# **Insurance Product Information Document Company: Westfield Health**



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# Product: Private Health Insurance - Surgery Choices 1 and Surgery Choices 2

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

## What is this type of insurance

This product provides insurance for a range of surgical procedures.



#### What is insured?

This plan has two levels of cover to select from. The plan guide for the level of cover will provide you with more information if the policy is corporate paid, the basis on which which the policy is underwritten is confirmed on your welcome letter/email. The plan guide will detail what the underwriting type means. If the policy is voluntary, the policy is underwritten on a Moratorium basis and this will be detailed in the plan guide.

- ✓ Access for you to receive a private treatment package for eligible procedures, up to maximum monetary limits, that will be arranged on your behalf
- Cover for new medical conditions is available immediately, there is no qualifying period
- √ No medical is required before you're accepted for cover
- √ If you have NHS treatment for an eligible procedure you will receive a cash benefit, unless it is corporate paid cover and the employer has elected to receive the payment. This amount will depend upon the classification for that procedure
- ✓ On level 1 cover: Cover for 61 common surgical procedures.
- ✓ On level 2 cover: Cover for a substantial number of surgical and medical procedures requiring: a general anaesthetic; procedures requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife; endoscopic fibre optic procedures



#### What is not insured?

- Pre-existing medical conditions are not covered until you have had no symptoms, treatment or advice for two consecutive years from the date cover commenced if the cover is underwritten on a Moratorium basis.
- Pre-existing medical conditions are not covered if they are excluded as part Continuation of Personal Medical Exclusions (CPME) underwriting cover.
- X You will not be covered if you do not contact us so that we can arrange your private treatment package: private treatment must not be arranged by you or your Consultant
- There is a monetary limit available for the provision of a private treatment package according to the surgical procedure required
- Treatment relating to cancer is excluded, however we will cover surgical procedures when cancer is suspected but not yet confirmed
- X Treatment relating to heart disease is excluded
- X Cover for acute conditions, chronic conditions are excluded
- Treatment that arises as a result of certain circumstances will not be covered, this includes any planned or known treatment when the policy starts
- X Outpatient events are not covered



## Are there any restrictions on cover?

- You must live in the UK, Jersey or Isle of Man for a minimum of 180 days each year
- Benefit is restricted to a maximum amount throughout the lifetime of your cover. £100,000 on Surgery Choices 1, £250,000 on Surgery Choices 2
- ! You can claim for up to three operations in a 12 month period
- ! We do not accept professional or semi-professional sports people for cover on the plan.
- Some people may be unsuitable for a private treatment package



#### Where am I covered?

✓ You must be resident in the UK, Jersey or Isle of Man.



## What are my obligations?

You must

- Abide by the terms and conditions and ensure any information you provide is complete and accurate
- Pay premiums when they are due
- Submit claims with complete and accurate information and with permission to access medical records
- Update us if any personal or contact information changes



## When and how do I pay?

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



## When does the cover start and end?

- Cover starts from the date stated on your welcome letter/email, it will be the first of the month, and will renew automatically each month until
  it is cancelled or you allow it to lapse. If cover has been bought by the employer on an annual contract, a renewal notice will be issued to the
  employer before the end of the annual cover.
- Cover ends when
  - You cancel your cover. If the cover is through a flexible benefit platform, restrictions in place, generally you must have a Qualifying Lifestyle Event which are part of your flexible benefit scheme rules. Not selecting cover at the annual selection will end cover.
  - · We cancel your cover
  - · We don't receive premiums
  - · You don't renew your cover



### How do I cancel the contract

- To cancel your policy please contact our Customer Care Team on 0114 250 2000, email us at enquiries@westfieldhealth.com or write to us at our address Westfield Health, PO Box 340, Sheffield S98 1XB
- You have 14 days from the date we accept your application to change your mind. Providing a claim has not been made we will refund your premium. After this point 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.