

Insurance Product Information Document

Company: BHSF Limited

Product: Benenden Health Cash Plan - Red - Legacy



This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions, and is not personalised to your specific individual needs in any way. Complete pre-contractual and contractual information on the product is provided in your policy documentation.

What is this type of insurance?

This product is a health cash plan and provides reimbursement for the cost of everyday health needs such as Dental/Optical treatment. Cover is provided without a medical, on a personal (policyholder only) or family (policyholder, partner and children) basis and the persons covered are named in the Policy Schedule. For full details see the Policy Terms and Conditions.



What is insured?

This cash plan has three levels of cover. Depending on the level of cover you select, each benefit has a reimbursement rate and annual limit we will pay up to, for each policy. For full details please refer to the benefit table within the Policy Terms and Conditions.



Dental/Optical – Dental and Optical is a combined benefit. The annual limits payable for this benefit range from £105 for the Value plan to £400 for the Advantage plan. We reimburse 50% on the Value and Classic plans and 100% on the Advantage plan, of your receipt up to the annual limit.



Therapies (combined benefit including physiotherapy, osteopathy, chiropractic treatment, homeopathy, chiropody and acupuncture) – the annual limits payable for this benefit range from £170 for the Value plan to £600 for the Advantage plan. We reimburse 50% on the Value and Classic plans and 100% on the Advantage plan, of your receipt up to the annual limit.



Hospital in-patient – the annual limit for this benefit is up to 40 nights per policy year ranging from £15 per night for Value plan to £50 per night for the Advantage plan. Benefits on the Value and Classic plans are halved for the partner and children.



Hospital day case – the annual limit for this benefit is up to 8 days per policy year ranging from £15 per day for the Value plan to £50 per day for the Advantage plan. Benefits on the Value and Classic plans are halved for the partner and children.



Recuperation – a benefit is payable automatically after a hospital in-patient stay of 8 consecutive nights. The annual benefit is between £60 for the Value plan to £180 for the Advantage plan.



Maternity/Paternity/Adoption – single payment for each child that you or your partner give birth to or adopt, ranging from £150 for the Value plan to £600 for the Advantage plan.



What is not insured?



To be eligible for this policy you must live in the UK on a lawful, voluntary and settled basis. This excludes the Channel Islands and the Isle of Man.



Each benefit has a number of exclusions, please refer to the Policy Terms and Conditions for full details.



Are there any restrictions on cover?



Cover is available to persons aged 16 years and over.



There is an annual limit for each benefit on this policy.



For some benefits, we only pay part of each receipt you claim for. For example 50% reimbursement.



Hospital related benefit is not payable during the first 2 years of the policy for pre-existing conditions.



The cash plan must be in place for at least 10 months before making a Maternity/Paternity/Adoption claim.



Benefit is shared amongst all family members on a family policy and is not an amount per individual.



Where am I covered?

You are covered in the United Kingdom. You are covered worldwide for emergency dental treatment, emergency purchase of prescription glasses and emergency admission to hospital which results in an overnight stay, in accordance with the respective policy terms.



What are my obligations?

You must:

- Give us honest, accurate and complete information at point of purchase and making a claim.
- Claim according to the claims procedures set out in the Policy Terms and Conditions.
- Pay the monthly premium on time.
- Let us know of any changes to your address.



When and how do I pay?

The premium to secure cover is payable by monthly Direct Debit.



When does the cover start and end?

Cover starts from the date shown on your Policy Schedule and is automatically renewed on a monthly basis. The policy ends when premiums cease to be paid.



How do I cancel the contract?

If you cancel within 14 days from receipt of your Policy Schedule we will refund your premium, providing a claim has not been made. Otherwise you can cancel the policy at any time by telephoning Benenden on 0800 414 8071, emailing us at benenden@bhsf.co.uk or writing to us at Benenden Health Cash Plan, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.