Logo, company name

Description automatically generated

Product Name: WELLBEING 2016

Target Market: UK resident, individual policyholders (retail customers).

Any identified markets for whom the product is not suitable: Non-UK residents.

|  |  |  |
| --- | --- | --- |
| **Number** | **Assessment Question/ Category** | **Assessment** |
| 1. | Details of the nature of the product | Health Cash Plan. |
| 2. | Coverage that the product provides. | Refer to Wellbeing Benefit Table and Terms & Conditions:  <https://www.medicash.org/wp-content/uploads/2022/01/Medicash_Voluntary_Terms_and_Conditions_2021.pdf>  <https://medicash.blob.core.windows.net/productdocs/Wellbeing2016/Wellbeing_2016_BT0668_OCT21.pdf> |
| 3. | Limitations in relation to coverage (including but not limited to exclusions, limits of liability, excesses) | RESTRICTIONS   * Annual benefit allowances. * Claims must be received within 26 weeks of the treatment date or date of accident. * Dental Accident & Injury claims require attendance for a dental emergency appointment within five days of the accident or injury. * Up to four dependent children are covered at no extra cost, up to their 19th birthday if in full time education, claiming half of the adult entitlement for the benefits as specified on the benefit table. * Any charges for completion of claim forms or any medical information we need to support your claim are payable by policyholder.   NOT INSURED   * Treatment provided by immediate family. * Pre-existing conditions for hospital claims * 1st night of any inpatient stay * Birth of a child in relation to babies born within the first 12 months of the policy |
| 4. | Type & quality of the services to be provided | Policyholders will have access to all the benefits specified on the Benefit Table. Named dependants will have access as outlined on the Benefit Table.  Access to the My Medicash app for claim submission and mProve. Access through the My Medicash app to policy documents and ancillary services as specified on the Benefit Table. Claims can also be submitted through the website or by post.  Customer support from Medicash by telephone, email and app messaging.  Ancillary services can be provided virtually, for example Virtual GP appointments, Phio and Skinvision.  Telephone lines are open 8am to 5pm, Monday to Friday (excluding bank holidays), with 70% of calls answered within 30 seconds and less than 5% abandoned. Emails to Medicash are responded to within 3 working days.  Ancillary services are 24/7, 365 days a year.  Payment is ordinarily made by bank transfer using a fast payment service, meaning that following authorisation, claims are ordinarily credited to the policyholder’s bank account by the end of the following working day and often within 24 hours. Claims can also be paid by cheque if the policyholder prefers.  The ‘Medicash Assist’ service is available for policyholders with characteristics of vulnerability ([Medicash Assist | Medicash](https://www.medicash.org/customer-service/medicash-assist/)). |
| 5. | Is the product net priced | All premiums include Insurance Premium Tax. |
| 6. | Total price to be paid by the policyholder |  |
| 7. | Details of the pricing model used to calculate the risk premium i) for the initial policy term, ii) for any future renewal | The policy is monthly renewable and the pricing model is community underwriting.  Price increases are rare, with prices often remaining the same for years. Any changes are communicated to policyholders at least 28 days in advance of the changes. |
| 8. | Breakdown of the overall cost of the insurance product |  |
| 9. | Details of the remuneration of each party in the distribution chain where this is part of the premium or otherwise paid directly by the customer | The Wellbeing plan is ordinarily sold directly by Medicash to retail customers.  In the event a broker is responsible for a sale, the usual 10% commission rate applies. This does not affect the premium paid by the retail customer. |
| 10. | Are any changes expected to the total price a customer will pay during the period that they hold the product (including at the first or any subsequent renewal or any other point in time?) | There are no changes expected to the price paid during the period the product is held.  This is a monthly renewable policy.  Price increases are rare, with prices often remaining the same for years. Any changes are communicated to policyholders at least 30 days in advance of the changes. |
| 11. | Is any change to the insured risk expected over time, for example to the nature, financial value or a customers usage of an underlying good to which the insurance relates? | There is no change to the insured risk expected. The plan is provided as specified with no changes built in. See 10 for further details. |
| 12. | Is the number of expected claims that may be made, or financial value of any such claim, expected to change over time due to the nature of the product, the customer’s needs or any relevant features of the insured risk, for example i) as a result of expected depreciation in the value of the insured asset, ii) where the customer’s need or eligibility for certain cover may change for example in a customer’s usage? | There is nothing inherent built into the product which would result in expected claims variation or changes to policyholder needs and risk. See 10 for further details. |
| 13. | Could the total premiums expected to be paid over the length of time a customer would hold the product, exceed the benefits that could be received from claims for example due to cover limits applying across the foreseeable period? | This is a general insurance product and it is possible that a policyholder’s premiums may exceed claims. This is an insurance product.  However, if the maximum is claimed for both the dental and optical benefit annual allowance then almost all premiums will be recouped and that is before any other benefits are claimed. Claims may reach or exceed premiums paid. If additional benefits are also claimed, then premiums exceed claims.  Ancillary services are factored into the underwriting of the product itself. These include services and savings through the My Medicash app, Skinvision, Virtual GP, Medicash Extras, Helplines, Phio.. |
| 14. | Could benefits offered by the policy at inception not be available at subsequent renewals, due to exclusions or claim limits, without any commensurate reduction in the premium? | This is a monthly renewable policy and changes to premiums and benefits are not built in to the plan, irrespective of usage. The plans are community underwritten and there are no individually weighted premiums or excesses imposed.  If any changes are made to the Wellbeing plan, these will be communicated to policyholders at least 30 days in advance and such changes are very rare, with the plan often remaining unaltered for a number of years. |
| 15. | Could customers be discouraged from or unable to renew due to the level of ongoing premiums including increases at renewal meaning they may not be receiving the full intended benefits of the product? | Refer question 14. |

**Fair value assessment satisfactorily completed: YES**

**If ‘N’, mitigating actions to be detailed below.**

**Version date: 1st September 2024**

**Next review date: 1 September 2025**

**Yearly Update:-**

|  |  |
| --- | --- |
| 1 September 2023 | No changes to cover or any significant variance to outcomes since previous review. |
| 1 September 2024 | No changes to cover or any significant variance to outcomes since previous review. |