, any **dependent children** on your policy for **pre-existing medical conditions**, subject to the terms and conditions and benefit rules 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**.

Employee Upgrade Options and Additional Adult Cover

The employer decides whether employee upgrades/**additional adult** cover will be available, and they also choose the benefits and (where applicable) the monetary benefit allowances that their scheme will offer. Details of the benefits and premium will be included in the employee's Welcome Pack. This includes confirmation how payments can be made, which method the employer has chosen. If, at their annual renewal, the employer decides to change the cover that is available for **you** to purchase **we** will notify **you** as soon as reasonably practicable. Any changes to benefits and/or premiums will only take effect once **we** have notified **you.**

Employees who are eligible for an upgrade option can pay an additional premium to upgrade **your** corporate paid **plan** level.

An **additional adult** who is eligible for cover can apply for a policy on any of the levels of cover offered. An **additional adult** choosing to have cover will hold a separate policy. There can only be one **additional adult** policy for each corporate paid policy.

The opportunity to upgrade **your** cover, or for an **additional adult** to apply, is only in the month after the **plan** anniversary date. The **plan** anniversary date is the date the **benefit period** starts each year, this is detailed in **your Policy Schedule.** If **your plan** is operating on a flexible benefit platform these same restrictions apply in your qualifying lifestyle events.

An employee's **additional adult** cannot hold a policy on this **plan** if the employee is not currently in receipt of corporate paid cover: it is a condition of **your additional adult** cover that **you** notify **us** immediately if for any reason **you** are no longer eligible. Please also refer to section 4, Premiums – Change of employer or retirement. The employer decides whether **additional adults** can have cover, they may only allow the **additional adult** to be a **partner**.

You must satisfy **yourself** that this **plan** and the level of cover that **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 application form. This is in the My Westfield mobile app (available on Apple App Store for iOS and Google Play Store for Android), or online at www.westfieldhealth.com/my-Westfield. Use the application form for the method of payment applicable to **your** account, this is stated in the employee's Welcome Pack.

You must be aged 16 to 65 when **you** apply for an employee upgrade option or apply to transfer to a higher **plan** level. **You** must be aged 18 to 65 when you apply for an **additional adult** cover policy or apply to transfer to a higher **plan** level.

However, **you** are not required to give up an existing policy once **you** become 66 and can transfer to a lower **plan** level at any age.

Pre-existing medical conditions will be covered.

- if **you** are receiving corporate paid

cover
- if **you** upgrade **your plan** level
- if **you** are an **additional adult** policyholder
- including any **dependent children** covered on **your** policy

The exception to this is for Personal Accident please refer to Corporate Paid Cover and the Personal Accident benefit rule and Dental Accident, see Dental Accident benefit rule.

2. The contract between Westfield Health and You

Cooling Off Period – If you change your mind

If **you** apply for an upgrade option or **additional adult** cover **your** policy contains a 14-day cooling off period from the date **we** accept **your** application. If **you** decide to change **your** mind during this cooling off period the **policyholder** should contact **us**. Providing that **you** have not made, or intend to make a claim, **we** will refund the full premium paid by **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 Options and Additional Adult Cover – by all methods

Employee upgrade options and **additional adult** cover policies are only available at the discretion of the employer, cover may change or be withdrawn at the employer's annual renewal.

For employees who have chosen an upgrade option and **additional adults** who take out cover on the **plan, your** health cash **plan** policy 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 Options and Additional Adult Cover

Employees have the right to cancel an upgrade option and **additional adults** with 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** policy please contact **our** Customer Care Team on 0114 250 2000, email us enquiries@westfieldhealth.com or write to us at Westfield Health, PO Box 340, Sheffield S98 1XB. If **your** policy is through a flexible benefit platform the cancellation will be through the flex platform and it will follow the rules of that platform.

It is **your** responsibility to inform **your** employer, bank or building society to stop deducting premium payments from **your** salary, pension or bank/building society account.

Re-applying for cover after you have cancelled

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 and on the Westfield Health website https://www.westfieldhealth.com/about-us/who-we-are.

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

3. 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 **your** 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 dates 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.

Employee Upgrade Options and Additional Adult Cover

Your employer decides if these options are available. **Your** employer also decides whether these premiums are payable by monthly Direct Debit to Westfield Health or whether premiums will be collected by payroll deduction from the employee's wages/salary and whether the selection is through a flexible benefit platform. If Employee Upgrade Options and **Additional Adult** Cover are available this will be confirmed in **your** welcome pack and the method – direct debit, payroll or flexible benefit platform. **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 premiums are not paid up to date for any reason, **we** will not process your claim at that time.

Direct Debit

When **you** take out a policy, or upgrade **your** cover, **we** will notify **you** when **your** first payment will be collected. To bring **your** premiums up to date, it may be necessary to take payment for 2 or more months' premiums at the first collection. **We** will not process any claims until **we** have received a payment that covers the date for which **you** are claiming.

Payroll deduction

We implement stringent credit control procedures for employers operating payroll deduction facilities, however it ultimately remains **your** responsibility to ensure that premiums for **your** employee upgrade option or **additional adult** cover policy are remitted to **us**.

Flexible benefit platform

We operate stringent credit control procedures; however, it ultimately remains the responsibility of the eligible employee's employer to ensure that premiums are remitted to **us**.

For more information please refer to section 7, How to Claim.

Your employee upgrade option or **additional adult** cover policy will lapse if **you** do not keep **your** premiums up to date. Employees' upgraded level of cover will cease and **your** cover will revert to the corporate paid level when **your** upgrade premiums are more than three months in arrears. **Additional adults** with a policy will cease to be **policyholders** when their premiums are more than three months in arrears.

If when **we** receive **your** claim the premiums that **you** pay **yourself** 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.

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.

All benefit will cease on the date **you** are paid up to, if **your** premiums for cover as an **additional adult** of an eligible employee are not paid.

If the employer's payment is in arrears and they fail to bring their corporate paid premiums up to date, **your** employee upgrade option or **additional adult** cover policy will cease: we will notify **you** of the date that **your** policy ends.

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

Change of employer or retirement

An employee's **additional adult** cannot hold a policy on this **plan** if the employee is not currently in receipt of corporate paid cover: it is a condition of **your additional adult** cover that **you** notify **us** immediately if for any reason **you** are no longer eligible.

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**.

4. Qualifying Period and Benefit Availability

You don't have to complete a qualifying period before **you** and **your dependent children** can use the **plan**. All benefits are available from **your** date of **registration** at that **plan** level, 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.

Changes to your level of cover

If **your** level of cover is reduced during a **benefit period**, we will pay benefits at the lower **plan** level from the **registration** date of the transfer, if **you** have benefit available. Benefits paid at the higher **plan** level will be taken into account when assessing **your** entitlement to benefit at the lower level.

Former Policyholders

In addition to the above, if **you** were previously covered on the **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) the date **your** new policy commences
d) the start date of the **benefit period**

Our Customer Care Team can explain the benefit entitlement that will apply to **you**, following a lapse in **your** cover.

5. 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 7, 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
- 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
- Maternity/Paternity/Adoption benefit 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

6. Benefit Period

The maximum allowance for each benefit is available over a 12 months **benefit period.**

The **benefit period** will start on the same date each year and applies to all **policyholders** whose cover is paid by or through each specific employer. The **benefit period** that applies to your cover is detailed in **your Policy Schedule.**

If **your** cover commences during a **benefit period you** can claim up to the full benefit allowances during the remainder of the **benefit period.**

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** level of cover. Any unused benefit will not be carried forward from one **benefit period** to the next.

You must have benefit available for the date(s) on which **you** pay for treatment, goods or services. For In-patient, Day Surgery and Maternity/ Paternity/Adoption benefits **you** must have benefit available, for the date(s) that **you** are claiming.

The **benefit period** that each claim falls into is determined by:
- the date of each payment for treatment, goods or services
- the date of birth/adoption **placement** for Maternity/Paternity/ Adoption benefit
- the date that **you** are an **in-patient**
- the date that **you** attend for day surgery

7. How to claim

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

To be entitled to claim or use a service, 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 child's date of birth/adoption **placement** for Maternity/Paternity/ Adoption
- the day **you** attended for day surgery
- the nights **you** were an **in-patient**
- the date of **your** scan for MRI, CT and PET scans
- the date of **your** first session of structured counselling
- the date of **your Accident**, for Personal Accident

For all benefits where **you** (or **your dependent child**) have paid for treatment, goods or services **you** must send **us** a full receipt detailing the payment **you** have made.

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 to see a copy of **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 child was **placed** with **you** for adoption.

To claim In-patient and Day Surgery benefits **we** need a copy of **your** discharge papers from the **hospital/ treatment centre** or **hospice**.

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**
- the date of each attendance for Day Surgery benefit
- the child's date of birth; the date a child is **placed** with **you** for adoption

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 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 **your dependent child,** do not give **us your** consent **we** will withhold payment of all claims and may terminate **your** policy.

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.

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 we pay you

We will pay **your** claims directly into **your** bank/building society account. **You** can confirm payment online using My Westfield or by using the My Westfield mobile app. If **we** hold **your** email address, we'll also send confirmation straight to **your** inbox.

Scanning Service

Scanning Service is not a cash benefit. To access the Scanning Service please refer to the Benefit Rules section.

24 Hour Advice and Information Line; DoctorLine; Structured Counselling Sessions; Gym Discount; 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.

8. 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 dependent child**) must be resident in the **UK** 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 In-patient or Day Surgery
- DoctorLine
- 24 Hour Advice and Information Line

All other benefits and services are not available.

This **plan** is not a travel insurance policy

9. Making a complaint

We're dedicated to making a healthy difference to the quality of life of **our** customers and the communities in which they live and work. **We're** proud of the service we provide but know **we** might not get it right all the time. When something goes wrong, **we'd** like to know so we can try to put it right for **you**.

How to complain

You can contact **us** with **your** concerns by

- Phone 0114 250 2000
- Email enquiries@westfieldhealth.com
- Post Westfield Health, PO Box 340, Sheffield S98 1XB
- Directly contact **your** sales consultant

We'll try to resolve them straight away. Sometimes **we** might need a little more time, but **we'll** keep **you** updated along the way.

When **we** receive **your** concerns **we'll**:

- Promptly acknowledge **your** complaint
- Assign **your** complaint to a case handler to review and investigate
- Keep **you** updated throughout
- Provide **you** with a written response within 8 weeks of receiving **your** complaint

If you're not satisfied with our response

If **you're** not satisfied, **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** will have 6 months from the date of **our** response letter to refer **your** complaint to the Ombudsman or **you** may lose **your** right to have the complaint investigated.

The Financial Ombudsman Service may not be able to consider a complaint if **you** have not provided **us** with the opportunity to resolve it first.

We would point out that the Ombudsman will only review complaints from 'eligible complainants', for which specific definitions apply. **You** should refer to the FOS for further guidance on this subject.

What is the Financial Ombudsman Service?

The Financial Ombudsman Service (FOS) is an independent complaint resolution scheme. The FOS website recommends that **you** follow the process above before referring **your** complaint on to them, although **you** are able to ask them general questions regarding complaints at any time.

The FOS service is free of charge. The Financial Ombudsman Service can be contacted as follows:

Post: The Financial Ombudsman Service, Exchange Tower, Harbour Exchange, London E14 9SR

Telephone: 0800 023 4567 (free from a UK landline) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). Please call +44 (0) 207 964 0500 if calling from outside the UK.

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

10. 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, PO Box 300, Mitcheldean, GL17 1DY and by visiting www.fscs.org.uk.

11. 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

The Westfield Mosaic Health Cash Plan is provided to eligible employees, the cost of which is met by **your** employer.

Some employers have chosen the option for employees to be able to pay an additional premium to upgrade their corporate paid cover and for an **additional adult** to purchase the **plan**.

From time to time upon renewal it may be necessary for **us** to 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 provide the employer with reasonable notice and **you** will be informed as soon as reasonably practicable 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 by virtue of the Contracts (Rights of Third Parties) Act 1999 except where such rights are expressly granted in these terms and conditions but this does not affect any right or remedy of a third party which exists, or is available, apart from that Act. The rights of the parties to terminate, rescind or agree any variation, waiver or settlement under this **agreement** is not subject to the consent of any person that is not a party to this **agreement**.

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 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/aboutus/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.

To ensure that **we** maintain a high quality service **we** may monitor and record calls.

Calls to 01 and 03 telephone numbers from UK landlines and mobiles are normally included in free plan minutes if available; otherwise calls to 03 numbers cost the same as calls to 01/02 prefix numbers. Calls to 0800 numbers are free from consumers' mobiles and landlines in the **UK**.

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 plan guide is effective from April 2025 and replaces all previously published information.

Definitions

Wherever the following words or phrases appear in this document in **bold type**, they have the special meaning for the purposes of the **plan**, as detailed below.

Additional Adult
This could be **your partner**, an adult child or any other adult.

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

Benefit Period
The period of time over which the maximum allowance for each separate benefit is available to claim.

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.**

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
- is under 22 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**

A **dependent child** already included on **your** policy will cease to be eligible for **dependent child** benefits once they become 22 years old.

GP
General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice.

Hospice
An institution that provides palliative care for the terminally ill.

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 UK) 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. An **in-patient** stay will only be classed as a full night stay if the patient is admitted before 12, 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

Partner
- A person **you** live with that **you** are married to, or a person that **you** permanently live with as if **you** are married to them

or

- A person **you** live with in a civil partnership, or a person that **you** permanently live with as if **you** are in a civil partnership

Placed/Placement
When a **child** comes to live with **you** permanently with a view to being formally adopted by **you** in the future.

Plan
The Westfield Mosaic Health Cash Plan.

Policy Schedule
The statement from **us** confirming **your** (and where applicable **your dependent children's**) current benefits and level of cover.

Policyholder
The person in whose name the **plan** is held.

Pre-existing medical condition
Any medical condition, whether fully diagnosed or not, that **you** were aware of before applying for cover.

Registration
For corporate paid cover – **your** date of **registration** is the date that **your** employer elects to pay premiums from, for **your** cover.

If Employee Upgrade Options and **Additional Adult** Cover are available this will be confirmed in **your** welcome pack and the method – direct debit, payroll or flexible benefit platform.

- For upgrade options/**additional adult** cover by direct debit – **your registration** date is the first day of the current month for application forms accepted by **us**. This will be the **plan** anniversary date. This is the date the **benefit period** starts each year, this is detailed in **your Policy Schedule**.
- For upgrade options/**additional adult** cover by payroll deduction - **your registration** date is the start of the pay period covered by **your** first/revised premium deduction. This will be the **plan** anniversary date. This is the date the **benefit period** starts each year, this is detailed in **your Policy Schedule**.
- For upgrade options/**additional adult** cover by flexible benefit platform – **your registration** date is the date that, under the terms of the flexible benefits scheme, the employee is eligible for their benefit selections to start and which has been agreed by **us**. This will be the **plan** anniversary date. This is the date the **benefit period** starts each year, this is detailed in **your Policy Schedule**.

Surgical Procedure
A **surgical procedure** requiring the use of local, regional or general anaesthetic, for the purpose of treating disease, injury or abnormality by operating directly on or removing the affected part, or removing a foreign body.

UK/United Kingdom
England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

We/Us/Our
Westfield Contributory Health Scheme Ltd.

You/Your/Yourself
The named Westfield Health **policyholder.**

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. To view our full Privacy Policy please visit www.westfieldhealth.com/about-us/legal/privacy-policy.

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:

- Fulfill 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.

Sharing your information:
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.

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

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

Online

westfieldhealth.com

Email

enquiries@
westfieldhealth.com

Phone

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

Westfield Health

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