

Product Oversight and Governance Report – Fair Value Assessment



Product Name: Good4you Health Cash Plan

Product Type: Health Cash Plan Date of review: September 2024

- This guide is for distributor reference only
- It does not contain the full terms and conditions of the contract of insurance
- The information provided within this document should be sufficient for distributors in the chain to understand the value of the product, the intended target market and those to whom the product should not be marketed

Assessment

| Date of the last review | December 2023 | |
|---|---|--|
| Status | Open and actively marketed. | |
| Manufacturer / Co- manufacturer | Manufacturer – Westfield Health | |
| Customer | | |
| Target Market Who is this product designed for? | The Good4you Health Cash Plan is a voluntary plan with payment through private direct debit. The product is available to any individual who remains resident for 180 days or more each year in the UK, Jersey and Isle of Man. | |

The minimum age for policyholders is 16 at application with a maximum age of 65 not yet 66 for new or change in cover applications.

Dependent Children cover finishes once they become 18.

Distributors: Please inform us where you identify that you have consistently distributed our products to customers outside of the intended target market.

Negative Target Market Who is this product NOT designed for?

The product is not designed/suitable for:

- Professional sports people*
- B2C Consumers
- Dependent children over the age of 18

General exclusions include:

- We don't cover claims arising directly or indirectly from, or as a consequence of:
 - o participating in a criminal act
 - o 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)
 - o suicide or deliberate self-inflicted injury
 - o participation of dangerous activities and sports
 - o flying as a pilot or crew member (that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding and ballooning)
 - o a pandemic illness
- Any treatment or service that you receive from a:
 - o member of your immediate family a parent, child, brother or sister, or your partner
 - o business that you own
- This policy does not cover fees or charges for:
 - o missing an appointment
 - o completing a claim form or providing a medical report
 - o providing further information in support of a claim
 - o administration or referral costs, joining fees or registration fees
 - o postage and packing costs

* Exclusion for professional sports injuries – this is any injury sustained whilst training for, or participating in, sport for which the policyholder receives payment or non-charitable sponsorship.

Distributors: Please inform us where you identify that you have consistently distributed our products to customers outside of the intended target market.

Knowledge and experience of and within the target market

Westfield Health is an FCA/PRA regulated company that has been established for over 100 years.

Westfield Health have dedicated teams including Propositions and Sales working predominantly in the health insurance market.

The product has been designed to take account of those who:

- have no insurance purchasing experience, interest, or knowledge
- have some insurance purchasing experience, interest, or knowledge
- have insurance purchasing experience, interest, and knowledge.

In dealing with the target audience and the evolving marketplace, Westfield Health seek to provide access to relevant insurance products, and will provide appropriate information concerning the policy type, details of the relevant product features, and the likely outcomes from the product, so that prospective customers can select the products they require based on an informed judgement. Westfield Health will not provide advice nor recommend a product.

Identifying and dealing with vulnerable customers

Westfield Health have a Vulnerable Customer Policy and provide colleagues with annual training to support identifying and interacting with customers who show characteristics of vulnerability and ensure that good customer outcomes are delivered.

Training is provided to our IDD group on an annual basis, and ad-hoc where there is a need, and those colleagues who interact with our customers also have access to a toolkit which provides them with additional information on how to identify and deal with a vulnerable customer.

A good customer outcome does not just relate to the avoidance of financial detriment, it could also include instances which cause, or could cause, distress, inconvenience, or harm.

Our over-riding principle when dealing with vulnerable customers is that good outcomes are achieved throughout the customer journey, and any barriers are removed to allow access and utilisation of our products and services. We take a flexible approach which allows us to provide additional support where needed and interact with our customers in a way which meets their needs.

Any circumstances which may cause a conflict of interest to the detriment of the customer

Limited conflicts of interest have been identified.

Except;

- If receiving treatment; the practitioner cannot be a family member (as stated in the T&Cs).
- As outlined by the product T&Cs pre-existing conditions are NOT covered for most benefits.

Product

The main features and characteristics of the product

Good4you Health Cash Plan is a voluntary paid product, paid by direct debit.

The plan has five levels of cover and claim values to select from.

Good4you Health Cash Plan provides the customer with eighteen different cash benefits and value-added services; ranging from money towards the cost of glasses, dental appointments, or prescription charges, plus access to key wellbeing services; including 24/7 telephone access to a prescribing UK GP, from anywhere in the world or Telephone Care Advisory Services and care after hospital for you/ your/ your partner's elderly relatives.

Please refer to the benefit table attached below for additional information.

How the product meets the needs of the customer and provides benefits

The Good4you Health Cash Plan provides a wide range of benefits and services to the policyholder (and eligible children), with five levels of cover to select from depending on budget and affordability.

The policyholder has access to eighteen different benefits and services (as documented in the benefit table), consisting of cash reimbursement and third-party wellbeing services. Each benefit or service has been purposely selected to meet the needs of our diverse customer base.

Benefit table:



Is the product considered complex?

A health cash plan is an insurance product provided by an employer or selected by an individual which helps cover the cost of routine medical costs, such as eye tests and dental appointments.

Depending on the benefits available within the product they can also include over the phone assistance with things like mental health and financial support, as well as physiotherapy and prescriptions charges.

Some of our corporate Health Cash Plan products have fixed cash back and wellbeing benefits included while others have benefits that can be selected by the employer within set criteria to allow for a more bespoke offering in line with their needs.

The consumer products have fixed cash back and wellbeing benefits based on our experience within the market.

Customers are required to submit their bill and receipt to Westfield Health for any medical expense they have paid for which is covered by the product. Westfield Health will refund a percentage of the cost; the maximum refund is determined by the terms of the policy.

The pre- and post-sale documentation is designed to be clear and concise for customers ensuring we don't use jargon. Terms and Conditions are issued to all customers at the start of the plan or when any amendments that impact them are made, these explain the claims process and benefit periods for each benefit. How the services can be used are explained within the documentation.

When scheme changes are done, we ensure all customers are brought up to the level of new customers ensuring we do not carry complexity internally and allow us to manage all our customers on the same level. When changes are made, these are communicated to customers. Moreover, we are also actively seeking to rationalise our book of products for simplicity internally and understanding of our offering externally.

Given there is no underlying investment and no life cover elements, the individual or employer pays a premium and then the customer is able to claim against cash back elements or access wellbeing benefits we do not consider the product complex.

The risk of harm/customer detriment associated with the product?

There is minimal risk or harm/customer detriment associated with the product.

As an organisation we only partner with 'Best in Class' Suppliers who have been selected via rigorous selection processes and full sign off from executive management level.

Our contracts all include clear and concise SLAs and duty of care standards expected from our third- party suppliers. We have an internal Procurement team and full time employed third party supplier manager who consistently works and reviews all contracts and service standards from those we partner with.

The product Terms and Conditions (T&Cs) also state that any treatment received via a practitioner must be provided by an accredited / professional organisation as standard.

Our DoctorLine service and Eldercare services are provided by clinically approved advisors and have affiliation with NHS services. The EAP service operates to their industry standards and works closely with the NHS.

To ensure that the customer receives fair value for this product, care must be taken to ensure that no duplicate cover exists or if it does, the implications to proceed on that basis was highlighted to the customer.

How much information about the product is publicly available?

Our website holds extensive information relating to the Good4you product and is available to purchase online.

Additional information can be provided by our dedicated sales function at request.

Service

What are the end user product Service Level Agreements (SLAs) and are these being met?

Our current SLAs are outlined below, these are reviewed regularly with a monthly meeting to discuss in greater detail. We meet the set SLA target 98% of the time.

Claims:

Postal – 4 days

Online – 2 days

Voice – 60% of calls answered within 40 seconds. This SLA typically results in customers waiting on average around 65 seconds for us to answer their call and we answer approximately 95% of all calls.

Emails –98% in 1 day

Policies (This relates to all membership applications, company queries and all payments that companies make.) 98% – 4 days.

In addition to the SLA's, we send surveys out to all our customers who contact us through voice, where we've paid a claim and where we've cancelled a claim to get a Net Promoter Score (NPS)* and Customer Satisfaction score (CSAT) to gather feedback from customers on their interaction with us

The NPS has a target score of 70 and the CSAT has a target score of 4.7 out of 5. The scores are reported monthly and form part of the board pack.

Colleagues handling calls do discuss their survey feedback / results each month with their line manager. Should any theme's become apparent that's impacting any of their scores adversely this would be passed on to the quality coach who would arrange for coaching sessions to address any concerns. If required increased call monitoring may take place for a period until any issues have been addressed.

The Year-to-Date (Apr 24 – August 24) scores are below. NPS – 73.6 CSAT - YTD – 4.9

*NPS – This is our net promoter score and how likely our customers are to recommend us to others. They have the option to select a score between 0-10. 0-6 are classed as detractors and these deduct points from your NPS score. 7-8 are passives, this doesn't impact your score at all. 9-10 are promoters who add to your NPS score.

CSAT – Is made up of, ease of the process and if an advisor is knowledgeable, friendly & helpful. This score is out of 5.

Complaints data relating to this product

We monitor our complaints data closely and it is presented quarterly to the board with any actions required closely monitored to ensure any issues are addressed in a timely manner.

In Q1 2024 (April-June) we received 67 complaints relating to this product.

In Q2 2024 (July – August) we received 28 complaints relating to this product.

34 of these complaints have been service related and 21 were upheld.

57 have been product related complaints and 12 were upheld.

4 complaints are still being processed to be categorised.

| Year to Date (Apr 24 – Aug 24) | | | | |
|--------------------------------|--------|-----------|-------------|--|
| Total | Total | Total Not | Still being | |
| Complaints | Upheld | Upheld | processed | |
| 95 | 33 | 55 | 7 | |

The total number of complaints equates to 0.16% of the policyholders.

| | A total of £57.49 has been paid on 2 complaints as a gesture of goodwill. |
|---|---|
| Distribution | |
| The distribution strategy for this product (does the distribution arrangement mean that customers may be at a greater risk of not receiving fair value from the insurance product?) | Predominantly direct sales though the website or assisted by our sales team. The price is fixed, transparent and reviewed at product level and therefore demonstrates fair value for all customers. The premium is inclusive of any commission paid to intermediaries for selling the product. Distributors are remunerated by commission payable by Westfield Health for the sale of Health Cash Plans and PHI contracts. Our fair value assessment has factored in the cost of commission, and the clarity of end price paid by the consumer. |
| Testing | |
| What product testing has taken place? | The product is regularly monitored by a dedicated team internally assessing the performance of the plan. |
| What product monitoring occurs? | The product oversight and governance are reviewed on an annual basis. In addition, Propositions and Underwriting & Insight teams review the products performance and shortfalls considering customer needs and manage the third-party suppliers to ensure the product remains competitive in the market. The summary of fair value included a review of the following MI: Loss ratio (Including third party usage) Policy cancellations Claims acceptance rate Net Promoter Score (NPS) Customer Satisfaction Score (CSAT) Number of complaints Complaints as a percentage of policyholders Redress inc. Gestures of goodwill payments made. The product has a 92% claim acceptance rate which exceeds the set business threshold. |

Is remedial action Yes. Where any changes in the product or service are required, taken if necessary? we ensure these are investigated and prioritised as necessary. Propositions monitor our core competitors, market, customer, and sales insight. In response to this analysis, we review and make changes when required. Fair Value Findings How the product The product has been in force over 20 years and has some longprovides fair value to established customers. the customer and whether it will continue The level of cover required can be selected based on the needs to do so for a of the customer and their budget, offering a range of suitable reasonably benefits. foreseeable period (including following New and existing business has a fixed, community rated price renewal) and is regularly reviewed at product level using underwriting data and competitor analysis to ensure the product is suitable We must not market and meets the customer's needs. the product or permit the product to be The price at renewal is fixed and businesses can choose to distributed (whether accept the price, transfer to an alternative provider, or cancel directly or through the policy. Our renewal rate is 90% and pricing is benchmarked another person), against the competition ensuring fair value for customers. unless appropriate changes are made so that fair value will be provided Statement As part of the review, we have assessed the cost of the product to the customer against the benefits available for use including additional wellbeing benefits available to them and the distribution of the product. The fair value measures assessed are all within business appetite and the product is deemed suitable for the intended target market, with no material issues raised in relation to distribution or service.

Product Governance report completed by:

We would like to remind distributors that any fees charged (whether this relates to new business, renewals, mid-term adjustments, or cancellations) should not reduce nor negatively impact the intended product value and should always reflect the work and services provided by you for which the fees charged.

| Name: | Gareth Owen | |
|----------------------|---|--|
| Position: | Channel & Proposition Development Manager | |
| Date: | 3 September 2024 | |
| Date of next review: | September 2025 | |

Product Governance report reviewed by Compliance Function to ensure it meets the requirements of the FCA Product Intervention and Product Governance (PROD) Sourcebook, our regulatory requirements in relation to fair value assessments and the consumer duty good outcomes for customers:

| Name: | Sarah Ratcliffe |
|----------------------|--------------------|
| Position: | Compliance Manager |
| Date: | 6 September 2024 |
| Date of next review: | September 2025 |