

Benenden Health Cash Plan

Policy Terms and Conditions

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Important information

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The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires Us to give You certain information so that You can decide if Our services are right for You.

Statement of demands and needs

This plan provides cover that meets the demands and needs of someone who wishes to have help towards covering everyday healthcare costs such as dental check-ups and treatment, eye tests and glasses or therapy fees.

Personal recommendation

In deciding to take out this cover, You will NOT receive advice or a personal recommendation from Us. This means that You need to make Your own decision as to the suitability of the product for Your circumstances.

About Us

This insurance is arranged, underwritten and administered by BHSF Limited (the undertaking) and distributed by Benenden Wellbeing Limited (the intermediary).

BHSF Limited, part of BHSF Group Limited, of 13th Floor, 54 Hagley Road, Birmingham, B16 8PE, is an insurance company authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. BHSF registration number is 202038.

Our permitted business includes advising on and effecting non-investment insurance contracts. Details of Our registration can be checked at www.fca.org.uk/register or by telephoning 0800 111 6768.

Benenden only offers Health Cash Plans from BHSF Limited.

Benenden Health Cash Plan is distributed by Benenden Wellbeing Limited, an insurance intermediary, which is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 593286). Registered in England and Wales (company no. 8271017). Benenden Wellbeing Limited is a wholly owned subsidiary of the Benenden Healthcare Society Limited. The Registered Office of both: Holgate Park Drive, York, YO26 4GG. Benenden Health is a trading name of The Benenden Healthcare Society Limited.

Commission disclosure

We pay Benenden Wellbeing Limited a percentage commission from the total premium to sell policies on Our behalf.

Cooling off period

If You are not completely satisfied with the policy, simply notify Us within 14 days of the date You receive Your welcome pack and We will cancel it. Provided a claim has not been paid, We will refund any premium collected.

Customer care

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact Us via Our telephone helpline on **0300 304 5702**, Our email address at benenden@bhsf.co.uk, or write to Us at Benenden Health Cash Plan, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.

In the event of a complaint, You should write to Benenden Health Cash Plan, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE, email Us at benenden@bhsf.co.uk, or telephone Us on **0300 304 5702**, quoting Your policy number.

If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You. The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through Our complaints process and received Our response.

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if We are unable to meet Our obligations. Entitlement will depend on the type of business and the circumstances of the claim. Further information about the compensation scheme is available on the FSCS website www.fscs.org.uk.

Protecting Your data

When You purchase a Benenden Health Cash Plan, the information You have provided will be used by Us to arrange and administer Your health cash plan policy.

We will not share or use the data You have provided for marketing purposes. Your information will be provided to Benenden to maintain the records they hold about You. If You would like to update Your marketing and data preferences with Benenden You can contact them on **0300 304 5700**.

We will store Your information in accordance with General Data Protection Regulations. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

At BHSF, We are committed to protecting Your information, and to compliance with data protection legislation. We will use Your information for the administration of Your policy, for claims handling, for risk assessment, and for research and statistical purposes. Our aim when processing Your information is to successfully deliver Our service to You with an appropriate level of information sharing whilst protecting Your fundamental rights to privacy.

You have rights over Your information including: the right to have a copy of it, the right to have it kept up to date, the right to have it deleted if We do not have a legal need to keep it, the right to have a copy of it which can be easily passed to another provider, and in certain circumstances the right to restrict or object to Our processing of it. Where Our processing is based on You providing Us with 'consent' You can withdraw that consent at any time. You also have a right to raise a complaint with the Information Commissioner's Office (ICO). If You need to contact Us about this Privacy Notice or to invoke Your rights please contact Our Data Protection Officer at:

DPO, BHSF Group Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE
Telephone: 0800 0744 315
Email: dpo@bhsf.co.uk

Our full Privacy Notice is available at www.bhsf.co.uk/privacynotice and changes are occasionally made to the notice, so please visit Our website from time to time to read it through or call Us for a copy.

Fraud

You must not act in a fraudulent manner, if You or anyone acting for You:

- a. Makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or
- b. Makes a statement in support of a claim knowing the statement to be false in any respect, or
- c. Submits a document in support of a claim knowing the document to be forged or false in any respect, or
- d. Makes a claim in respect of any injury occasioned by a wilful act or with connivance of an Insured Person.

Then:

- a. We shall not pay the claim.
- b. We shall not pay any other claim for that Insured Person which has been or will be made under the policy.
- c. We may at Our option declare the policy void.
- d. We shall be entitled to recover from You the amount of any misrepresented claim already paid under the policy.
- e. We shall not make any return of premium.
- f. We may inform the Police of the circumstances.

Premium and Benefit Tables

In return for receipt of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules:

Monthly Premiums

Including Insurance Premium Tax

Insured Persons	Value	Classic	Advantage
Personal policies (cover policyholder only)	£12.60	£28.95	£67.95
Family policies (cover policyholder, Partner & Children)	£12.60	£28.95	£67.95

Benefits Table

Please note: Benefit is shared amongst all family members and is not an amount per individual.

Benefits		Maximum per Policy Year		
		Value	Classic	Advantage
Dental/Optical* (combined maximum benefit)	-	50% up to £105	50% up to £230	100% up to £400
Therapies (combined maximum benefit)	-	50% up to £170	50% up to £345	100% up to £600
Hospital in-patient 40 nights max**	Per night	£15 policyholder £7.50 Partner or Child	£35 policyholder £17.50 Partner or Child	£50 all
Hospital day case surgery 8 days max**	Per day	£15 policyholder £7.50 Partner or Child	£35 policyholder £17.50 Partner or Child	£50 all
Recuperation (paid automatically after 8 consecutive nights hospital in-patient stay)	Lump sum	£60	£125	£180
Maternity/Paternity/Adoption (adult only)	Per Child	£150	£300	£600

* Maximum benefit payable is between everyone named and registered on Your plan and is between dental and optical.

**Per Policy Year. Please see page 10 for full terms and conditions.

Policy Terms

Definitions

In this policy (except where the policy expressly provides otherwise) the following expressions have the meanings shown below:

Benenden	Benenden Wellbeing Limited an insurance intermediary.
Child(ren)	Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You. Foster Children are excluded.
Claim Date	The Claim Date is deemed as: <ol style="list-style-type: none">1. the date of admission for hospital in-patient or hospital day case surgery for whichever benefit is claimed;2. the date of receipted account for charges made for dental/optical and therapies;3. the date of the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity/adoption benefit.
Insured Person(s)	The person(s) insured under the policy as shown in the policy schedule. The total number of all insured Children will be classed one Insured Person.
Partner	The one person named as such in the policy schedule, who is Your spouse (or some other person who cohabits with You) and who permanently resides with You.
Policy Year	Is the period of 12 calendar months from the start date of Your policy, with Us or from an anniversary of that date. Your Policy Year will change if You change Your level of cover.
We/Us/Our	BHSF Limited.
You/Your	The policyholder and where applicable any Partner or Children covered under Your policy.

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

Premiums and benefits

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued by monthly direct debit. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim.

All rights to benefit cease after the last day of the period covered by the final premium payment.

We reserve the right to decline or cancel Your policy if:

- We suspect You did not tell the truth or, concealed information or failed to comply with the terms and conditions as more specifically set out in the General Condition 9; or
- You, anyone representing You, or anyone covered on Your policy, acts in a threatening or abusive manner towards a member of Our organisation or Benenden, e.g. violent behaviour, verbal abuse, sexual, and/or racial harassment.

We reserve the right to vary the premiums, benefits or rules of this plan on giving You at least four weeks prior notice at Your last known address, or the email address registered to Your policy for:

- A change in applicable rate of Insurance Premium Tax.
- A change in Our expected claims experience.
- Changes to regulatory requirements or legislation.

If maternity/paternity/adoption benefit is to be withdrawn then 12 months' notice will be given.

Age limits

Cover, on the basis set out above, is provided to You if You are age 16 or above at the time of Our receipt of an application for a new policy. The same age requirement applies to any Partner to be included. Children are covered until the date of their 18th birthday if a family policy is selected.

General conditions

1. If You wish to make any change to the persons insured then You should make application to Us and if the changes are agreed a new policy schedule will be issued.
2. Premiums and claims are payable in sterling.
3. This policy is bound by English law and shall be subject to the jurisdiction of English Courts.
4. 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.
5. Worldwide emergency cover is included in the policy in respect of emergency overnight admission to hospital, emergency dental treatment or emergency purchase of glasses which might be needed while a person insured under this policy is abroad, in accordance with the respective Policy Terms.
6. If You die, Your Partner, if insured under this policy, may apply for an alternative policy in their own name within 30 days of Your death, without any qualifying period applying. Please note, Your Partner would need to become a member of the Benenden Community to take out a policy in their own name.
7. A Child insured under this policy may within 30 days of attaining age 18, apply for an alternative policy in their own name without any qualifying period applying. Please note, Your Child would need to become a member of the Benenden Community to take out a policy in their own name.
8. Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles Us to terminate the policy forthwith and may invalidate any claims made under this policy.
9. The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
10. Cooling off period – You have 14 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us within the 14 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected. You can cancel Your policy at any time after the 14 day cooling off period with no premium refund. To cancel Your policy either call Our Helpdesk on **0300 304 5702**, email Us at benenden@bhsf.co.uk, or write to Us at Benenden Health Cash Plan, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.
11. No sum under this policy shall carry interest.

Qualifying periods

No hospital in-patient claim will be paid during the first two years of this policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital related claim.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit from the start date of the policy, except for maternity/paternity/adoption benefit which is subject to a 10 month qualifying period, provided that premium payments are up to date. No benefit will be paid in respect of treatment commenced prior to the start date of the policy, irrespective of the future duration of that course of treatment.

If You have upgraded Your policy to a higher level of cover, then for the following 10 months maternity/paternity/adoption benefit is restricted to that which would have been payable under the previous level of cover. Any treatment commenced prior to the date of the transfer is restricted to that which would have been payable under the previous level of cover, irrespective of the future duration of that course of treatment.

Benefits

Dental/Optical

Benefit is payable according to the benefit table up to the maximum combined benefit in each Policy Year.

For dental treatment the benefit may be claimed for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council. Medical PPE is payable provided that it is required to undergo the treatment.

Benefit is not payable:

1. For any prescription charges.
2. For consumables such as toothbrushes, toothpaste etc.
3. For veneers or whitening procedures.
4. For premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees.
5. For mouth guards used for engaging in sporting activities.
6. For additional medical PPE purchased but not required to undergo treatment.

For optical treatment the benefit may be claimed for:

- 1 sight tests
- 2 spectacles
- 3 lenses
- 4 contact lenses
- 5 laser eye surgery
- 6 medical PPE as required as part of Your treatment only
- 7 prescription goggles/glasses used for engaging in sporting activities.

All of the above should be supplied or provided at the patient's cost for which the full payment is made directly to a qualified optical practitioner registered with the General Optical Council. Laser eye surgery should be performed by a registered laser eye clinic.

Benefit is not payable:

1. For frames only, cleaning solutions and sundries.
2. For cataract surgery.
3. For spectacles or lenses purchased under an optical care contract scheme.
4. For sunglasses other than prescription sunglasses.
5. For protective eyewear and goggles/glasses used for engaging in sporting activities.

Therapies

Benefit is payable according to the benefit table up to the combined maximum benefit in each Policy Year, in respect of the following treatments:

1. **Physiotherapy treatment** provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council (HCPC).
2. **Osteopathic treatment** provided by a qualified practitioner registered with the General Osteopathic Council (GOsC).
3. **Chiropractic treatment** provided by a qualified practitioner registered with the General Chiropractic Council (GCC).
4. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist who is a member of, registered with, or licenced by one of the following organisations:
 - British Medical Acupuncture Society (BMAS).
 - British Acupuncture Council (BAcC).
 - Acupuncture Association of Chartered Physiotherapists (AACP).
 - British Academy of Western Medical Acupuncture (BAWMA).
 - Chinese Medical Institute and Register (MCMIR).
 - Acupuncture Foundation Professional Association (AFPA).
 - Licenced Acupuncturist (Lic Ac).
 - Association of Traditional Chinese Medicine and Acupuncture UK (ATCM), for practitioners with the prefixes FM, CA, CB and CC.
 - British Acupuncture Federation (BAF).
 - British Acupuncture Association (BAA).
5. **Chiropody treatment** provided by a qualified chiropodist or podiatrist who is a member of a body regulated by the Health and Care Professions Council (HCPC).
6. **Homeopathy treatment** provided by a professionally qualified and registered homeopath who is a member of, or registered with one of the following organisations:
 - Homeopathic Medical Association (MHMA).
 - Society of Homeopaths (RSHom).
 - Alliance of Registered Homeopaths (MARH).
 - Faculty of Homeopathy (MFHom).
 - Federation of Holistic Therapists (FHT).

We may vary Our list of accepted organisations in which the therapy practitioners are registered with, members of, or licenced by. The most up to date list can be found on Our website at <https://www.bhsf.co.uk/personal/health-cash-plan/> under the 'Frequently Asked Questions' section, or by calling Our Helpdesk on **0300 304 5702**.

Benefit is not payable:

1. In respect of treatment by practitioners other than as defined above.
2. For treatment that is not directly provided by the practitioner on a one-to-one basis.
3. For homeopathic medicines or remedies.
4. For acupuncture treatment used for cosmetic purposes.
5. For sports massage.
6. For any sundry items such as, but not limited to, creams and gels, etc.

Hospital in-patient

Hospital in-patient benefit may be claimed according to the benefit table on discharge from, or after 40 nights' stay in, an NHS or registered private hospital described as such by the Care Quality Commission per Policy Year, whichever is the sooner.

A maximum of 40 nights' benefit may be claimed in each Policy Year. If the maximum benefit has been paid in a Policy Year, You must have been discharged for a period exceeding one month before the payment for a consecutive Policy Year commences.

Benefit is restricted to a maximum 20 nights per Policy Year of the 40 nights overall limitation for treatment in hospitals outside the United Kingdom.

Benefit is not payable:

1. In respect of cosmetic surgery, stays in a care home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons.
2. In respect of any period of home leave during a period of hospital in-patient treatment.
3. In respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy.
4. For hospital stays during which birth occurs or which immediately follows a birth:
 - 4.1. If in-patient treatment for the insured mother continues beyond five consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the sixth night onwards.
 - 4.2. If in-patient treatment for the insured Child continues after the date on which the mother is discharged, then hospital in-patient benefit for the Child may be claimed from the birth date of the Child.
5. If not admitted to a ward.

Hospital day case surgery

Benefit is payable at the appropriate daily rate according to the benefit table for up to eight occasions in each Policy Year following admission to an NHS or private hospital, described as such by the Care Quality Commission, for prearranged day case surgery including endoscopic procedures. This surgery must be performed under sedation or general/local anaesthetic and must be carried out in a hospital where no overnight stay is included.

Benefit is not payable:

1. In association with a claim for hospital in-patient benefit.
2. In respect of cosmetic surgery, sterilisation, vasectomy, fertility treatment, pregnancy termination and out-patient treatments.
3. For injections administered for the relief and/or control of pain.

Recuperation

Benefit is payable according to the benefit table once in each Policy Year. It is paid automatically with an eligible claim for hospital in-patient benefit for at least 8 consecutive nights (no separate claim need be made).

Maternity / Paternity / Adoption

The benefit according to the benefit table is only payable to the policyholder, even where both parents are insured under this policy. Benefit is payable according to the benefit table once in each Policy Year for the birth of Your Child or Children. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for Children under the age of three that You legally adopt.

A **copy** of the birth certificate or the legal adoption papers must be attached to the claim form.

Claims procedure

1. You can obtain a claim form by either creating an online account at <https://cashplan.benenden.co.uk/portal#/logon>, or by contacting Our helpdesk on **0300 304 5702**. You can also claim for certain benefits online when You have registered for an account.
2. The completed claim form with original detailed receipts (showing the date of consultation, treatment or service provided and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 26 weeks of:
 - a. The date of discharge of the hospital in-patient, or
 - b. The date of hospital day case surgery, or
 - c. The date on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 26 weeks, or
 - d. The date of birth on the copy birth certificate(s) or the date of adoption.
3. Receipts are retained by Us and become Our property.
4. Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
5. Benefit may not be claimed from all insured sources for more than the total cost of defined therapy and dental/optical treatment. In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources.
6. Credit/Debit card machine receipts are not accepted.

Benefit is only payable in respect of an expense which is the direct responsibility of the claimant.

Payment of benefit is always made direct to the policyholder.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim covered under this plan then please telephone Our Helpdesk on **0300 304 5702**.

Contact Us

By calling Our Helpdesk on:

0300 304 5702 (BHSF Helpdesk)

Helpdesk opening hours: 9am-5pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and monitored for training and security purposes.

By emailing Us at:

Benenden@bhsf.co.uk

Or by writing to Us at:

Benenden Health Cash Plan
13th Floor
54 Hagley Road
Birmingham
B16 8PE



**INVESTORS
IN PEOPLE**

The latest version of Your policy terms can always be found on the customer portal. You will first need to register and create an account at <https://cashplan.benenden.co.uk/portal>.

Glossary

Term used	Explanation
Acupuncture	A traditional Chinese medicine using needles to target pain relief
Antenatal	During or relating to pregnancy
Cataract	A medical condition of the eyes
Chiropody	Specialist care of the feet
Chiropractic	A system of medicine based on the manipulative treatment of joints that are not in line
Homeopathy/Homeopathic	A course of treatment where patients are treated with small doses of a substance that would cause the original medical issue
Optical	Relating to sight/the eyes
Osteopathic	Relating to the treatment of medical problems through massage of the skeleton and muscles
Physiotherapy	The treatment of illness or injury by physical means such as massage and exercise
PPE (Personal Protective Equipment)	This could be plastic aprons, face masks/shields, gloves, or the like, provided by the practitioner for either their, or Your use while attending Your appointment
Practitioner(s)	A medical professional practising in a specialised field
Prescription	An instruction written by a medical practitioner that authorizes a patient to be issued with a medicine or treatment
Veneers	A tooth covering, usually made from porcelain