

Westfield Flex Health Cash Plan

Frequently Asked Questions

Q: Who are Westfield Health?

A: We've been dedicated to supporting the health of the nation since 1919. 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.

As a not for profit company, we reinvest our surplus in products and services that directly benefit our customers. Through our charitable donations, we support the NHS and health and wellbeing related charities to help our customers and the community to lead healthier lives.

Q: What is the Westfield Flex Health Cash Plan and how will it benefit me?

A: The Westfield Flex Health Cash Plan is available to you through your flexible benefits package. The plan provides you with a range of valuable cash benefits and services. You will receive money back, up to set limits, towards the cost of your routine healthcare including new glasses or contact lenses, dental treatment and physiotherapy. The Westfield Flex plan also provides you with a Scanning Service, giving you quick access to MRI, CT and PET scans.

What's more, you will have access to a range of valuable lifestyle services - 24 hour DoctorLine and special deals at UK health and fitness clubs.

Q: Who can join?

A: You are eligible to join the plan if you live in the United Kingdom, Channel Islands or Isle of Man for a minimum of six months a year and are **not** a professional sports person. You don't need to have a medical to apply and there's no age limit for you to join, though your partner must be between 16 and 65 at joining.

Q: Can I upgrade my cover and/or arrange cover for an additional adult?

A: Yes, if your employer agrees it, you can arrange cover for an additional adult through your flexible benefits scheme during the annual selection period. To apply for cover the additional adult must be between the ages of 16 and 65 years old.

Q: Where does it tell me exactly what I can and cannot claim for?

A: Our easy reference Benefit Rules within the full Westfield Flex plan guide tells you everything about what you can and cannot claim for under each healthcare benefit.

Q: Can I only claim if I am ill?

A: You don't have to be ill to be able to claim. Your plan is here to help you maintain good health – taking regular health checks or treatment. We provide you with the means to seek early diagnosis and treatment of health conditions before they get any worse.

Q: How do I make a claim?

A: Claims can be made online for all benefits. First you must register for 'My Westfield' on westfieldhealth.com/my-westfield. You must submit your claim within 26 weeks 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.

We aim to process your online claims within two working days and will then arrange payment directly into your bank account. Paper claims are normally processed within four working days.

Q: Is there a qualifying period before I can make a claim?

A: No, you will be able to make a claim immediately from the date of your registration, with the exception of Maternity/Paternity/Adoption benefit (which is subject to a 10 month qualifying period).

Q: Do I have to declare any medical conditions I already have?

A: No, all pre-existing medical conditions are covered for you, the employee and everyone included on your policy (except for Personal Accident cover).

Q: Can I go to any Practitioner for treatment?

A: In order to help protect the interests of our policyholders, we do require that you receive diagnosis or treatment from a fully qualified GP, Consultant or Practitioner who is registered with, or a member of, the relevant professional body as specified in your plan guide.

Q: How do I access the Scanning Service?

A: To access this service you will first need to see your Consultant to gain a written referral for a scan. Once you have this referral simply contact the Scanning Helpline on 0345 345 4556, available Monday to Friday 8:30am – 5:30pm. Helpline staff will then explain the process for booking your scan.

Q: What is DoctorLine and when can I access it?

A: This innovative service gives you, your partner and your dependent children access, at your convenience, to confidential telephone advice from a fully qualified GP, 24 hours a day – every day, from anywhere in the world.

Once you have accessed the service via the telephone, by arrangement you will be telephoned back by a qualified practising GP, at a time convenient to you. There is the option to arrange a video consultation and get medicine via a private prescription, if required.

To access the service, call 0345 612 3861 or 0203 858 9094. The DoctorLine web app can be used to book appointments.

Q: How do I access the 24 Hour Advice and Information Line?

A: This easy to use confidential telephone counselling and advice service gives you, your partner and your dependent children, unlimited access to a team of qualified professionals 24 hours a day – 365 days a year.

Simply call 0800 092 0987. You will need to quote the special Scheme number supplied to you in your welcome letter or email. The content of your call will not be divulged unless there is a serious risk to you or someone else.

Q: How do I access the Wisdom app?

A: 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. Only the policyholder can register to use this service.

To access Wisdom:

Only the policyholder can register to use this service. It is available as a progressive app, which means as well as a mobile app you are able to login on your mobile phone app, tablet or computer using an internet browser.

There is a unique code that you will need when registering. Please use **WHVOL**. 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>

Q: How do I access Gym Discounts?

A: You can access Gym Discounts by logging on to westfieldhealth.com/my-westfield, then click on the 'Gym Discounts' tile and follow the on screen instructions.

Q: What is Private Health Insurance?

A: Private Health Insurance is designed to enhance and complement your Westfield Flex plan by providing additional cover for non-urgent surgical procedures and conditions. Your Private Health Insurance cover gives you the reassurance that if you are unable to obtain speedy access to treatment on the NHS, you can access private treatment quickly.

Q: Before I am accepted for cover for Private Health Insurance, will I need to have a medical?

A: No, you won't need to have a medical before you can be accepted for cover.

Q: Which non-urgent operations are covered on Private Health Insurance?

A: Private Health Insurance covers you for non-urgent surgical procedures for conditions such as gallstones, varicose veins, slipped discs, hernias, hip replacement, prostate problems and gynaecological problems. Details of what is covered can be found in the Private Health Insurance plan guide or by calling the Westfield Health Customer Care Team on 0114 250 2000.

Q: Are pre-existing medical conditions covered on Private Health Insurance?

A: **If you have selected cover on Surgery Choices 1**, you will not be covered for any medical condition (or related medical condition), that you knew about, or had symptoms, received advice or treatment in the **2-year** period prior to the start of your Private Health Insurance, Surgery Choices 1 cover. You can only have an eligible surgical procedure for a pre-existing condition once you have been free of symptoms, treatment or advice for **2 continuous years** from the registration date of your current Private Health Insurance, Surgery Choices 1 cover.

If you have selected cover on Surgery Choices 2, you will not be covered for any medical condition (or related medical condition), that you knew about, or had symptoms, received advice or treatment in the **3-year** period prior to the start of your Private Health Insurance, Surgery Choices 2 cover. You can only have an eligible surgical procedure for a pre-existing condition once you have been free of

symptoms, treatment or advice for **2 continuous years** from the registration date of your current Private Health Insurance, Surgery Choices 2 cover.

Cover for a new medical condition is available immediately.

This is to be used as a guide only. Full details can be found in the Westfield Flex plan guide that you can find online at westfieldhealth.com/mywestfield.

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