

Insurance Product Information Document

Company: Westfield Health



Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England & Wales company number 303523. We are authorised by Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609

Product: Good4you Health Cash Plan

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

What is this type of insurance

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



What is insured?

This cash plan has five levels of cover. Depending on the level you select, each benefit has an annual or 2 year limit we will pay up to, for each person covered. The table of benefits in the plan guide will provide you with more information.

- ✓ **Optical** - the 2 year limits payable for this benefit range from £45 for level one to £295 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **Dental** - the annual limits payable for this benefit range from £33 for level one to £245 for level five. We pay 100% of your receipt up to the annual limit.
- ✓ **Therapy Treatments (Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy)** - the annual limits payable for this benefit range from £200 for level one to £1250 for level five. We pay 75% of your receipt up to the annual limit.
- ✓ **Special Consultation and Diagnostics** - the annual limits payable for this benefit range from £70 for level one to £575 for level five. We pay 75% of your receipt up to the annual limit.
- ✓ **Chiropody** - the annual limits payable for this benefit range from £35 for level one to £225 for level five. We pay 75% of your receipt up to the annual limit.
- ✓ **Hospital Benefit** – payments for each day or night you are admitted, up to a maximum of 14 days/nights each policy year. The amounts payable for this benefit range from £13 per day/night for level one to £85 for level five.
- ✓ **Other benefits** – reimbursements or payments for Health Screening/Assessments, Surgical Appliance, Dental Accident, Maternity/Paternity /Adoption, Care after Hospital, Personal Accident. Some of these aren't available on some levels of cover.
- ✓ The plan also includes a range of services designed to help support your overall health and wellbeing. Speak to a GP 24/7. Also provides 24/7 access to a counsellor and legal and wellbeing guidance. Access to gym discounts, access to an exclusive rewards website, access to a care advisory service.
- ✓ The plan guide provides full details of the benefits and claims limits.



What is not insured?

- ✗ Pre-existing medical conditions except on Optical, Dental and some services
- ✗ Payments for more than the benefit balance you have available, you will receive a variable percentage reimbursement, detailed in your benefit table up to your maximum allowance, for a range of everyday healthcare expenses
- ✗ For a full description of what is not covered please refer to your Terms and conditions
- ✗ Treatment carried out before the start date of the policy
- ✗ Treatment by a family member or in a business you own
- ✗ Treatment by someone who is not on the appropriate practitioner register



Are there any restrictions on cover?

- ! You must be aged 16-65 to apply for cover or to upgrade your cover
- ! You must live in the UK, Jersey or Isle of Man for a minimum of 180 days each year
- ! Dependent children covered up to their 18th birthday
- ! Qualifying periods apply to most benefits
- ! There are 1 year benefit period limits on most benefits except Optical which is a 2 year benefit period.
- ! We do not accept professional sports people for cover on the plan. There are restrictions on the Personal Accident cover for members of the armed forces.



Where am I covered?

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



What are my obligations?

You must

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



When and how do I pay?

- Premiums are paid monthly.
- Premiums paid by your bank account via direct debit.



When does the cover start and end?

- Cover starts from the date stated on your welcome letter, it will be the first of the month, and will renew automatically each month until it is cancelled or you allow it to lapse.
- Cover ends when
 - You cancel your cover
 - We cancel your cover
 - We don't receive premiums



How do I cancel the contract

- To cancel your policy please contact our Customer Care Team on 0114 250 2000, email us or write to us at our address.
- 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.