

## The key facts of your Medicash Active Plan

This information shows a summary of the key features of your Medicash Plan. It does not include the full terms of the policy, these are found in the Terms and Conditions and your Schedule of Membership.

This Medicash plan offers cover that gives you money back for a range of everyday healthcare expenses and is provided by Medicash Health Benefits Limited.

### Your health cash plan

The Medicash Plan meets the needs of individuals who require help towards covering the cost of everyday healthcare. In deciding to take up this plan, you have not received a personal recommendation from us as we can only provide you with information about our products to assist your decision or understanding. In order to keep the cover you have appropriate to your needs, you should review and update your plan regularly and inform us of any significant changes to your healthcare requirements. If you do not tell us about relevant facts or changes, your policy may not be valid.

### The key features and benefits of your Medicash Plan are:

- Eight levels of cover on a single basis or jointly with your partner
- Your dependant children are covered at no extra cost, up to the age of 16 or 19 if in full time education
- 100% of the costs of expenses incurred for everyday healthcare such as Optical, Dental, Complementary and Alternative Therapies within annual limits
- Reimbursement of dental care payment schemes, such as Denplan
- Cover for a wide range of alternative therapies including acupuncture, allergy testing, homeopathy, reflexology and hypnotherapy
- Personal Accident and disability cover for you, and your partner if covered under a dual plan
- Access to Telephone Helplines providing medical advice and other counselling, lifestyle and advisory services

### The key limitations and exclusions of your Medicash Plan are:

- You can join the plan if you are aged 16 or over, and are less than 66 years of age at the time of application (see Section 2 in the Terms and Conditions)
- The Policyholder cannot be a member of this plan over the age of 66. Medicash will automatically move you to the Vitality Plan on the Policyholder's 66<sup>th</sup> birthday. We will give you 28 days notice of this.
- Claims must be made within 26 weeks of the date that treatment was received or you were discharged from hospital otherwise we will not accept any liability to pay such claims (see Section 5 in the Terms and Conditions)
- A qualifying period may apply before you are eligible to claim against plan benefits. (See the details applicable to you in 'Your Qualifying Periods' section on your Schedule of Membership, also Sections 2 and 6 in the Terms and Conditions)
- We will not pay claims for any pre-existing condition; which is a condition for which medical advice or attention was sought in the 12 months prior to joining or amending your level of cover (see Section 10 in the Terms and Conditions)
- We will not pay claims for any treatment required as a result of participation in any professional sports, hazardous pursuits or through self-inflicted injury (see Section 5 in the Terms and Conditions)

### Duration of your plan

Your policy will be automatically renewed on a monthly basis provided that you continue to pay your premiums and comply with the Terms and Conditions of the Medicash plan.

### Premiums

We have eight tiers of cover available so that you can choose the one that best suits your needs. The Benefit Table on the reverse of Your Schedule of Membership shows the key areas that our policy covers and the maximum we will pay when settling a claim. Premiums include Insurance Premium Tax (IPT). Medicash review premiums periodically, however, if we do make changes, we will give you at least 28 days notice of this.

### Making a claim

If you wish to make a claim simply call our Claims Team on 0151 702 0265. You can also download a claim form from our website at [www.medicash.org](http://www.medicash.org) by logging in to the 'My account' section.

- Full details of how to claim are included in Section 5 of the Terms and Conditions.

### Making a complaint

If you are dissatisfied with the service provided to you or if you feel that an incorrect decision has been made, please contact us. If you are dissatisfied with the outcome of our investigation, you can ask to refer your complaint to the British Health Care Association. If you are still not satisfied you can refer your complaint to the Financial Ombudsman Service for consideration.

- Full details of how to complain are included in Section 8 of the Terms and Conditions.

### Your right to cancel

If you cancel within 30 days of joining or amending your plan, and providing you have not made a claim we will refund all or the amended portion of the premiums that you have paid. You may cancel your Policy at any time. You must give us notification in writing or by telephone on 0151 702 0265. We will cancel your plan with effect from the date you notify us.

- Full details of how to complain are included in Section 7 of the Terms and Conditions.

### Statutory compensation arrangements

In the unlikely event that Medicash Health Benefits Limited becomes insolvent and is unable to pay the benefits provided under the plan, you are protected by the Financial Services Compensation Scheme (FSCS). Under this scheme the first £2,000 of a claim or policy is protected in full. Above this threshold, 90% of the rest of the claim or value of unused premiums will be met.