



**VOLUNTARY
HEALTH PLANS**

**TERMS &
CONDITIONS**

**PLEASE KEEP SAFE WITH YOUR POLICY
SCHEDULE AND BENEFIT TABLE**

WELCOME TO



Medicash is one of the UK's oldest and largest providers of healthcare cash plans, and we take a positive approach to life, health and wellbeing.

The fact that you are now a Medicash policyholder means you have made a real commitment to your health and wellbeing.

As part of that commitment Medicash will assist in the most practical way possible; by providing you with money towards the cost of your everyday healthcare.

With dental treatment and optical care, as well as a range of other healthcare treatments covered, you can trust Medicash to help you get better sooner and stay healthier for longer.

On the following pages, you'll find all the information you need to know about your plan, including how to make a claim and the important terms and conditions relating to your policy.

Please read this booklet in full and then keep it safe, along with your benefit table and policy schedule.

TERMS AND CONDITIONS

You need to read these Terms and Conditions with your policy schedule and benefit table, which together make up the policy between you, the policyholder, and us.

Please check these carefully to confirm your cover before receiving treatment or paying for goods and services for which you intend to claim. Full details of each benefit are included elsewhere in this booklet.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR POLICY OR ANY PART OF THESE TERMS AND CONDITIONS, SIMPLY CALL OUR CUSTOMER SERVICE TEAM ON 0151 702 0265.

Lines are open Monday to Thursday 8.45am to 5pm, and Friday from 8.45am to 4pm (except bank holidays). We may record calls for training and monitoring purposes.

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mProve YOURSELF

Improve your body and mind

The mProve YOURSELF app contains a wide range of wellbeing tools and advice for a happier, healthier you.

WITH mProve YOU CAN ACCESS:

-  A 30-day beginners guide to a mindful life course
-  A range of guided meditations and breathing exercises
-  Fitness and resistance training videos that you can do at the gym or in the comfort of your own home
-  A range of mental wellbeing courses & information on how to cope with stress, depression, anxiety & looking after your mental health
-  Back, neck & joint pain exercises and guides.

Simply
access via
the MY
Medicash
app

MAKING THE MOST OF YOUR MEDICASH PLAN

Over the following pages you can learn more about what's covered within your Medicash Proactive health plan, how to claim and how to access the additional services included within your policy.

Claiming back money on your health costs couldn't be easier. Once you've paid for your treatment just keep the receipt and submit it via the app, or fill in a Medicash claim form and send it back to us. Plus, you can add up to four dependent children to your policy absolutely free - simply do this via the app or by calling 0151 702 0265.

Full details of how to claim and what you are covered for are included elsewhere in this book.

HEALTH & STRESS RELATED SUPPORT

Feeling stressed or just need some advice?

With Medicash you have instant access to expert information and advice on a wide range of issues through our 24 hour telephone advice service.

Your Medicash policy is here to help keep you in the best of health, both physically and mentally, and also includes online support with additional information and self-help guides.

HERE ARE JUST SOME AREAS OUR EXPERTS CAN SUPPORT YOU WITH:

- Family Care
- Debt Concerns
- Bereavement
- Redundancy
- Stress
- Work/Life Balance
- Money Management
- Career Guidance
- Relationships
- Health and Wellbeing

Please see your Benefit Table to see if your policy includes these services.

SO IF SOMETHING IS ON YOUR MIND CALL 0345 565 1851 OR VISIT WWW.MEDICASH.ORG/WEELLNESS

Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines & mobiles.

GET THE MOST OUT OF YOUR PLAN WITH THE MY MEDICASH APP

- Make a claim in seconds, even on the go!
- Add dependent children
- Plus access a wide range of benefits such as **mProve YOURSELF** and lots more...



BEST DOCTORS

The Best Doctors® InterConsultation™ service offers you access to world-class diagnostic second opinions, giving you reassurance when you need it most.

Feeling nervous about a diagnosis given to you, your partner or dependent child? Best Doctors offers you a second medical opinion without having to leave your home.

The service gives you 24/7 access to the knowledge of over 50,000 world renowned consultants, providing you with peace of mind and an alternative assessment from the best medical minds.

Best Doctors will provide you with a report that can be taken to your treating doctor, in order to determine the best line of treatment.

Please check to see if your plan includes this benefit.



ACCESS OVER
50,000
OF THE WORLD'S
TOP DOCTORS

TO ACCESS CALL 0345 565 1852 OR VISIT WWW.MEDICASH.ORG/BESTDOCTORS

Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

extras+

Enjoy exclusive discounts, great deals and cashback on shopping, travel & more.



**UP TO 44% OFF
CINEMA TICKETS**

**SEE THE LATEST
BLOCKBUSTERS**

Users can save at over 400 cinemas across the UK, regardless of the day of the week. You can even save on your drinks and popcorn to enjoy during the film.

**INSTANT E-CODES
& SHOPPING CARDS**

**SAVE ON YOUR FAVOURITE
BRANDS INSTORE OR ONLINE**

Save on a huge range of vouchers and gift cards for supermarkets, department stores, fashion and much more. Use yourself or give as the perfect gift.

**TRAVEL & HOLIDAY
SAVINGS**

**SAVE ON FLIGHTS, HOTELS
AND AIRPORT PARKING**

The best place to plan and book your next holiday. Save money and earn cashback whilst booking through your favourite brands and sites.

ACCESS VIA THE MY MEDICASH APP OR AT WWW.MEDICASH.ORG/EXTRAS

1. DEFINITIONS

Defined words are highlighted throughout this policy booklet in bold print. The explanation of the defined words is listed below and they have the same meaning wherever they appear in the policy.

Benefit – This is the type of cover that **we** provide and the amount that **we** will pay **you** up to the maximum for each type of cover.

Benefit date – This is the date shown in **your policy schedule** and is the first date from which **you** are able to make a claim.

Benefit table – This is the table that shows the maximum amount that **we** will pay **you** for each type of cover for each **benefit period**.

Benefit period – This is the period of time that **you** can claim up to the maximum amount of **benefit**, as shown in the **benefit table**. Usually this is 12 months but please check **your benefit table**.

Child or children – Dependent children born to you or **your partner**, or legally adopted by **you**, under the age of 16 or 19 if in full time education (unless stated differently on **your benefit table**).

Cosmetic treatment – This is **treatment you** receive to change **your** appearance, and not to cure or help improve a medical condition.

Daycase – This is when **you** go into an NHS or private hospital or a recognised treatment centre for planned **treatment**, investigation or minor surgery. **You** must have been allocated a bed or a chair, but **you** must not be staying overnight. This **benefit** does not include **outpatient** or **inpatient treatment** or any other hospital **treatments**.

Dangerous activities and sports – This includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.

GP – A General Practitioner (GP) who is registered and holding a current licence with the General Medical Council to practice medicine in the **UK** at the time of **your treatment** or appointment.

We do not cover **treatments** provided by a retired GP or a GP who was under suspension at the time of **your treatment**.

Inpatient – This is when **you** stay in hospital for more than one night for medical **treatment** or because of a continuation of medical care. If **you** are claiming for an inpatient stay, the **treatment** is covered from the date **you** are admitted as an inpatient to the date **you** are discharged. If **you** go home during this time, any **treatment** you receive at home is not covered.

Our, us or we – Mediacash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB.

A company limited by guarantee, registered in England (number 258025), and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Outpatient – This is medical care in an NHS, private hospital or recognised treatment centre that does not require overnight hospitalisation. If **you** are allocated a pre-arranged bed or chair please refer to **daycase**. **We** do not cover outpatient visits or appointments.

Parental Stay – This is where one adult covered by the **policy** stays in hospital overnight to accompany a dependent **child** under the age of twelve who has been admitted as an **inpatient**. In the case of a dual **policy** we will only cover one adult.

Partner – **Your** husband, wife or partner who lives with **you** on a permanent basis, regardless of gender.

Policy – This is **our** contract of insurance with the **policyholder**, in which **we** provide the cover as explained in the **policy schedule**, the **benefit table** and these Terms and Conditions.

Policyholder – This is the first person named in the **policy schedule**. This person is responsible for **premiums** due and they will usually receive any **benefits** we pay. **We** will write to this individual in connection with all correspondence. **You** agree by continuing with this **policy** that this person has **your** explicit consent to receive these communications; that these may contain health information relating to anyone covered on the **policy**; and information related to their claims.

Policy schedule – This is the document that shows the date **your policy** started, the level of cover **you** have chosen, the people covered under the **policy** and any **qualifying period** if applicable.

Pre-existing conditions – This is any disease, illness or injury which **you**, **your partner** or **your children** have experienced symptoms of, or received **treatment** for, in the three years before the start of **your policy** or increase in level of cover.

Premiums – These are the payments made for **your policy**.

Professional sports injuries – This is any injury sustained whilst training for or participating in sport for which **you** receive payment or non-charitable sponsorship.

Qualifying period – This is the period of time between the date that **you** commenced **your policy** and the **benefit date**, as shown in **your policy schedule**. **You** must continue to pay **your premiums** during this period, but **you** are not able to make any claims.

Self inflicted injuries – This is when **you** need **treatment** or a hospital stay for an injury **you** have caused to yourself. This includes misusing drugs, alcohol, solvents or other addictive substances, and self abuse.

Specialist Consultant – A Specialist Consultant who is registered with the General Medical Council on their specialist register.

Treatment – This includes any medical or surgical treatment **you** may have. Treatment will usually last from the date **you** receive **your** first treatment to the date **you** have **your** final treatment. If **you** stay in hospital as an **inpatient**, the treatment is from the date **you** are admitted into hospital to the date **you** are discharged. If **you** go home at any point during this time, any treatment **you** receive at home is not covered.

United Kingdom (UK) – The UK includes England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

You or your – This is you, the **policyholder**, and your **partner** and dependent **children** where covered under the **policy**.

2. BECOMING A POLICYHOLDER OR AMENDING YOUR COVER

- 2.1 **You** can apply to join or amend **your** level of cover by filling in the appropriate application form and sending it to Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. **You** may also join or amend **your** level of cover by phoning **us** on **0151 702 0304**.
- 2.2 **You** must satisfy yourself that the plan and the level of cover **you** have are right for **you**. Medicash will not provide advice in this regard but **you** are free to seek information or advice from a professional advisor.
- 2.3 **We** reserve the right to make changes to the **benefits** and/or **premiums** of **your policy** provided that **we** write to **you** and give **you** at least 28 days notice of any such change.
- 2.4 **You** can apply to join if **you** are aged 16 or over, and are less than 66 years of age at the date of application (unless stated differently on **your benefit table** or application form).
- 2.5 **You** can apply to include **your partner** if they are aged 16 or over, and less than 66 years of age at the date of application (unless stated differently on **your benefit table** or application form).
- 2.6 **You** must be a **UK** resident.
- 2.7 **You** can cover up to a maximum of four dependent **children** under **your policy** by including them on **your** application or by calling **0151 702 0265**. **Children** must be named on **your policy** before they are eligible to make a claim. Named **children** can only be changed at the start of a new **benefit period**.
- 2.8 **You** must make sure that all of the information **you** give **us** is, to the best of **your** knowledge, accurate, true and complete. If **you** fail to do this, this may put **your** claim or cover at risk. To protect all of **our policyholders**, **we** will take action against anyone who makes a dishonest or false application.
- 2.9 **We**, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a **policy** or request to upgrade cover without reason. If **your** application is not accepted **we** will refund any **premium** that **you** have paid for the cover that **we** have declined to offer. **We** reserve the right to include a **qualifying period** if **you** are applying to rejoin Medicash.
- 2.10 For dual policies, if **your partner** no longer lives with **you** permanently, they will not be covered by **your policy**. Also, **your partner** will no longer be covered in the event of **your** death. In both cases, **you** can transfer to a solo **policy** with continuous cover regardless of age.
- 2.11 **Your policy schedule** shows when **you** commenced **your policy** and the date from which **you** are able to make claims.
- 2.12 **We** will send **you** a new **policy schedule** after an amendment to **your** cover. The date of the amendment and **benefit date** of any amendment will be detailed in the **policy schedule**.
- 2.13 If **you** elect to change **your** level of cover, **we** will take account of **your** previous claims when **we** calculate **your** revised allowances for the remainder of the **benefit period**.
- 2.14 If **you** reduce **your** level of cover, **we** will pay all benefits at the lower rate from the date of the change.

Cooling off period – if you change your mind

- 2.15 **Your policy** contains a 30 day cooling off period from the date **we** accept **your** application to join or upgrade **your** level of cover. If **you** decide to change **your** mind during this cooling off period **you** should contact **us** on **0151 702 0203** or in writing to Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. Provided that **you** have not

made, or intend to make a claim, Medicash will refund **your** first payment in full, or the difference in **premiums** if upgrading **your** level of cover.

3. PREMIUMS

- 3.1 The amounts paid for **your policy** are known as **premiums**. The level of **benefits you** will receive depends on the level of **premium** paid. The **benefits** which apply at each **premium** level are shown in the **benefit table**.
- 3.2 **Premiums** include insurance premium tax (IPT) at the current rate and are subject to review in respect of any changes in taxation.
- 3.3 The **policyholder** is responsible for making sure that **premiums** are paid, regardless of how **premiums** are paid.
- 3.4 If **premiums** are more than six weeks overdue, **we** may cancel **your policy** and **your** cover may cease. **We** will not pay any claims where the date of **treatment** is after the date that **your policy** is paid up to.
- 3.5 **We** reserve the right to deduct any **premiums** due to **us** from any **benefits** payable to **you**.
- 3.6 This is a monthly renewable contract that remains in force if **you** continue to pay **your premiums** when they are due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

4. REFUND OF PREMIUMS

- 4.1 **We** will only refund **your premiums** if:
 - i **you** cancel **your policy** within 30 days of joining or amending **your** cover, and **you** have not made a claim;
 - ii **you** have paid **your premiums** in advance and **you** have correctly notified **us** that **you** wish to cancel **your policy**;
 - iii **you** have notified **us** that **you** have paid too much; or
 - iv in the unfortunate event that **you** die.
- 4.2 If **you** cancel **your policy** with **us**, **we** will refund any **premiums you** have paid for any period to come. However, **we** may deduct a £25 administration charge.
- 4.3 If **you** have overpaid **us**, **we** may deduct this from **your future premiums**. Or, if **you** ask **us** to, **we** will pay **you** a refund if **you** have overpaid **us** by more than £25.
- 4.4 **We** will not refund any overpayments of **premiums** for periods that are more than six years prior to the date of request.
- 4.5 **We** will only refund bank charges that **you** have had to pay because of **our** error. **We** will not refund any bank interest **you** may have lost.

5. CLAIMS

- 5.1 To receive any of the **benefits** under **your policy**, **you** must complete and sign a claim form. **You** must use the claim form **we** provide. **You** can download a claim form via **our** website at **www.medicash.org** or **you** can request a claim form by phoning **us** on **0151 702 0265**. Alternatively **you** can submit **your** claim via the 'My Medicash' app. Further details on how to access this can be found at **www.medicash.org/claim**

- 5.2 **You** must give **us** the information or proof **we** need to support **your** claim, as explained in Sections 5 and 10. **We** will not be able to pay **your** claim if **you** do not have enough supporting evidence. If **you** have any questions about a claim, including whether or not **you** are eligible to make a claim, please phone **us** on **0151 702 0265**.
- 5.3 **We** will not pay any charges **you** may have to pay to fill in a claim form, or charges for any medical information **we** need to support **your** claim. **You** are responsible for paying these charges.
- 5.4 For **benefits** where **we** require a receipt in order to pay a claim **you** must pay for the **treatment** in full before **you** can make the claim. **We** will not pay for any element of **your** receipt paid for using gift cards, vouchers (including vouchers from third party discount sites), or loyalty and reward points.
- 5.5 **We** will not pay **your** claim unless it is received within 26 weeks of the following:
- i **you** have fully paid for **your treatment**; this includes payment for optical **treatments**, spectacles, contact lenses, optical payment plans or dental capitation schemes;
 - ii **you** received **treatment** or finished a course of **treatment**;
 - iii **you** were discharged from hospital;
 - iv **you** had an accident for which **you** want to make a claim.
- 5.6 All receipts must be fully paid originals and should show:
- i the name, address and qualifications of the practitioner who provided **your treatment**;
 - ii the date of each individual **treatment**;
 - iii the name and address of the person who received the **treatment**; and
 - iv a description of the **treatment**.
- We** do not accept joint receipts, photocopies, credit card or debit card receipts, receipts without showing details of the **treatment** received, or estimates for **treatments** to be received.
- 5.7 The **benefit period** in which a claim is paid is determined by:
- i the date **you** had the **treatment**; or
 - ii the date of **your** accident.

The diagram shows a receipt from 'Physiotherapy Clinic' with three blue circles highlighting specific sections. Lines connect these circles to labels on the left:

- Name and qualifications of practitioner** points to the first circle containing: 'HPC REGISTERED', 'PHYSIOTHERAPIST, 30 MAIN STREET, LIVERPOOL L1 2BC.', and 'TEL: 0151 123 4567 WWW.PHYSIO.CO.UK'.
- Details of recipient of treatment** points to the second circle containing: 'MR AN OTHER, 11 HIGH ST, ANYTOWN, A1 2MS.'.
- Details of treatment including date, description of treatment and cost** points to the third circle containing a list of treatments: '02/08/23 TREATMENT £38.00', '08/08/23 TREATMENT £38.00', and '15/08/23 TREATMENT £38.00'.

At the bottom of the receipt, it says 'RECEIPT PAID IN FULL' and '15/08/23'.

- 5.8 **We** will not pay **your** claim:
- i if **you** received **treatment** within a **qualifying period**;
 - ii if the date of **your treatment** is after the date that **your policy** is paid up to;
 - iii for **treatment**, purchases or accidents which occur outside the UK;
 - iv for **treatment** provided by **your** immediate family;
 - v for **treatment** needed due to **dangerous activities and sports** or **self inflicted injuries**; or
 - vi if **you** are breaking the Terms and Conditions of **your policy**.
- 5.9 **We** do not normally return receipts. If **you** want **us** to send **your** receipt back to **you**, **you** must ask **us** in writing at the time **you** make **your** claim.
- 5.10 If **your** claim is also covered by another insurance **policy**, **we** will not pay more than **our** proportionate share, which cannot be more than the total cost of the **treatment** or receipt. When **you** make a claim **you** must tell **us** about any other cover **you** have, and **you** must give **us** permission to contact the other insurance company.
- 5.11 If **you** have more than one insurance **policy** with **us** or another insurer, **you** cannot claim for more than 100% of the cost of **your treatment**.
- 5.12 To protect all of **our policyholders**, **we** will take action against anyone who makes a dishonest or false claim. Such action includes, but is not limited to, refusal to accept liability to pay a claim, termination of **your policy** without refund, or, legal action.

Subrogation clauses

- 5.13 In the event of any payment under this **policy**, **we** reserve the right to be subrogated to **your** rights of recovery against any person or organisation and **you** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.
- 5.14 If **you** are claiming for **benefits** that relate to an injury or condition caused by another person (the 'third party') **you** should:
- i tell **us** as quickly as possible if **you** believe a third party caused **you** to need **treatment**, or if **you** believe they were at fault. **We** may then write to **you** or the third party if **we** require further information; and
 - ii **you** must include all monies paid by **us** in respect of the injuries (and interest on those monies) in **your** claim against the third party ('**our** outlay'); and
 - iii **you** (or **your** solicitors) must keep **us** fully informed about the progress of **your** claim and any action against the third party or any pre-action matters; and
 - iv **you** (or **your** solicitors) must keep **us** informed of the outcome of any action or settlement (providing **us** with access to the details of any such settlement);
 - v should **you** successfully recover any monies from the third party they should be repaid directly to **us** within 21 days of receipt on the following basis:
 - if the claim against the third party settles in full, **you** must repay **our** outlay in full; or
 - if **you** recover only a percentage of **your** claim for damages **you** must repay the same percentage of **our** outlay to **us**; or
 - if **your** claim is repaid as a global settlement (where **our** outlay is not individually identified), **you** must repay **our** outlay in the same proportion as the global settlement bears to **your** total claim for damages against the third party.
- 5.15 If **you** do not repay to **us** such monies (and any interest recovered from the third party), **we** shall be entitled to recover the same from **you**.
- 5.16 The rights and remedies in these subrogation clauses are in addition to and not instead of the rights or remedies provided by law.

6. BENEFIT PAYMENTS

- 6.1 The type of cover that **we** provide and the amount that **we** will pay **you** for each type of cover are known as **benefits**, and are detailed in the **benefit table**.
- 6.2 The amounts shown in the **benefit table** are the maximum amounts that **you** can claim for each benefit in any one **benefit period**.
- 6.3 **We** pay **your benefits** in British pounds sterling direct into **your** bank or building society account, or by cheque to **your** home address. If **you** want to arrange for **us** to pay another person, **you** will have to write to **us** at the time **you** make **your** claim.
- 6.4 **We** reserve the right to recover any overpayments made to **you** either directly, or by adjusting any future benefit payments made to **you**.

7. CANCELLATION AND TERMINATION

- 7.1 If **you** decide that this **policy** is not suitable or it does not meet **your** needs, let **us** know and **we** will cancel it. If **you** cancel within 30 days of joining or amending **your policy**, as long as **you** have not made a claim, **we** will refund all or the amended portion of the **premiums** that **you** have paid.
- 7.2 **You** may cancel **your policy** at any time. **You** must give **us** notice in writing or by phoning **0151 702 0203**. **We** will cancel **your policy** from the date **you** contact **us**. It is **your** responsibility to cancel future payments to us, however these are made.
- 7.3 **We** have the right to cancel **your policy** at any time. **We** will give **you** at least 28 days written notice of this. However, if **we** think that **you** have committed fraud, **we** will cancel **your policy** immediately and may take legal action; notify **your** employer (where appropriate); or contact the police.
- 7.4 **We** will end all of the cover and **benefits** of **your policy** automatically if:
 - i **you** cancel **your policy**;
 - ii **we** cancel **your policy**;
 - iii in the unfortunate event of **your** death; or
 - iv **you** are behind with **your premiums** by more than six weeks.

8. YOUR RIGHTS — DATA PROTECTION, COMPLAINTS AND COMPENSATION

Data protection

- 8.1 For the purposes of the Data Protection Act 2018 (the Act) **we** are the Data Controller in relation to any personal data **you** provide to **us**. **We** adhere to the Act and shall respect **your** rights under the Act.
- 8.2 Under the principles of the Act, **we** will endeavour to make sure that **your** personal or sensitive information held by **us** is:
 - i processed fairly and lawfully;
 - ii processed for specified and lawful purposes;
 - iii adequate, relevant and not excessive;
 - iv accurate and kept up to date;
 - v kept for no longer than is necessary;
 - vi kept secure.

- 8.3 **We** will treat any sensitive and medical information **we** receive with the strictest confidence.
- 8.4 When **you** take out **your policy**, **you** agree that the information provided to **us**, either directly, via **your** employer or their appointed representative, together with any further information concerning **your policy**, can be used by **us** for the purpose of providing **you** with the **benefits** for which **you** have applied and for maintaining **your** records. This will include the recording and monitoring of sensitive personal data such as data relating to health and medical conditions.
- 8.5 If **you** choose to add a **partner** to **your policy**, **you** must have their explicit consent to do so and that they agree to **us** using their information for the purposes of administering the **policy**.
- 8.6 If **you** choose to add **your** dependent **children** to **your policy**, **you** must have their explicit consent to do so if they are 16 or older at the time of being added. Claims for **children** can only be submitted by the main **policyholder**, or their **partner** when covered on the **policy**. It is **your** responsibility to ensure that **you** have their explicit consent before submitting any claim on their behalf if they are aged 16 or over.
- 8.7 **We** may pass **your** information, and that of anyone else covered on **your policy**, to selected service partners for claims or to provide **you** with the ancillary services included in the **policy**. Under the Act **you** have the right to object to **your** data being passed on for this purpose, but this may result in **us** being unable to provide all of **your benefits** or validate **your** claim. Where this occurs, **we** will not offer any reduction in **premiums** or refund for any claims that cannot be paid.
- 8.8 **We** maintain the highest standards of data security to protect **your** personal information, including data encryption and security procedures, like checking **your** identity when **you** call **us** or register on **our** App.
- 8.9 **We** may share **your** data with other relevant organisations when **we** set up and administer **your policy**, to check claims, to prevent fraud and to identify money laundering. If **you** object to this **we** will not be able to process **your** application and therefore will not be able to accept **your** application for a **policy**.
- 8.10 **We** will keep **you** informed about any changes to **your policy** and claims progress using the contact preferences supplied at the time of joining or as subsequently updated by **you**. If **your** employer, or their appointed intermediary, decides to change your cover, **we**, **your** employer or their appointed representative will notify **you** as soon as reasonably practicable.
- 8.11 From time to time **we** may send **you** information about **our** other products and services or offers that **we** feel may be of interest to **you**. **You** can choose how **we** contact **you** regarding these offers and opt-out at any time. **You** can update **your** contact preferences by contacting **us** via phone, email or in writing, or via **our** website or App.
- 8.12 **You** have the Right of Access to any information that **we** hold about **you**. To request a copy of this, please write to The Data Protection Officer, Medicash, One Derby Square, Liverpool L2 1AB or email dpo@medicash.org. If any of **your** data is incorrect **you** can ask **us** to rectify this. To help **us** keep **your policy** up to date, please ensure **you** inform **us** when **you** move house or change **your** contact details such as telephone number or email.
- 8.13 **You** also have the Right of Erasure and the Right to Object under the Act. Where possible **we** will accommodate **your** request to have any data relating to **you** erased or to stop processing it in the manner requested, but please note that this could prevent **us** from processing **your** application for cover or having to cancel **your policy**. **We** keep information in line with the retention policy of **our** organisation. These retention periods take into account **our** needs to meet any legal, statutory and regulatory obligations and vary from one piece of information to the next. If **you** would like **your** data, or any part of it, restricting or erased please submit **your** request in writing to The Data Protection Officer, Medicash, One Derby Square, Liverpool L2 1AB or by emailing dpo@medicash.org.

- 8.14 **You** have the Right to Data Portability and where requested **we** will supply **you** with a copy of the data **we** hold on **you** electronically in a format that **you** can then share with another organisation.
- 8.15 Any information supplied about **you** is subject to **our** Privacy Policy, a copy of which can be found at www.medicash.org/privacypolicy

Complaints

- 8.16 If **you** are not happy with any part of **our** service, send the full details of **your** complaint to the Head of Customer Operations, Medicash, One Derby Square, Liverpool L2 1AB. Alternatively telephone 0151 702 0265 or email customerservice@medicash.org. **We** will endeavour to respond to **you** within five working days and will detail **our** complaints procedure.
- 8.17 If **you** are not satisfied with **our** response, **you** can take **your** complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. Alternatively telephone 0800 023 4567 or 0300 123 9123; or visit www.financial-ombudsman.org.uk

Compensation

- 8.18 **We** are covered by the Financial Services Compensation Scheme (FSCS). If **we** cannot meet **our** responsibilities, **you** may be entitled to compensation from the scheme. This depends on the type of insurance **you** have and the circumstances of **your** claim. For more information about the compensation scheme, visit the FSCS website at www.fscs.org.uk, or write to FSCS, PO Box 300, Mitcheldean GL17 1DY.

9. OUR RIGHTS – HOW WE PROTECT OUR POLICYHOLDERS

- 9.1 **You** must make sure that the **policy** and level of cover **you** have chosen are right for **you**. **We** do not provide any personal advice on how suitable **your policy** or the level of cover may be, but **we** will give **you** information to help **you** make **your** decision or understand what is involved.
- 9.2 The terms of this **policy** are governed by English Law and all communications will be made in English. **We** can provide communications in alternative formats upon request such as large print or audio.
- 9.3 **We** have the right to change **your policy** at any time. If **we** make changes, **we** will write to **you** and give **you** at least 28 days notice of any change.
- 9.4 **We** will notify **you** of any changes by writing to **you** at the last address supplied to **us**. **We** will not be responsible if, for any reason, **you** do not receive the notice **we** send **you**.
- 9.5 **We** have the right to cancel **your policy** and refuse any claims **you** make if **you** or anyone acting for you:
- i makes a claim under the **policy**, knowing the claim is false or exaggerated in any way;
 - ii makes a statement to support a claim, knowing the statement is false;
 - iii sends us evidence to support a claim, knowing the documentation is false; or
 - iv makes a claim for any injury that you or they have caused deliberately.
- 9.6 To detect and prevent fraud or improper claims **we** may check your details with fraud protection agencies. If **we** reasonably suspect fraud we will record and investigate this, including working with other organisations and other insurers to pool information about applications or claims which are believed to be fraudulent.

10. BENEFIT RULES

Please refer to **your benefit table** to find out which of the following **benefits** are included in **your** cover. On some plans certain **benefits** may be combined.

10.1 Routine dental treatment

- i **We** will pay the amount **you** have paid to a member of the General Dental Council, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
- iii If **you** pay for **your treatment** using a dental care contract, **we** will pay up to the amount described in **your benefit table** where included. **You** must give **us** an original dated receipt from the dental care provider.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none">✓ Dental treatment and dental check-ups✓ Hygienist fees✓ Dental X-rays and laboratory fees needed to carry out dental treatment✓ The cost of anaesthetic for dental treatments✓ The cost of dentures and repairs to dentures✓ Braces provided by a dentist or orthodontist✓ Premiums under a dental care contract paid for by you (where included in your plan).	<ul style="list-style-type: none">✗ Tooth whitening or cosmetic dentistry✗ Non-prescribed items or consumables✗ Charges for missed appointments✗ Fees for prescription charges✗ Fees for tablets or medicines, for example antibiotics✗ Registration, insurance and joining fees for a dental care contract✗ Premiums under a dental care contract paid for by your employer✗ Cost incurred for a treatment plan which has been started, or for any dental treatments identified as being necessary, before your policy began. This does not include routine check-ups.✗ Professional sports injuries.

10.2 Dental accidents and injuries

Cover for dental **treatment** required as a result of an accident or injury. **You** can only claim this **benefit** if there has been a dental emergency appointment within five days of the accident or injury.

- i **We** will pay the amount **you** have paid to a member of the General Dental Council or **Specialist Consultant**, up to a maximum in any one **benefit period**, within **your** chosen premium level. Please refer to **your policy schedule** and **benefit table** for details.
- ii A dental accident is classed as an injury caused to **your** teeth and gums by a direct impact to the outside of the oral cavity. This includes damage to dentures whilst being worn.
- iii **Your** claim must be submitted using a Medicash Dental Accident claim form and be supported by proof of **treatment** detailing the dates and costs of each individual **treatment** or, in the case of NHS dental **treatment**, each course of **treatment**. The proof must be an official document issued by the treating practice.

- iv Medicash need the following information from **your** dentist in order to process the claim:
 - Date of the accident;
 - Full report of the incident and all dental injuries sustained;
 - The **treatment** plan (Medicash do not cover **treatment** that is not established clinical practice);
 - The date that the **treatment** or episode of **treatment** will start and finish;
 - The name of the Consultant or Surgeon responsible for the **treatment** if applicable;
 - Detailed **treatment** costs.

Cover is limited to the **treatment** described in the **treatment** plan.

- v Medicash may ask for extra evidence to show how the injury was sustained, evidence that the injury is not as result of periodontal disease, or evidence that if the injuries resulted from sporting **activities** that the appropriate mouth guards were worn.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Dental treatment relating to an accident or injury if there has been a dental emergency appointment within five days of the accident or injury ✓ Investigative dental x-rays, and laboratory fees relating to the dental treatment ✓ The cost of anaesthetic for dental treatment ✓ The cost of dentures and repairs to dentures resulting from the accident or injury ✓ Any prescription charges or associated costs ✓ Replacement veneers, implants, dentures and orthodontics resulting from an accident or injury. 	<ul style="list-style-type: none"> ✗ Injuries that existed before or when you took out the plan ✗ Injuries caused by food ingestion ✗ Treatment that relates to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn ✗ Injury caused other than by direct impact to the outside of the oral cavity ✗ Damage to dentures when not being worn ✗ Treatment relating to periodontal disease ✗ Fees charged for preparing reports ✗ Charges for missed appointments ✗ Damage through oral hygiene procedures ✗ Any treatment, care or repair to, or in connection with 'tooth jewellery' ✗ Self inflicted injuries ✗ Dental accidents and injuries for Children ✗ Professional sports injuries.

10.3 Optical

- i **We** will pay the amount **you** have paid, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Eye-health tests and eyesight tests carried out by a member of the General Optical Council ✓ Prescribed spectacles, prescribed contact lenses and prescribed sunglasses ✓ Payment under a contact lens scheme ✓ Prescription lenses for safety goggles you need for work ✓ Prescription lenses fitted to an existing frame ✓ Frames when fitted with prescription lenses ✓ Laser eye surgery. 	<ul style="list-style-type: none"> ✗ Contact lens check-ups or solutions ✗ Non-prescribed lenses, spectacles, contact lenses or sunglasses ✗ Goggles for leisure activities ✗ Repairs to spectacles ✗ Registration, insurance and joining fees for a contact lens scheme ✗ Non-prescribed items ✗ Frames only ✗ Receipts where only a part payment or deposit has been paid including receipts showing a balance outstanding for payment ✗ Consumables ✗ Costs incurred for items ordered before your policy began. ✗ Professional sports injuries.

10.4 Specialist consultations

- i A specialist consultation must be a consultation that **you** have had with a person who appears on the General Medical Council Specialist Register in the appropriate speciality.
- ii **We** will pay the amount **you** have paid to a **Specialist Consultant** for an initial or follow-up consultation, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- iii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Consultation fees from a Specialist Consultant. 	<ul style="list-style-type: none"> ✗ Other charges that may be connected with the consultation such as room fees, dressings, medicines, anaesthetic fees and surgical fees ✗ Tests and procedures (these are covered by the diagnostic and investigative tests benefit within your policy) ✗ Health screening or examinations for a medical report or medical certificate ✗ Specialist consultations for cosmetic treatments ✗ Pregnancy and fertility treatments ✗ Missed appointment fees ✗ Professional sports injuries.

10.5 Diagnostic and investigative tests

- i **We** will pay the amount **you** have paid for diagnostic and investigative tests and diagnostic procedures resulting from a consultation with a GP or **Specialist Consultant**, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Diagnostic and investigative tests and scans, including but not limited to X-rays, CT, MRI and PET scans required to aid the diagnosis under the management of a Specialist Consultant or GP.	<ul style="list-style-type: none">✗ Fees for a Specialist Consultant (these are covered by the specialist consultations benefit within your policy)✗ Other charges that are connected with the treatment, such as the cost of rooms, dressings, medicines, anaesthetic and surgery✗ Health screening or examinations for a medical report or medical certificate✗ Home testing kits✗ Laboratory testing kits not referred by a Specialist Consultant or GP✗ Pregnancy and fertility treatments✗ Elective pregnancy scans✗ Preventative health screening including but not limited to screening required as a result of your personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks✗ Professional sports injuries.

10.6 Private Medical Insurance (PMI) excess cover

- i If **you** have selected a level of cover which included PMI excess cover then **we** will pay the excess applicable to access your Private Medical Insurance (PMI) policy up to a maximum in any one **benefit period**. The maximum benefit amount applicable to your level of cover is shown in your **benefit table** or on **your policy schedule**.
- ii If **your benefit table** or **your policy schedule** does not include PMI excess cover then any PMI excess claim would be paid under the relevant **benefit** category if applicable.
- iii To deal with **your** claim, **we** need the original dated documents from **your** PMI insurer which evidence the policy excess required to be paid or that has been paid by **you**.
We may also need additional evidence to support **your** claim such as a copy of **your** PMI Policy Schedule and/or details of the **treatment** received.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ PMI excess payable by you to your PMI provider in relation to treatment received by you under your PMI insurance policy. 	<ul style="list-style-type: none"> ✗ Co-insurance (or co-pay) policies ✗ Self-elected or cosmetic treatments ✗ Routine optical or dental check-ups and treatments ✗ Preventative health screening including but not limited to screening required as a result of your personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks ✗ Professional sports injuries.

10.7 Complementary therapies

- We** will pay the amount **you** have paid to a qualified practitioner as determined by **us**, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
 - To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
 - We** do not cover worksite based therapy **treatments** organised through **your** employer or employees.
- We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Physiotherapy ✓ Osteopathy ✓ Chiropractic treatments and assessments ✓ Acupuncture. 	<ul style="list-style-type: none"> ✗ General physical fitness sessions ✗ Purchased items or consumables ✗ Worksite treatments arranged through your employer or employees ✗ Professional sports injuries ✗ Cosmetic treatments.

10.8 Alternative therapies

- We** will pay the amount **you** have paid to a qualified practitioner as determined by **us**, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
 - To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
 - We** do not cover worksite based therapy **treatments** organised through **your** employer or employees.
- We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Allergy tests, including food-intolerance tests and nutrition tests ✓ Bowen and Alexander technique ✓ Homeopathy ✓ Hypnotherapy as part of a treatment plan ✓ Indian head massage ✓ Reflexology ✓ Reiki. 	<ul style="list-style-type: none"> ✗ Beauty treatments or general physical fitness sessions ✗ Homeopathic medicines, herbs and herbal remedies, supplements and vitamins you have bought yourself and which have not been prescribed and are not part of your treatment plan ✗ Medicines, appliances and food even if they have been supplied by the practitioner (with the exception of homeopathic medicines as prescribed as part of your treatment plan) ✗ Any weight management programmes ✗ Worksite treatments arranged through your employer or employees ✗ Professional sports injuries ✗ Cosmetic treatments.

10.9 Chiropody

- i **We** will pay the amount **you** have paid to a qualified Chiropodist or Podiatrist, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
- iii **We** do not cover worksite based **treatments** organised through **your** employer or employees.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Chiropody treatment and assessments. 	<ul style="list-style-type: none"> ✗ Cosmetic treatments or pedicures ✗ Bio mechanical assessments and gait analysis ✗ Items you have bought to help with your treatment ✗ Surgical footwear or appliances ✗ Treatment from a Foot Health Practitioner ✗ Worksite treatments arranged through your employer or employees.

10.10 Prescription charges

- i **We** will pay the amount **you** have paid for the cost of **your** prescriptions up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Prescription charges.	✗ Non-prescribed consumables.

10.11 Inoculations and flu jabs

- i **We** will pay the amount **you** have paid for inoculations or vaccinations by a medical professional for **you** up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Prescription and/or other charges arising from the administration of inoculation or vaccination against the following conditions: <ul style="list-style-type: none"> • cholera • diphtheria • hepatitis (A or B) • influenza (flu jab) • malaria • poliomyelitis • rabies • tetanus • tuberculosis • typhoid fever • yellow fever. 	✗ Non-prescribed consumables ✗ Inoculation or vaccination against any condition other than those listed.

10.12 Health screening

Please see **your benefit table** to see which type of health screen applies to **your** plan.

Recepted benefits

- i **We** will pay the amount **you** have paid for a private health screen carried out by medically qualified staff at a hospital or health screening clinic, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii **We** do not cover worksite health screens organised through **your** employer or employees.
- iii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ A Well Man or Well Woman screen ✓ A full health screen.	✗ Home testing kits ✗ Tests not included within the full health screen (for example X-rays) ✗ Any other screening check or test not carried out as part of one of those listed above

WHAT WE COVER (CONTINUED)	WHAT WE DO NOT COVER (CONTINUED)
	<ul style="list-style-type: none"> ✗ Any health screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons ✗ Worksite health screens arranged through your employer or employees ✗ Diagnostic tests as set out in the PMI excess cover, specialist consultations or the diagnostic and investigative tests benefits.

Voucher based

- i **We** will provide **you** with a health screening voucher which gives **you** access to one free health screen by an assessor from one of **our** health screening partners. Details of who provides this service and how to access it will be included on the voucher.
- ii If **you** are entitled to future vouchers please contact **us** on **0151 702 0265** to request **your** new voucher when due.
- iii Any follow-up or additional health screens outside of the cover available under **your policy** will be at **your** own cost.
- iv **We** do not accept any liability to **you** as a result of any conclusions or advice given during the health screen taken up under this arrangement.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Health screens as agreed with our selected partners.	<ul style="list-style-type: none"> ✗ Any other health screens or tests ✗ Worksite health screens arranged through your employer or employees.

10.13 Inpatient and parental stays

- i **We** will not pay for the first night of each stay **you** have in hospital.
- ii In any one **benefit period**, **we** will pay the amount shown in **your benefit table** after the first night has been deducted, up to a combined total if applicable for **inpatient and parental stays**.
- iii **We** will not cover **treatments** relating to **pre-existing conditions** for three years from the start of **your policy** or at the higher rate for three years following an increase to **your** level of cover. **We** will write to **your** GP for evidence to verify which claims are made for **pre-existing conditions**.
- iv To process **your** claim, **we** require a completed claim form that includes admission and discharge dates. The claim form must be stamped with the hospital or hospice stamp, and signed by a member of staff. Alternatively, **you** can attach **your** MED 10 certificate or hospital discharge note to **your** claim form.
- v **We** will pay up to a maximum of 30 nights **inpatient** stay in any three year consecutive **benefit period** where **you** have been hospitalised for the same condition. This will not affect **your** right to claim for **inpatient** stays related to other conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ When you are admitted to hospital for a period of medical treatment or continuation of medical care ✓ When one adult covered by the policy stays with a named child when they are admitted as an inpatient (if included in your plan). 	<ul style="list-style-type: none"> ✗ First night of an inpatient stay ✗ Pre-existing conditions for three years from the start of your policy or at the higher rate for three years following an increase to your level of cover ✗ First 14 nights after the birth of a child ✗ Any period of home leave during the inpatient stay ✗ Accommodation costs or stays that are for respite care or if you are a resident ✗ Outpatient appointments ✗ Residential stays at a nursing home ✗ Treatments at an accident and emergency unit, unless you are taken into hospital as an inpatient ✗ Cosmetic treatments ✗ Professional sports injuries.

10.14 Hospital daycase

- i **We** will pay **you** at the appropriate daily rate shown in the **benefit table** for each time **you** go into hospital or a **treatment** centre as a **daycase** patient to receive a diagnosis or for a **treatment**, investigation or minor surgery. **Your** stay must be planned and **you** must not be staying in the hospital or **treatment** centre overnight.
- ii In any one **benefit period**, **we** will pay the amount shown in **your benefit table** up to the maximum number of days shown in **your policy schedule** for hospital **daycase**.
- iii **We** will not cover **treatments** relating to **pre-existing conditions** for three years from the start of **your policy** or at the higher rate for three years following an increase to **your** level of cover. **We** will write to **your** GP for evidence to verify which claims are made for **pre-existing conditions**.
- iv If **you** go into hospital as a **daycase**, but then **you** have to stay overnight, please tell **us**.
- v To process **your** claim, **we** require a completed claim form that includes admission and discharge dates. The claim form must be stamped with the hospital or hospice stamp, and signed by a member of their staff. Alternatively **you** can attach **your** MED 10 certificate or hospital discharge note to **your** claim form.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ Any treatment as a daycase in an NHS hospital, private hospital or treatment centre recognised by us. 	<ul style="list-style-type: none"> ✗ Pre-existing conditions for three years from the start of your policy or at the higher rate for three years following an increase to your level of cover ✗ Any period where inpatient benefit has been claimed (see the inpatient section of your policy) ✗ Outpatient appointments ✗ Pre-operative checks

WHAT WE COVER (CONTINUED)	WHAT WE DO NOT COVER (CONTINUED)
	<ul style="list-style-type: none"> ✗ Attendance at an accident and emergency unit ✗ Other charges that may arise from being a daycase patient, such as the costs of rooms, dressings and medicines ✗ Ante-natal and post-natal appointments ✗ Cosmetic treatments ✗ Professional sports injuries.

10.15 Birth/adoption of a child

- i **We** will pay a single amount at the appropriate rate shown in the **benefit table**, for each **child** that **you** or **your partner** give birth to, or adopt under the age of three years.
- ii To process **your** claim **we** require the original full (not short) birth certificate or original adoption certificate and proof that the **child** was placed in **your** care before the age of three years.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> ✓ The birth of a child ✓ The birth of a child that is still-born ✓ An adoption of a child that is under the age of three years when placed with the adoptive parents, upon production of an adoption certificate. 	<ul style="list-style-type: none"> ✗ Terminations of pregnancy ✗ Miscarriages prior to 24 weeks of term ✗ The fostering of a child ✗ A baby born to a child ✗ Any claim within the first 12 months of the policy unless stated otherwise in your benefit table ✗ Any claim at the higher rate for 12 months following an increase in your cover.

10.16 Broken bones

- i **We** will pay an amount at the appropriate rate shown in **your benefit table** per bone when there has been a break or breaks of the radius, ulna, humerus, femur, tibia or fibula bone.
- ii When **you** tell **us** about the broken bone, **we** will send **you** a claim form which **your** GP or hospital doctor must sign.
- iii **We** do not cover broken bones for **children**.
- iv **We** do not cover broken bones as a result of osteoporosis.
- v **We** do not cover broken bones as a result of **self inflicted injuries, dangerous activities and sports** or **professional sports injuries**.
- vi If **we** need more information, **we** may ask to see **your** medical records.

10.17 Health and Stress Related Helplines

Telephone helplines

Please see page 2 for how to access this service.

- i These services are provided by **our** service partner, as explained in **your benefit table**.
We do not accept any legal responsibility for any information or advice **you** receive.
- ii **You** can speak to a team of qualified professionals 24 hours a day. **You** can call as often as **you** need to, whether it is about the same problem or other issues **you** are facing. All the information **you** give will be kept strictly confidential.
- iii **You** must pay for the cost of the call to the helpline and any costs from taking the advice **you** receive. Please note that this is not an emergency service and it will not provide a diagnosis or prescribe treatments but is limited to the supply of advice and information only.

Examples of areas covered include:

- | | | |
|--------------------|---------------------|------------------------|
| • Family Care | • Stress | • Career guidance |
| • Debt Concerns | • Work/Life Balance | • Relationships |
| • Bereavement | • Redundancy | • Health and Wellbeing |
| • Money Management | | |

Online health support

Please see page 2 for how to access this service.

- i **You** must pay any costs associated with internet access and any costs from taking the advice **you** receive.
- ii These services are provided by our service partners, as explained in **your benefit table**.
We do not accept any legal responsibility for any information or advice **you** receive.
- iii Please note that this is not an emergency service and it will not provide a diagnosis or prescribe **treatments** but is limited to the supply of advice and information only.

10.18 Best Doctors® InterConsultation™

Please see page 3 for how to access this service.

- i This service is provided by Best Doctors UK Ltd and is available to **you** together with **your** treating doctors, so that **you** can consult with some of the world's top medical experts for a diagnosed medical condition. These medical experts are voted by their peers as the best in their specialities of medicine and are able to provide additional insight and information to help confirm diagnosis and appropriate recommended treatment plans.
- ii **We** do not accept any legal responsibility for any information or advice **you** receive.

10.19 Medicash Extras discount portal

Please see page 3 or **your benefit table** for how to access this service.

- i This service is provided by **our** service partner, Next Jump Ltd via their Perks at Work platform. **We** reserve the right to change this service partner without prior notice.
- ii This service provides **you** with access to a range of offers and discounts through an online portal including a range of reloadable gift cards.
- iii Full terms of use can be found at www.medicash.org/extras.
- iv Should **your** cover with Medicash cease **you** will have 8 weeks from the date of cancellation to redeem any points or credits accumulated within **your** Medicash Extras account otherwise these will be lost with no rights for compensation.

10.20 Discounted health club membership

- i **We** will give **you** access to health club membership at discounted rates at selected participating establishments. Membership of any of the participating establishments is at the sole discretion of that establishment in accordance with their rules and procedures and **we** have no influence over these. **We** also do not recommend or support a particular club, and **we** do not accept any legal responsibility for any arrangement **you** make with any of these clubs.
- ii To find out which health clubs are taking part, please use company reference 'MED' at www.medicash.org/gymdiscount

10.21 Virtual GP service

- i This service is provided by **our** service partner, HealthHero, and is available to all **policyholders** either on a 'pay-as-you-go' basis or on a free appointment basis as detailed in **your benefit table**. **We** reserve the right to change this service partner without prior notice. This service does not replace **your** own NHS doctor or provide urgent medical attention. If **you** require urgent medical attention **you** should seek the help of **your** NHS GP or the emergency department of a hospital.
- ii **Our** service partner is registered with and regulated by the Care Quality Commission.
- iii Only residents of the **UK** are eligible to use this service, which provides **you** with access to an NHS practising, GMC registered GP. This service can be accessed from abroad.
- iv The service is not a replacement for **your** own GP. **You** may still need to see **your** own GP or contact the emergency services if the GP feels it is necessary.
- v The GP does not have access to **your** full medical records and therefore any advice or treatment options given are based on the information **you** provide during the consultation. It is **your** responsibility to ensure that the information **you** provide is honest, accurate and lawful.
- vi **You** can access the virtual GP and prescription services via the 'My Medicash' app available through the App Store or Google Play.
- vii At the time of booking **you** can choose between a virtual face to face consultation or a telephone-based consultation. If **you** choose to use the virtual service for a face to face appointment **you** will need a smartphone, tablet, laptop or PC with camera access. **You** will also need a Wi-Fi or strong 3G, 4G or 5G internet connection.
- viii The virtual GP is a secure, confidential and easy to use service staffed by qualified, practising GPs. All calls and visual images may be recorded as part of this service. For virtual face to face consultations please ensure that **you** read the additional terms that are included in **your** appointment confirmation email and follow the joining instructions. For telephone-based consultations the GP will call **you** on the number **you** supplied at the time of booking.
- ix The prescription service allows any items prescribed during **your** virtual GP appointment to be delivered to **you** or collected from a local pharmacy. Please note that **you** are responsible for the cost of these private prescriptions.
- x Where **your policy** includes a fixed number of free virtual GP appointments per **benefit period**, the appointments will be allocated to the **benefit period** in which they have been booked and are non-refundable. **You** can share **your** free appointments with **your children** who are under the age of 16 and for whom **you** have parental responsibility. **You** will need to be present during the virtual GP appointment, although the GP retains the right to ask **you** to leave the room if required in line with NHS guidelines.

- xi **We** operate a fair usage policy. When offering unlimited appointments, **we** reserve the right to remove access to these free appointments by giving 28 days' notice.
- xii Where **you** are booking a virtual **GP** appointment on a 'pay-as-you-go' basis **you** are responsible for any cancellation or other charges which may apply.
- xiii Where included elsewhere in **your** plan, as shown in **your benefit table**, **you** may be able to claim back the cost of any prescription charges incurred. Please note that these claims should be submitted either electronically via the 'My Medicash' app or by post together with a fully completed claim form.

10.22 mProve YOURSELF app

- i This service is provided by **us**, however, **we** reserve the right to remove or change this service at any time without prior notice.
- ii This service provides **you** with access to a range of guided meditations, self-help guides, mindfulness courses, exercise and relaxation videos, as well information on mental wellbeing and back, neck and joint pain.
- iii To access this service **you** must download the 'My Medicash' app. Please note, **your** use of the app, and **your** reliance on the information contained within it, is solely at **your** discretion and own risk. A full disclaimer statement can be found within the app.

10.23 SkinVision - skin cancer detection app

- i This service is provided by **our** service partner, SkinVision B.V., however, **we** reserve the right to remove this service at any time without prior notice.
- ii SkinVision is intended to provide an immediate risk indication for the wmost common types of skin cancer of a specific spot on the skin, based on a photo taken with **your** smartphone or tablet. Based on the assessment, the SkinVision service provides a recommendation whether to visit a healthcare professional or **your GP** for further review and investigation.
- iii **You** have access to unlimited checks whilst **your policy** with us is active. Should **you** no longer be eligible for this **policy you** will still be able to access these services via SkinVision, but future subscription charges between **you** and SkinVision may apply.
- iv SkinVision allows **you** to take photos with the camera on **your** smartphone or tablet and create folders to store, organise and comment on **your** photographs in order to track **your** skin over time. **You** can also complete the questionnaire in the app to assess **your** skin profile and access a library containing information on skin spots, moles and lesions.
- v The above services are intended to help understand and support self-assessments but are not to be used or relied on solely for any diagnostic or treatment purposes and they do not replace a visit to **your GP**. Any reliance by **you** is at **your** own discretion and risk.
- vi **Your** assessment is provided to estimate the risk of **you** developing the most common forms of skin cancer (i.e. melanoma, basal cell carcinoma, squamous cell carcinoma) over time. The risk assessment is based on a smartphone generated picture which will not be an actual representation of any discomfort **you** experience (itching, irritation, bleeding), therefore, it is highly recommended that **you** discuss **your** personal risk factors and the results of **your** assessment with **your GP**.
- vii Neither **we** nor SkinVision shall be liable for any decision **you** take not to discuss **your** skin health, personal risk factors and/or results of **your** assessment with **your GP**.
- viii To receive the SkinVision service without charge **you** need to access this via the 'My Medicash' app which is available through the App Store or Google Play. When **you** first register with SkinVision **you** will need to provide an email address as a username and create a password. **You** will be asked to confirm **your** email address within 24 hours in order to activate **your** SkinVision account.

GET IN TOUCH

CALL 0151 702 0265 OR EMAIL CLAIMS@MEDICASH.ORG



This insurance is provided by Medicash Health Benefits Limited, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number: 258025).

Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Medicash is covered by the Financial Services Compensation Scheme and the Financial Ombudsman Service.

Rated '**Excellent**' on
 **Trustpilot**

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