



Your little guide to health cover with big benefits

Advantage Corporate Health Cash Plan



Hello

A warm welcome to your health cover from Westfield Health. We've been dedicated to making a healthy difference to the quality of life of our customers and the communities in which they live and work.



A little bit about us

We are Westfield Health. From humble beginnings, we've evolved to become a leading health and wellbeing provider.

We encourage positive changes in the wellbeing of our customers and the wider population across the UK. Together, we can help everyone to live healthier lives through better choices, ongoing support and a more proactive approach to healthcare.

Through our charitable donations, we support causes that align to our purpose to make a healthy difference to quality of life.

Getting started

Take a look through your handy little guide, which provides everything you need to help you get the most from your cover. If you have any questions at all, just give our friendly UK based Customer Care Team a call on **0114 250 2000**.

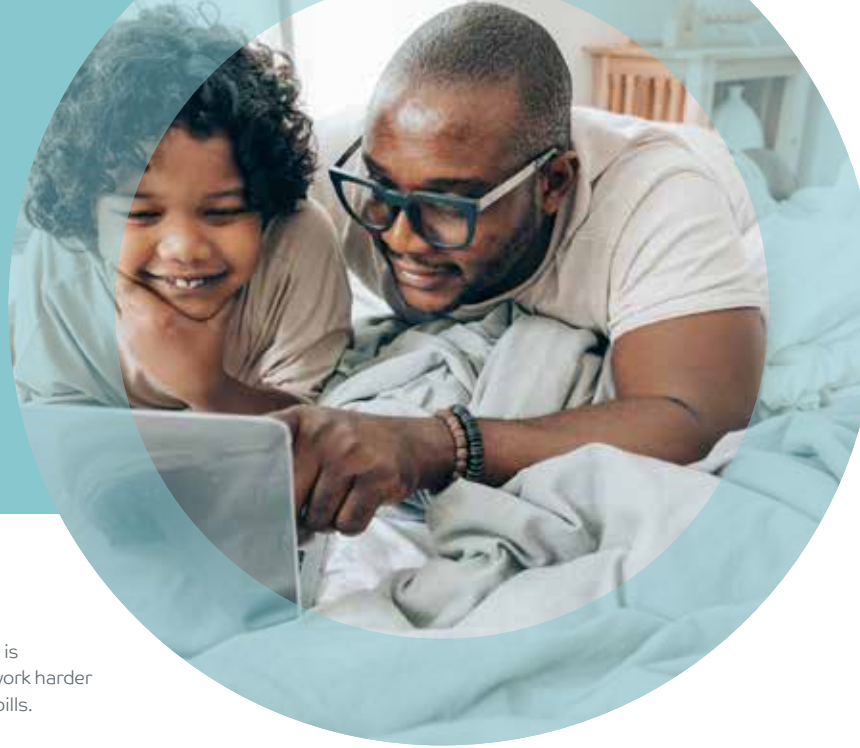
Don't forget to read the full Terms and Conditions at the back of this guide.

A century on and we still have the same beliefs, vision and values we've always had – to support you throughout your life with innovative, best in class health cover.



Introducing your cover

Congratulations. Like thousands of others, you're about to discover why so many of our customers are happy with their cover.



Taking better care of you.

No one knows what's around the corner where our health is concerned. With your cover, you can be sure that we will work harder on your behalf to help you pay for those essential health bills.

Money back and cash payouts.

We aim to ensure that as many of your health costs are covered as possible. From dental appointments to optical check ups, therapy treatments and more, you can rest assured that your cover will help with your bills.

You can claim back a percentage reimbursement and, in some cases, 100% of the money you spend straight away, up to the maximum allowance provided by your cover. You can also receive fixed cash payouts for hospital stays and day surgery. And you will also receive a sum of money if you have a baby or adopt a child.

Diagnosis and peace of mind.

We want you to stay at your fit and healthy best and, to help you do that, we've included all kinds of additional benefits. As well as providing cash towards diagnostic consultations, your cover includes a 24 hour DoctorLine service, because we know that illness doesn't just strike during surgery hours.

You'll also have access to a Scanning Service. We will arrange your scan for you, usually within 2 weeks, so you don't have to worry about the wait or the cost.



Customer Testimonial

"I've been through a lot medically, but having my Westfield cover to help has been fantastic. From getting quick access to consultations to receiving payment after my operation, the cover played a big part in my treatment and rehabilitation. From run of the mill things like eye checks and visits to the dentist, to more serious issues, I have always had excellent service."



Caring for your loved ones.

We're here to help people be healthy and independent for as long as possible, so it's reassuring to know that our eldercare advice and support services can help you make informed choices about putting care in place for a loved one or yourself. There's also a Care After Hospital benefit, giving you the reassurance of up to 18 hours of home care following an overnight stay in hospital.

Health and wellbeing.

Your cover has been designed to help keep you in the best possible shape, physically and mentally. So our 24 Hour Advice and Information Line is a reassuring aspect of your cover as it gives you help, support and advice by phone – day or night. Your cover also includes Gym Discounts providing discounted membership at local gyms, so you can actively start improving your health right away.

Personal Accident cover too.

You have cover in place to help you and your family if the worst should happen. Levels 3, 4 and 5 provide cash payouts in the event of death or permanent disability as a result of an accident.



Working harder for you.

As you start to use your health cover, the advantages really add up. It works harder for you by providing excellent cash payouts and money back for treatment – and this is just part of your cover. It also provides access to valuable services to help keep you at your fit and healthy best.



MRI, CT and PET Scanning Service.

For policyholders on levels 2-5. In order to access this facility you will first need to see your Consultant to gain a referral for a scan. Once you have this referral please contact the Scanning Helpline on **0345 345 4556**, available Monday to Friday, 8.30am to 5.30pm.

Helpline staff will explain the process for booking your scan and will require written confirmation from your Consultant before arranging your scan for you. Only scans arranged through the Scanning Helpline will be covered.



DoctorLine.

From anywhere in the world, 24 hours a day, you can pick up the phone and arrange a call back from a practising UK GP, to discuss any health issues and receive advice or a diagnosis. You can even choose to have a webcam consultation so you can see and speak to a doctor while you're at home or at work. It's the closest thing to a surgery appointment, but without the wait. Over 70% of DoctorLine consultations result in the patient being recommended a course of action, without the need for referral to another medical professional.

If the doctor believes that your treatment requires medication, they can offer you a private prescription. You can choose for the medicine to be sent directly to you at an address of your choice or a local pharmacy, or you could be sent a digitally secure electronic prescription to show at a nominated local pharmacy.

Prescriptions can be raised for one-off occasions such as prescription-only painkillers/inflammatory drugs, digestive medication, or NHS prescription medication where the patient is away from home and has forgotten or has insufficient prescription medication, antibiotics or hormonal medication.



Telephone Care Advisory Services.

It's often emotional and unsettling when making the decision to find care for elderly relatives or even yourself. You need to feel confident that they're comfortable and well cared for. Our service provides expert advice and support to help you resolve your care issues.

Our care advisors will listen carefully to your needs and wishes and discuss your situation in detail. They'll guide and support you through your next steps, providing you with the information and advice to help you make the best possible care decisions.



24 Hour Advice and Information Line.

It's good to talk. Whatever the issue, support and advice is just a phone call away. This freephone telephone service gives you, your partner and your children (aged 16-24 in full time education) access to confidential guidance on medical, legal or domestic issues from experienced counsellors, lawyers and medical advisors. From stress, bereavement or relationship advice to health and money worries, you'll be able to talk to a qualified counsellor any time day or night. On levels 2-5, your cover also provides access to up to 6 sessions of structured counselling for the policyholder, when recommended by your telephone counsellor.

You also have access to an app and wellbeing portal; an online dedicated resource, designed to support your health and wellbeing. It provides you with confidential access to wellbeing fact sheets, videos, self-help programmes, interactive tools and educational resources to help with life's challenges.

For details on how to access your services, see page 17.

Giving something back with Westfield Rewards.

Helping your money go further.

As a thank you for choosing Westfield Health, we are giving you access to our exclusive rewards website. It provides access to special offers on all your favourite goods and services from hundreds of leading online and high street retailers. Pick up exclusive discounts by purchasing reloadable cards for high street stores and supermarkets or receive Cashback from participating retailers by connecting to them online via the Westfield Rewards website.

Even better, all discounts are on top of sale discounts or online promotions and you can even save on utility services such as gas or electricity too.

Visit www.westfieldrewards.co.uk to register.



Customer Testimonial

"Being a Westfield customer not only means I can save money and claim back my dental and optical bills but I am now able to shop without feeling too guilty. I registered with Westfield Rewards and in the past month I have saved money by using my reloadable cards. I am currently in the process of buying my first house and through Westfield Rewards I can save money on the cost of my new kitchen."



It feels good to be covered.

We know how much effort you put into your work and the stresses and strains you face in everyday life, so we're committed to ensuring that your policy works harder for you. Take a look at the full range of benefits your cover provides.

Important information.

The featured premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation. In the case of Therapy Treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one or combination of treatments. To access the Health and Wellbeing Services please refer to the full Terms and Conditions within this guide, and see page 17. More information on each benefit and service, including details of limitations, exclusions and any qualifying periods, can be found in the Terms and Conditions within this guide.

Key **100** 100% money back **75** 75% money back **50** 50% money back **2yr** 2 year benefit period **1yr** 1 year benefit period

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money back on everyday health and retail discounts						
Optical For you.	100 2yr	Up to £45	Up to £90	Up to £145	Up to £205	Up to £295
Dental For you.	100 1yr	Up to £33	Up to £75	Up to £120	Up to £165	Up to £245
Dental Accident For you.	100 1yr	Up to £75	Up to £165	Up to £265	Up to £350	Up to £500
Chiropody For you.	75 1yr	Up to £35	Up to £75	Up to £115	Up to £155	Up to £225
Therapy Treatments For you. Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy.	75 1yr	Up to £200	Up to £425	Up to £625	Up to £850	Up to £1,250
Prescription Charges For you. Number of items.	1yr	—	—	1	2	3
Surgical Appliance For you.	75 1yr	Up to £55	Up to £125	Up to £175	Up to £230	Up to £335
Maternity/Paternity/Adoption For you, per child.	1yr	£55	£115	£195	£265	£385
Health Screening/Assessment For you.	50 1yr	—	—	—	Up to £200	Up to £300
Gym Discounts For you.		✓	✓	✓	✓	✓
Westfield Rewards For you.		✓	✓	✓	✓	✓
Diagnosis and treatment for body and mind						
DoctorLine For you, your partner and your children.		✓	✓	✓	✓	✓
Specialist Consultation and Diagnostics Shared between you, your partner and dependent children.	75 1yr	Up to £70	Up to £135	Up to £290	Up to £390	Up to £575
MRI, CT & PET Scanning Service For you.		—	Following a referral from a Consultant, you must call our Scanning Helpline on 0345 345 4556 and they will arrange your scan. Please see Benefit Rules for more information.			
24 Hour Advice and Information Line and My Healthy Advantage App For you, your partner and your children. - Legal, Debt, speak to a Counsellor and online resources.		✓	✓	✓	✓	✓
Including up to 6 sessions of structured counselling. For you.		—	✓	✓	✓	✓
Help if you require hospital treatment						
Hospital Benefit For you. Per day/night up to 14 days/nights per year.	1yr	£13	£24	£42	£61	£85
Care After Hospital Shared between you and one relative aged 65 or over (your partner or your parent). - 18 hours of home care following an overnight hospital stay. On Levels 1 and 2, Westfield Health will contribute 50% towards the cost. On Level 3, Westfield Health will contribute 75% towards the cost.	1yr	18 hours	18 hours	18 hours	18 hours	18 hours
Personal Accident - Accidental Death For you.		—	—	£10,000	£20,000	£30,000
Personal Accident - Permanent Disability For you.		—	—	Up to £10,000	Up to £20,000	Up to £30,000
Caring for your loved ones						
Telephone Care Advisory Services For you and your/your partner's elderly relatives aged 65 or over. - Understand your rights, navigate NHS/private residential and home care choices, resolve care issues. - Have the most appropriate care providers researched for you to make an informed choice. - Get practical and emotional support for your caring responsibilities.		✓	✓	✓	✓	✓

Cover for your children too.

If you have dependent children, it's nice to know that they are covered on certain key benefits at no additional cost, giving you that extra peace of mind.



The table below shows what cover is included for children. The amounts allow you to claim money back towards optical and dental expenses as well as fixed cash payouts for unexpected events like overnight hospital stays and day surgery.

And you have the reassurance of having access to valuable health services including DoctorLine, a 24 Hour Advice and Information Line and access to an online wellbeing app and portal.

Please refer to page 33 for the definition of a dependent child and age limits.

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money Back - Shared between dependent children						
Optical	100 2yr	Up to £45	Up to £90	Up to £145	Up to £205	Up to £295
Dental	100 1yr	Up to £33	Up to £75	Up to £120	Up to £165	Up to £245
Dental Accident	100 1yr	Up to £75	Up to £165	Up to £265	Up to £350	Up to £500
Help if you require hospital treatment						
Hospital Benefit Per day/night up to 14 days/nights per year.	1yr	£6	£10	£18	£23	£36

Key 100 100% money back 75 75% money back 50 50% money back 2yr 2 year benefit period 1yr 1 year benefit period

Your cover: a few useful pointers

Here's a little helpful guidance to help you make the most of your cover. Please feel free to contact us if there's anything else you need to know.



Making the most of your benefit periods.

Every benefit has its own benefit period.

The majority of your money back benefit allowances have a one year benefit period. Each benefit period will be activated when you submit your first claim, and will start from the date you paid your practitioner.

For Hospital Benefit your benefit period begins on the first day or night that we pay benefit for.

For Care After Hospital your benefit period begins on the first day we pay benefit for.

For Maternity/Paternity/Adoption, your benefit period begins on the date of birth or the date the child is placed with you for adoption.

You can keep sending in claims for a benefit until you reach your maximum allowance, or your benefit period expires. When your benefit period expires, the full allowance will renew, but your next benefit period will not be activated until you submit your next claim.

Example:

If the first claim you make on your Dental benefit has a receipt date of the 6th April 2022 your Dental benefit period activates on this date, giving you one year to use your Dental allowance, before it expires on the 5th April 2023. Once your benefit period expires your next Dental benefit period will not be activated until you submit your next Dental receipt.

Please refer to our [Terms and Conditions](#) for full details.

It's easy to check your benefit balance



0114 250 2000

8:30am-5:30pm, Mon-Fri (except public holidays)



westfieldhealth.com



When submitting your claim, make sure your receipt has all the right details.

including your name, full practitioner details, date and payment amounts, details of treatment, goods or services and a list of any sundry items purchased.

You have 26 weeks to make a claim.

Please submit your claim within 26 weeks. Those 26 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient, or the date you attended for day surgery. In the case of the Maternity/Paternity/Adoption Benefit, it is 26 weeks from the date of birth or adoption placement.

Full details can be found in the [Terms and Conditions at the back of this guide](#).

Make sure you use a qualified practitioner.

One simple rule. Your practitioner must be registered with, or a member of an approved professional organisation. Just click on the 'Find an approved practitioner' link on the **My Westfield** area of our website or refer to the Definitions section of this guide to locate the required qualifications for each practitioner.

Did you know you're covered emergencies worldwide?

You can even use your cover for emergencies when abroad. For example, if you damage your glasses whilst overseas, you can still claim towards the optician's costs, up to the limits of your plan. We ask that all relevant documentation relating to your claim is in English.

Get your claims paid directly into your bank account.

Direct Credit is the easiest and fastest way to reclaim your payments. We recommend that you register for a My Westfield account at westfieldhealth.com where you can add your bank details. Alternatively, you can contact us on 0114 250 2000 to set this up.

Cover that puts you in control

Your cover puts you in control by enabling you to budget for your healthcare as never before. And claiming is easy too. Some people say you only find out how good our cover is when you make a claim, which is why we make it so simple.



Making life simple.

For money back and cash payout benefits, we aim to process correctly presented claims within four working days and pay the money directly into your bank or building society account. If we hold your email address, we'll also send confirmation straight to your inbox.

For our fastest service, you can submit claims for all benefits on our My Westfield mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-westfield. Alternatively, you can use a claim form, this is available on your My Westfield account or contact us for a paper claim form.

Personal Accident claims.

We understand that it is likely to be in difficult circumstances that you or a family member will be considering making a Personal Accident claim. You or the person acting on your behalf should contact us on **0114 250 2000**. We will send out a Personal Accident claim form, which should be completed and returned to us. We will then start to assess your claim and contact you to discuss it.

Claim money back in three easy steps

1. Receive and pay for your healthcare treatment as normal
2. Submit your claim online, through our mobile app or by using a claim form and sending it to us by post, together with your receipt, within 26 weeks of the date of each payment
3. Receive payment directly into your bank or building society account

My Westfield

It's all about you.

We want you to make the most of your cover. That's why My Westfield makes life simple. Think of it as your personal online account manager – a secure area on our website that's totally devoted to you as a customer, where you can either manage or view your account online. Just visit westfieldhealth.com/my-westfield and you can view your plan guide, claim online for all benefits, change your details, check benefit balances and access your wellbeing services.



We're here for you

If there's anything you need to know about your health cover, your account or your claim, just get in touch. With our help, it's easy to start accessing the treatment you need to keep you at your healthy best.



Managing your account

We are here to make things easy for you.

My Westfield

We want you to make the most of your cover. That's why My Westfield makes life simple. Think of it as your personal online account manager - a secure area on our website that's totally devoted to you as a customer, where you can view and manage your account online. Just visit westfieldhealth.com/my-westfield and you can register and log in to change your details, view your plan guide, check benefit balances and make a claim.

Email

You can email us at enquiries@westfieldhealth.com – we're only a click away.

Phone

An easy and convenient way to access your account details. Simply call our Customer Care Team on **0114 250 2000**.

Contact us



enquiries@westfieldhealth.com



westfieldhealth.com



0114 250 2000

8:30am-5:30pm, Mon-Fri (except public holidays)

Accessing your services:

DoctorLine

0345 612 3861 or **0203 858 9094**

(Available 24 hours a day. Calls will be recorded but remain confidential)

Telephone Care Advisory Services

0114 303 1060

(Available 8.30am-5.30pm, Mon-Fri, except holidays)

Care After Hospital

0114 303 1060

(Available 8.30am-5.30pm, Mon-Fri, except public holidays)

24 Hour Advice and Information Line

0800 092 0987

(Available 24 hours a day. Call charges will apply)

My Healthy Advantage app

Download: My Healthy Advantage, available on iOS and Android

Westfield Rewards

Register/log in www.westfieldrewards.co.uk

Helpdesk **0203 583 7020**

(Available 24 hours a day, 7 days a week, 365 days a year)

Gym Discounts

via the My Westfield area

Call **0345 123 5327**

(Available 9am-5pm, Mon-Fri, except public holidays)

Scanning Service

0345 345 4556

(Available 8.30am-5.30pm, Mon-Fri)

Change of circumstance?

If your circumstances change and you are no longer eligible for cover under this plan, don't worry – your cover with Westfield Health can continue on an alternative plan.

Monitoring and confidentiality.

To keep improving our service, we record and monitor all calls. This includes recording and monitoring information relating to health and medical conditions.

We will not discuss policy details with anyone other than the policyholder, unless you have given us specific approval for a relative or friend to obtain account information on your behalf. If you need to access our service in this way, we can explain how you need to provide this authority.

Our Privacy Promise

We are committed to protecting the privacy of our users and customers whilst improving people's quality of life by enabling them to make healthier choices.

We believe in being open and up front with users and customers and have developed our Privacy Promise, a quick and simple summary explaining how we manage, share and look after your personal data.



Everything you need to know

This section contains important information about your cover, so please read it carefully. If you have any questions, please get in touch.

We promise to collect, process, store and share your data safely and securely.

- **You're always in control:** Your privacy will be respected at all times and we will put you in control of your privacy with easy-to-use tools and clear choices.
- **We work transparently:** We will be transparent about the data we collect and how we use that data so that you can make fully informed choices and decisions.
- **We operate securely:** We have achieved ISO27001 certification and we will protect the data that you entrust to us via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.
- **For your benefit:** When we do process your data, we will use it to benefit you and to make your experience better and to improve our products and services.

If you'd like to know more, please read our detailed Privacy Policy available on our website and **page 41** in this plan guide.

If you need to speak to us in relation to how your personal data is processed please feel free to contact our Data Protection Officer, whose details are provided below:

Email: dpo@westfieldhealth.com

Post: Data Protection Officer
Westfield Health
PO Box 340
Sheffield
S98 1XB

Important Information

Benefit Rules.

General Terms and Conditions.

Definitions

1. Who can have cover
2. Pre-existing medical conditions
3. The contract between Westfield Health and you
4. Premiums
5. Qualifying periods
6. Exclusions
7. Benefit period
8. How to claim
9. Worldwide cover
10. Making a complaint
11. Compensation
12. General conditions

Our Privacy Policy.

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Pages 22 to 32

Pages 33 to 41

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Important information

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 products and services are right for you.



Statement of Demands and Needs.

This plan meets the demands and needs of someone who is looking for help towards the cost of a selected range of everyday healthcare expenses. Exclusions and restrictions apply, more information can be found in the Terms and Conditions.

The services you will receive

We will only provide you with information about our plans so that you can make an informed choice. We will not provide you with any advice or personal recommendation about the plan or range of options available from Westfield Health. You will need to make your own decision as to the suitability of the product for your own circumstances.

Who are we?

This plan is sold, underwritten and managed by Westfield Health. Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England and Wales, company number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, our registration number is 202609. Our registered address is Westfield House, 60 Charter Row, Sheffield, S1 3FZ.

Commission

For direct sales, our Health and Wellbeing Consultants receive a salary and a monthly bonus which is calculated as a percentage of sales.

If you are introduced, to us by an Introducer Appointed Representative (IAR) we pay them a percentage commission.

For sales via an Intermediary/Broker, we pay them a percentage commission.

Cooling Off Period

If you are not completely satisfied with the plan, simply notify us within 14 days of the date that we accept your application and we will cancel it. Provided a claim has not been paid, we will refund any premium collected. Please refer to full terms and conditions in your plan guide.

Complaints

You can contact us with your concerns by phone, email or post. If you're not satisfied with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). You will have 6 months from the date of our response letter to do this, or you may lose your right to have the complaint investigated. More information is available on the FOS website www.financial-ombudsman.org.uk.

The Financial Services Compensation Scheme

Westfield Health are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations, you may be entitled to compensation from the scheme. For more information please visit www.fscs.org.uk

Multiple policies

If you have multiple plans with Westfield Health, or from any other source, you are not entitled to receive more than the total amount that you have paid for treatment. If you are claiming from another insurer we will pay our proportionate share of the cost, subject to the benefit being available and the terms and conditions of your plan.

Benefit Rules

So you'll know that we've given them a special meaning, we've put some words or phrases in 'bold type' like this in the Benefit Rules and General Terms and Conditions. Our definitions of these words and phrases are on pages 33 to 34.

Don't forget to check the benefit tables on pages 8 to 11 to see what you're covered for.



Your telephone counsellor will arrange the sessions if they think that it would benefit you. This plan covers the cost of up to 6 sessions in a 12-month period. These sessions can be delivered face-to-face, as structured telephone calls or online and may be Cognitive Behavioural Therapy (CBT) technique sessions.

For each money back or receipted benefit, the tables tell you the length of the benefit period, the percentage of each receipt that you'll be paid and the maximum that you can claim during each benefit period (benefit limit).

For each fixed cash payout, the tables tell you the benefit period, the set benefit amount and where applicable how many days/nights are covered.

Benefits are listed in alphabetical order except for Personal Accident as it appears last.

24 Hour Advice and Information Line, with Structured Counselling Sessions

including access to My Healthy Advantage smartphone app

Policyholder: For you

Structured counselling sessions just for you on levels 2, 3, 4 and 5

The 24 Hour Advice and Information line and My Healthy Advantage smartphone app are provided by Health Assured Ltd.

The telephone service can be used by you, your partner and dependent children who are 16 to 24 years old, in full-time education and living with you, this includes children living away from home during term time. There is a scheme number in your welcome pack that you and your family must use when you call the 24 Hour Advice and Information Line and when you access the My Healthy Advantage app. The scheme number doesn't identify individual users and any usage statistics given to an employer don't include any personal information. The service includes up to six sessions of structured counselling for the policyholder.

To access the 24 Hour Advice and Information Line:

Phone 0800 092 0987

Available 24 hours a day, 365 days a year. Call charges may apply.

Calls are not recorded. This is a confidential service; the content of your call will only be divulged if you or someone else is at risk of serious harm.

Please have your scheme number ready when you call.

My Health Advantage mobile app and online wellbeing portal

You, the policyholder has access to online tools including online health and wellbeing portal and mobile app – My Healthy Advantage. With the My Healthy Advantage app you are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. These include weekly mood trackers, four week plans that can be worked through by you using the app, mini health checks and webinars. In addition, you are also able to dial through to the helpline, request a call back or LiveAgent instant chat function with one of the team. The wellbeing portal is a website this has most of the content that is on the app but the content is not personalised.

To access My Healthy Advantage:

Only the policyholder can register to use this service. You need to enter a code when you first register: 71718

You then create your own username and password.

Download: My Healthy Advantage available on iOS and Android

You can also find information on the website on the wellbeing portal.

Visit: www.healthassuredeap.co.uk

You don't register, you don't create your own username and password. Use 71718 as the username and password each time you want to access the site.

What's covered...

- Unlimited use of our 24/7/365 confidential telephone service, giving you and your family support from a team of qualified professionals
- Telephone support from a qualified counsellor on issues such as: stress; anxiety; family problems; bereavement; money management; depression; relationships; problems at work; substance misuse
- For you, the policyholder on levels 2, 3, 4 and 5, up to six structured counselling sessions.

account with tailored resources, tools and learning materials. The features for My Healthy Advantage include weekly mood trackers, four week plans that can be worked through by the user using the app, mini health checks, webinars.

What's not covered...

- Crisis care: this is not an emergency service. At busy times, it may be necessary to take your details and arrange a convenient time for the most appropriate counsellor, legal advisor or health professional to call you back
- Sessions for your family: only the policyholder on levels 2, 3, 4 and 5 is covered for structured counselling sessions. Your family can speak to a counsellor via the helpline, but it is a new call each time, so they won't be able to speak to the same counsellor. There is no element of structured counselling
- Access for your family to the online tools: only the policyholder can use the online health and wellbeing portal and My Healthy Advantage
- Counselling won't be offered if it's clinically inappropriate for the service to take your case e.g. if it would be more beneficial for you to seek long-term counselling or medical care
- The cost of travelling to your face-to-face sessions. You'll need to travel to the nearest available Health Assured associate counsellor/therapist. You may have to go further to access counselling for any special requirements
- Diagnosis of a medical condition or issuing a prescription: the service gives general guidance only and isn't intended to replace your normal personal medical care
- Legal advice or information about employment disputes
- Exclusions (see section 5, General Terms and Conditions)

Care after Hospital
18 hours of home care services following an overnight stay in hospital.

Phone 0114 303 1060

Available 8.30am-5.30pm, Monday to Friday except public holidays.

Please have your Westfield Health policy number ready when you call.

Our Care After Hospital benefit is arranged and administered by Grace Consulting. Eligibility will be verified with Westfield Health.

You must contact the Westfield

Health care advisory team at Grace Consulting so that they can find the Home Care for you.

The allowance of 18 hours Home Care is available for you to share with one relative aged 65 or over who must be either your Partner or your Parent.

The first home visit must occur within 14 days of discharge from Hospital or Hospice, and Home Care must be delivered within 28 days of that first home visit.

What's covered...

- Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.
- Rapid research into appropriate care providers, and a written report for you to make an informed choice.
- Up to 18 hours of Home Care services in any 12 consecutive months for you. The allowance of 18 hours Home Care is available for you to share with one relative aged 65 or over who must be either your Partner or your Parent. The 65 year old age limit does not apply to you as the policyholder.
- Payments for the first 18 hours of Home Care, at the money back rate that applies to your level of cover, will be paid on your behalf. Please see the table of benefits for the money back rate.

What's not covered...

- Any Home Care that hasn't been arranged in conjunction with and with the approval of the Westfield Health care advisory team at Grace Consulting.
- Home Care for your partner or parent if they are aged under 65, or for anyone else other than you.
- Home Care that does not follow a Hospital In-patient admission.
- Home Care that commenced more than 14 days after discharge from hospital, or Home Care delivered more than 28 days after the first home visit.
- Home Care that follows a Hospital In-patient admission due to a pre-existing medical condition.
- Home Care that follows a Hospital In-patient admission during your qualifying period.
- Home Care that exceeds 18 hours in any consecutive 12 month period.
- Home Care provided by a care provider who is not registered with the Care Quality Commission or an equivalent national body.
- Care that is not domestic or personal care. For example, nursing or medical care are

excluded. If only cleaning is required, this isn't classed as personal care.

- Discharge expenses such as medical equipment, assisted living aids, medicines, and transport from **Hospital** to home.
- Exclusions (see section 6, General Terms and Conditions)

How do I access Care After Hospital? Care After Hospital is not a cash benefit: you must follow these simple steps so that the care advisory team can find the Home Care for you.

Step 1

Ring the care advisory helpline. You'll need your Westfield Health policy number. The care advisory team will explain how the service works. The care advisory team will verify your entitlement with Westfield Health before arranging care.

Step 2

Before they can arrange a Home Care package the care advisory team will discuss your, or (with their permission) your partner's or your parent's needs with you. Our Home Care package is not intended to replace any discharge arrangements such as Intermediate Care made by the Hospital, NHS community team, or Local Authority, but to complement them. Our care advisory team will provide advice about your statutory entitlements and carry out rapid research into appropriate care providers, and provide a written report for you to make the final choice.

Step 3

The care provider that you select will visit you, or your partner or parent, to agree a package of care with you and carry out an assessment.

Step 4

You will advise the care advisory team of the agreed Home Care to be delivered, the commencement date, and home visit timings. The care advisory team will confirm this with the care provider.

Step 5

The care advisory team will pay the care provider for the first 18 hours of Home Care, at the money back rate that applies to your level of cover. If your cover level means you are liable for part of the cost, then the care provider will invoice you direct for this part. Let the care advisory team know if you, or your partner or parent, need any further help.

Chiropody

Policyholder: Your maximum benefit allowance is available over a one year benefit period.

When...

- you receive and pay for treatment from a registered Chiropodist/ Podiatrist, who must be a fully qualified practitioner who is registered with the Health and Care Professions Council (HCCP) and
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-9

For...

- chiropody and podiatry consultations, assessments and treatment

We will not cover...

- any treatment that is not chiropody or podiatry
- pedicures or cosmetic treatments
- surgical footwear or appliances (e.g. corrective footwear)
- exclusions (see section 6, General Terms and Conditions)

Dental

Policyholder: Your maximum benefit allowance is available over a one year benefit period.

Dependent children: You have a separate allowance for your dependent children - the maximum benefit is available over a one year benefit period and is shared between all your dependent children.

When...

- you pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, and
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-11

For...

- dental treatment, full* or partial dentures and dental check-ups
- hygienist
- x-rays
- braces and implants

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- dental treatment as a result of an accident (see Dental Accident benefit)
- teeth whitening
- prescription charges
- non-prescribed gum shields
- exclusions (see section 6, General

Terms and Conditions)

*Full Dentures

If you need full dentures (either a full upper set, full lower set or both) you can claim up to double the maximum Dental Benefit, but this allowance will be available over a two year benefit period. Your receipt must confirm that full dentures have been supplied. Once you have made a claim for full dentures, all subsequent dental or denture claims will then also be assessed over a two year benefit period. If you do not claim the maximum benefit on the first claim you submit for dentures, any remaining balance may be used, within the two year benefit period, for claims for either dental treatment or dentures. The dentures must be removable by the wearer.

Dental Accident

Policyholder: Your maximum benefit is available over a one year benefit period.

Dependent children: You have a separate allowance for dependent children - the maximum benefit is available over a one year benefit period and is shared between all your dependent children.

When...

- you pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice, for treatment carried out as a result of accidental injury to teeth, caused by direct external impact to the head e.g. sports injuries, falls, or other accidents that cause injury by external force and
- the dentist's receipt specifically confirms treatment is a consequence of an accidental injury and
- if there has been a dental emergency appointment within 30 days of the accident or injury and
- you give us details of the accident, which must have occurred after you applied for the plan and
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your plan level, see table of benefits on pages 8-11

For...

- dental treatment directly related to the accidental injury

We will not cover...

- any accidental injury that has not been caused by direct external impact to the head e.g. we will not cover injury caused by eating/drinking
- any payment made more than 24 months after the date of the accident
- any insurance or dental care scheme premiums
- prescription charges
- exclusions (see section 6, General Terms and Conditions)

DoctorLine

Policyholder: For you, your partner and your dependent children under the age of 18.

Round the clock advice from a GP.

Phone 0345 612 3861 or 0203 858 9094

24 hours a day, every day. Call charges may apply.

The DoctorLine web app can be used to book appointments. The web address is <https://doctorline.onlinegp.co>

Webcam appointments are available between 8am-10pm UK time; 7 days a week, except on Christmas Day. All consultations are confidential but calls and any visual images will be recorded for your protection.

Please have the Westfield Health policy number ready when you call to arrange a telephone or webcam consultation or when using the app.

Our DoctorLine service is provided by an experienced external provider. DoctorLine is a registered trademark of Westfield Health.

You and your partner can call DoctorLine from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back with a GP at a time that suits you. During surgery hours you can choose to have a virtual consultation, if you've access to a webcam and broadband. You and your partner can call on behalf of dependent children under the age of 18.

It's reassuring to know that your consultation will be with a qualified practising GP, who'll give you advice and in most cases a diagnosis. You can discuss anything that you'd usually ask your own GP about, from common ailments to sensitive or confidential concerns. You might want to talk about travel inoculations, side effects from your medication, or a health story you've seen in the news. DoctorLine is the closest thing to a surgery appointment, but without

the wait.

If you need to consult with a medical professional regarding a long-term medical condition including managing your symptoms and medication, then you have the option to speak to an experienced Clinical Pharmacist. They can support you with a wide range of medication queries including:

- Reviewing your medication if you have multiple prescriptions; you may have been given new medications separately and require an expert Clinical Pharmacist to ensure your medications are working effectively
- Reassuring you that you are taking your medication correctly
- Side effects from existing medication
- Over the counter medication that works with your existing medication
- Alternative medication options

Private Prescription service

If the DoctorLine GP thinks that prescription medicine would be appropriate, you may choose from the following options:

- The DoctorLine GP may offer to send a private prescription electronically to a registered online pharmacy service from where the medication will be sent directly to you. When the prescription is issued before 4pm during weekdays, it is usually delivered the next working day. They will not charge you for processing your prescription, but you will be charged for the cost of the medication and delivery. The online pharmacy service will call you to take your payment by credit card or debit card. Simply confirm your payment details and delivery address and they'll arrange delivery of the medication to your home or place of work
- You can also collect your medication from a nominated local pharmacy. The DoctorLine GP will send your prescription directly to the pharmacy and you will be contacted when your medication is ready to be collected
- You may be offered a digitally secure electronic prescription to present at a nominated local pharmacy. An email will be sent to you with your prescription and instructions on how to collect your medication. You must present this to your nominated pharmacy at collection. This service is unable to prescribe any controlled medications outside of

the UK electronically

DoctorLine web app

You can save the website as an icon on your mobile phones home page. You can access the service through a computer. After you have created an account, booking future appointments is easier as it uses the stored information.

The web app also includes access to articles on health:

- Information on medicines, treatments and conditions
- Health & Wellbeing articles, tips and information to help you make the best choices for your body and mind
- Search your local area for clinic services including GPs, dentists, pharmacies and more

What's covered...

- Telephone consultations with a qualified practising GP or Clinical Pharmacist
- A call back at the time of your appointment. You don't pay for the call whether you're at home, work, or travelling anywhere in the world
- Virtual consultations using state of the art webcam technology so that you can show the GP your symptoms to help with a diagnosis.
- An electronic private prescription service, that delivers the medication that you buy to your home or place of work, or a local nominated pharmacy
- DoctorLine may offer to update your own GP about your consultation; this is particularly important if you've been prescribed medicine

What's not covered...

- Emergencies or urgent consultations; DoctorLine isn't intended to replace your own GP or the emergency services
- Any charges for receiving a call to your mobile e.g. while you're outside the UK
- Face to face consultations at a doctor's surgery
- Private prescriptions can't be sent directly to you via post
- Electronic prescriptions are not available to send outside the UK
- DoctorLine can't prescribe controlled drugs
- You can't use a recommendation from a DoctorLine GP to claim any other plan benefits.
- Exclusions (see section 6, General Terms and Conditions)

Gym Discounts

Just for **you**, the **policyholder** only. Helping you to get fit and keep active, for less.

Go to www.westfieldhealth.com to log onto **your** account, or to register for My Westfield access; then choose Gym Discounts from there you gain access to the gym discount offers.

Your cover has been designed to help keep **you** in the best possible shape. We believe in well beings and are therefore pleased to provide you with access to discounted gym and digital fitness memberships, along with active lifestyle discounts in order to support your journey to your best health.

What's covered...

You can save up to 30% on a membership at your chosen health club, closest to wherever you live or work. Choose from a wide range of options at over 3,700 gyms, leisure centres, yoga or Pilates studios and bootcamps across the UK.

If the gym isn't for you – don't worry! There are also discounted subscriptions to online workout programmes so you can kickstart your fitness regime from the comfort of your home.

Alternatively, if you enjoy getting out and about then why not select a multi-activity membership meaning you can pick and choose from thousands of activities and classes at your leisure.

Frequently Asked Questions are within My Westfield and within the gym discount website

If you have any queries on the offers you can call **0345 123 5327**

Available 9am-5pm, Monday to Friday except public holidays. Calls may be recorded.

What's not covered...

- Some deals aren't available to existing health club members.
- Whilst the gym network is hugely extensive there are some gyms who do not wish to participate, you can however recommend gyms for inclusion via the gym discounts website
- Only available online through My Westfield, no post copies of vouchers
- Exclusions (see section 6, General Terms and Conditions)

Health Screening/Assessment

This benefit is to help towards the costs of a detailed assessment of **your** health.

Plan levels 4 and 5 ONLY.

Policyholder: Your maximum benefit allowance is available over a one year **benefit period**.

When...

- **you** pay for and receive a health screening check **and**
- the screening check is carried out by medically qualified staff **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 50% of the cost if **you** have cover on level 4 or 5, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- tests which you have to assess **your** general health. The tests must be carried out within one appointment:
 - by a registered doctor, nurse or pharmacist at a registered establishment
 - as a minimum the health assessment must include all of the following:
 - body composition measurement including height, weight (BMI) and body fat percentage
 - blood pressure measurement
 - cholesterol or diabetes check
 - kidney or liver function test

Please note: Health assessments must be carried out:

- by a doctor registered with the General Medical Council (GMC) or
- by a nurse registered with the Nursing and Midwifery Council (NMC) or
- by a pharmacist registered with the General Pharmaceutical Council (GPhC)
- and in each case at an establishment registered with the General Pharmaceutical Council (GPhC) or Care Quality Commission (CQC), or the equivalent regulatory body where the assessment is carried out. These could include, for example, a hospital, GP practice, pharmacy or health screening unit.

We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- exclusions (see section 6, General Terms and Conditions)

Hospital Benefit

Policyholder: Your benefit is payable for a maximum of 14 days/nights in a one year **benefit period**.

Dependent children: Each of **your dependent children** has a maximum allowance of 14 days/nights in a one year **benefit period**.

When...

- **you** are admitted as an **in-patient** to an **NHS** or private **hospital/treatment centre** or **hospice** **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

Or on a day when...

- **you** are admitted to an **NHS** or private **hospital/treatment centre** as a day case patient **and**
- **you** are required to sign a consent form and are allocated a bed – the use of which is normally for a period of supervised recovery **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- **you** at the day/night rate for **your plan** level, see table of benefits on pages 8-11

For...

- a **surgical procedure** involving the use of theatre facilities when you're admitted as a **day patient**, you sign a consent form and you have a local, regional or general anaesthetic. The surgical procedure is one that aims to treat disease, injury or abnormality by operating directly on or removing the affected body part, or removing a foreign body. When you submit your claim, we need a copy of your discharge letter as evidence of your admission. If you do not have your discharge letter, you will need to get written confirmation of your hospital stay (e.g. a headed letter from the hospital)
- overnight **in-patient** admissions for treatment, tests or investigations
- maternity related **in-patient** admissions, from the 11th night that **you** have been an **in-patient**. **You** must give us evidence of the first 10 nights that **you** have spent in the **hospital/treatment centre** (these nights do not have to be consecutive)
- a **dependent child** required to remain in the **hospital/treatment centre** following its birth, from the date that the mother is discharged
- claims submitted when the

patient is discharged as an **in-patient**. When you submit your claim, we need a copy of **your** discharge letter as evidence of **your** admission. If **you** do not have **your** discharge letter, **you** will need to get written confirmation of **your** hospital stay (e.g. a headed letter from the hospital).

We will not cover...

- **out-patient** attendances, including procedures carried out in an **out-patient** setting. An out-patient is a person attending a **hospital/treatment centre** for advice, consultation and/or treatment, but who does not receive admitted patient care.
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes as a **day patient**
- treatment and/or pain relief administered by injection as a **day patient**
- cardioversion as a **day patient**
- **out-patient** visits for chemotherapy, radiotherapy or kidney dialysis
- admissions for rehabilitation, domestic reasons or respite care
- attendances at a GP or Dental surgery
- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital/treatment centre** could be regarded as your permanent residence
- if you had a day surgery procedure and are admitted as an **in-patient** on the same day this counts as one event not two so only one day/night can be claimed.
- exclusions (see section 6, General Terms and Conditions)

Maternity/Paternity/Adoption

Policyholder: Benefit(s) are payable once in a one year **benefit period**.

When...

- **you** are named as mother or father on the child's full birth certificate, or **you** are named as the child's adopter **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- **you** at the rate for **your plan** level, see table of benefits on pages 8-9

For...

- single or multiple births, benefit is payable per child
- adoptions when the child is

placed with **you** before their 16th birthday

- stillbirths when **you** send us the stillbirth certificate

We will not cover...

- exclusions (see section 6, General Terms and Conditions)

Optical

Policyholder: Your maximum benefit is available over a two year **benefit period**.

Dependent children: You have a separate allowance for **dependent children** - the maximum benefit is available over a two year **benefit period** and is shared between all **your dependent children**.

When...

- **you** pay an **Optician** who must be a fully qualified Optical practitioner holding current registration with the General Optical Council, who works in a general optical practice **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-11

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- prescription lenses to an existing frame
- prescription goggles/safety goggles
- solutions for use with your prescribed contact lenses
- repairs to prescription spectacles
- payments that **you** make for prescription contact lenses supplied under a monthly scheme, when you obtain an itemised receipt

We will not cover...

- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- any insurance or peace of mind guarantee
- exclusions (see section 6, General Terms and Conditions)

Prescription Charges

Plan levels 3, 4 and 5 ONLY.

Policyholder: Your maximum benefit is available over a one year **benefit period**.

When...

- **you** are not exempt from paying

NHS prescription charges **and**

- **you** receive and pay a charge for an NHS prescription item or private prescription item, or **you** provide us with evidence that you have purchased an NHS prescription pre-payment certificate to pay for **your** prescription charges **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- the maximum number of prescription items for **your plan** level, see table of benefits on pages 8-9

For...

- The cost of NHS prescription charges at the current standard rate for an item in England. This means if the claim is for a private prescription the amount reimbursed is the equivalent cost of an NHS prescription item in England and the number of items for **your plan** level.

We will not cover...

- any prescription item if **you** are exempt from paying prescription charges or a prescription charge does not apply
- exclusions (see section 6, General Terms and Conditions)

Specialist Consultation and Diagnostics

Policyholder: Your maximum benefit allowance is available over a one year **benefit period**. **You** can use **your** benefit allowance for **yourself**, **your partner** and/or **your dependent children**.

When...

- your **Medical Professional** recommends referral to a **Consultant Physician** or **Consultant Surgeon** **and**
- **you** pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification or a **GP** (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- diagnostic consultations on all levels of the **plan** from a **Consultant Physician** or **Consultant Surgeon**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**,

including but not limited to x-rays, scans, endoscopy, test on body tissue samples, blood tests, ECGs, required to aid the diagnosis under the management of a **Consultant Physician or Consultant Surgeon**

- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopy, test on body tissue samples, blood tests, ECGs required to aid the diagnosis under the management of a **GP**
- payments **you** make to a **Consultant Physician or Consultant Surgeon** for treatment on levels 3, 4 or 5 of the **plan**

We will not cover...

- treatment on levels 1 or 2 of the **plan**
- the **policyholder**, on levels 2, 3, 4 and 5, for MRI, CT or PET scans or the associated Radiologist's/ Nuclear Medicine Consultant's report (see Scanning Services)
- room fees, nursing charges, prescription items/charges or sundry items
- exclusions (see section 6, General Terms and Conditions)

Surgical Appliance

Policyholder: Your maximum benefit allowance is available over a one year benefit period.

When...

- **you** pay for an appliance prescribed by your **GP, Consultant Physician/Consultant Surgeon, Chiropodist/ Podiatrist, Physiotherapist, Acupuncturist, Chiropractor or Osteopath and**
- If requested **you** provide us with evidence that the appliance was prescribed for **your** use **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- **hearing aids** (including repairs); surgical supports that are worn; surgical corsets; trusses; surgical stockings; prosthetics; orthotic shoes (custom-made for **your** specific medical needs); orthotic inserts/arch supports; wigs; mastectomy bras/prosthesis/swimwear

We will not cover...

- any item not specifically listed above
- hearing aid batteries

- tens machines
- wheelchairs/crutches/walking frames
- exclusions (see section 6, General Terms and Conditions)

Scanning Service

MRI, CT and PET scans. Levels 2-5 only.

Policyholder: For you

Phone **0345 345 4556** 8.30am-5.30pm, Monday to Friday except public holidays. Calls will be recorded

Please have your Westfield Health policy number ready when you call.

Our Scanning Service is provided by Alliance Medical Limited. **You** must contact the Westfield Health scanning team at Alliance Medical so that they can arrange the scan for **you**. They'll need a detailed referral from **your** consultant physician or consultant surgeon before they can book **your** scan appointment. **You** must travel to one of the Alliance Medical scanning sites. **You** may need to travel further for a CT, PET or specialised scan because they're only available at certain sites. The scanning service doesn't cover every type of MRI, CT and PET scan.

What's covered

- Unlimited MRI scans, at any Alliance Medical scanning site
- Unlimited CT scans, at selected Alliance Medical scanning sites
- One combined PET/CT scan in any consecutive 12 months, at selected Alliance Medical sites
- A copy of **your** PET scan images on a disc and a written report from a nuclear medicine consultant appointed by Alliance Medical, sent directly to **your** consultant

What's not covered

- Any scan that hasn't been arranged and supplied by Alliance Medical: the scan must not be booked by **you** or **your** consultant.
- Out of pocket expenses e.g. travel costs, meals or accommodation
- Urgent scans: this isn't an emergency service
- MRI scans if **you** have a metal object anywhere in **your** body e.g. a heart pacemaker; surgical clip; metal heart valve; cochlear implant; metal fragments in **your** eyes
- Heart scans; dental scans; virtual colonoscopy; interventional MRI scans; arthroscopy; CT calcium score; liver imaging with ferrous contrast agents e.g. Ferumoxides or Endorem
- Oncology scans, but **you** can be scanned if **you've** symptoms and cancer is suspected but hasn't

been diagnosed

- Scans that need sedation or a general anaesthetic
- Scans if **you're** pregnant; weigh more than 133kg/21 stones; take Metformin (for diabetes)
- Scans while **you're** an in-patient or day case patient
- Complex scans. Scans that aren't covered by the scanning service include: arthrograms; scans that require the injection of a contrast medium; scans that need specialised scanning equipment; scans that need the assistance of an on-site radiologist for the scan or scan report. Although complex scans aren't included on **your** policy, if they have a suitable facility, Alliance Medical may agree to offer **you** free use of one of their scanners. This isn't guaranteed; they'll tell **you** if they've a suitable scanner that you can use. **You** must travel to the scanning site offered and pay Alliance Medical any extra costs e.g. the charge for the contrast medium and/or an on-site radiologist. Alliance Medical will explain how much **you'll** need to pay.
- Health screening; monitoring of a medical condition
- X-rays; ultrasound scans
- Scans outside the UK, Channel Islands or Isle of Man
- Exclusions (see section 5, General Terms and Conditions)

How do I ask for a scan?

Our scanning service is not a cash benefit: you must follow these simple steps so that the scanning team can arrange your scan.

Step 1

Alliance can only accept a referral from a consultant therefore, **you'll** need to see a consultant so that they can decide whether **you** need a scan.

Alliance Medical can only arrange the scan once they have all the necessary details from the referring consultant.

Your consultant can send the scanning team a referral letter.

To avoid any delays the letter must include all of these:

- The consultant's General Medical Council registration number
- The consultant's full address so that Alliance Medical can send them **your** scan images and report
- **Your** name, address and date of birth
- **Your** Westfield Health account number
- All **your** relevant clinical history
- Full details of the scan that **you**

need

- Details of where the consultant would like the images and report to be sent via IEP (Image Exchange Portal).

If your consultant would prefer to have a form to complete Alliance Medical will be happy to send you one. A copy is on your My Westfield account. The consultant must sign the form or referral letter.

Step 2

Contact the Scanning Helpline, once you have the consultant's referral on **0345 345 4556** 8.30am-5.30pm, Monday to Friday except public holidays. **You'll** need **your** Westfield Health policy number. The scanning team will explain how the scanning service works.

Step 3

Your consultant's referral must be sent to Alliance Medical by email nawestfield@alliance.co.uk (to ensure that a valid practitioner has made the request, referrals by email must be sent from the consultant's business email address)

Step 4

When the scanning team receive the request form (or referral letter) from your consultant they check it to make sure that they've all the information they need to book an appointment for **you** at one of their scanning sites. Sometimes they need to contact **you** or **your** consultant for more details.

Next, they'll give **you** a call and ask **you** some questions to make sure it's safe for you to have the scan. They'll also discuss the location and date of **your** appointment. **You'll** usually be able to have **your** scan within two weeks of Alliance Medical receiving a complete and valid referral from **your** consultant

The scanning site will contact **you** to book **your** scan in. Once the scan has been arranged, they will send **you** confirmation of the date, directions to the location and a full safety questionnaire for **you** to complete and take with **you** on the day of **your** appointment. **You'll** attend the site for the scan.

Your scan images and report.

- The images from **your** MRI or CT scan will be reviewed by a radiologist appointed by Alliance Medical. PET scans are reviewed by a nuclear medicine consultant.
- The report and images are sent directly to referring consultant via image exchange portal (IEP). This is usually within 10 working days of **your** scan appointment.
- Before **you** make any follow up appointment with **your** consultant, please check that they've received the report. Let the scanning team know if **you**, or

your consultant, need any further help

Telephone Care Advisory Service

Make informed care choices for yourself and elderly relatives.

Phone **0114 303 1060**

Available 8.30am-5.30pm, Monday to Friday except public holidays.

Please have your Westfield Health policy number ready when you call.

Our Telephone Care Advisory Service benefit is arranged and administered by Grace Consulting. Eligibility will be verified with Westfield Health.

You can use the Westfield Health care advisory team to support you with your own care, or the care of any of you/your partner's elderly relatives defined as 65 or over (including your partner if aged 65+).

The care advisory team can help **you** with **your** role as a carer. They will also discuss **your** own care needs, or those of **you/your partner's** elderly relatives, and inform and help you to resolve all care issues, including researching the most appropriate care providers for each personal situation.

What's covered...

- Unlimited telephone care advice from the Westfield Health care advisory team at Grace Consulting.
 - Practical advice and emotional support for your caring responsibilities.
 - Advice on how to resolve all care issues including: navigating the care system; appropriate care options; how to find ideal care providers; state benefits and state funding of care; statutory services; guarding against potential future crises; relevant assistive devices, or monitoring devices that reassure about a loved one's wellbeing.
 - An intensive research service to identify the most appropriate care providers for each personal situation, whether it be for care homes, home care agencies, day centres, or lunch clubs.
 - A written report on appropriate care providers for **you** to make an informed and final choice.
 - Continued help and assistance until **your** care issue is resolved.
- #### What's not covered...
- Care advice relating to the needs of anyone aged under 65, with the exception of you the Policyholder.
 - Legal, financial or medical advice, although our team may signpost you to appropriate advisors and practitioners for these needs.
 - Face to face advisory services

or site visits to potential care providers.

- Exclusions (see section 6, General Terms and Conditions)

Therapy Treatments

Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

Policyholder: Your maximum benefit allowance is available over a one year benefit period and represents the total for any one or combination of the treatment types.

When...

- **your GP or Consultant Physician/ Consultant Surgeon** recommends that you receive treatment. If requested at any time, **you** must provide us with written evidence of this recommendation at **your** own expense **and**
- you receive and pay for treatment from a registered **Physiotherapist, Chiropractor or Osteopath**, or an **Acupuncturist** or **Homeopath** who is a member of an approved professional organisation. Registration/ membership must be relevant to the treatment that they are providing (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 75% of the cost, up to the maximum for **your plan** level, see table of benefits on pages 8-9

For...

- physiotherapy, acupuncture, chiropractic, osteopathy, homeopathy treatment
- homeopathic prescriptions supplied by a **Homeopath** as part of a consultation

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, osteopathy or homeopathy
- group sessions or classes
- separate scans e.g. MRI, ultrasound , x-rays unless they are diagnostic scans or x-rays when they are performed by the therapist at the same time as their therapeutic assessment
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your **Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath**
- exclusions (see section 6, General Terms and Conditions)

Westfield Rewards

Policyholder: Just for you.

Westfield Rewards is provided by Reward Gateway.

Website www.westfieldrewards.co.uk to register for Westfield Rewards.

Helpdesk 0203 583 7020

Available 24 hours a day, 7 days a week, 365 days a year. Calls may be monitored or recorded to confirm that your instructions have been carried out and to help improve the quality of the service.

To activate your Westfield Rewards registration, you'll need your Westfield Health policy number and your email address.

Once you have registered you can download the SmartSpending app from the iOS App Store or Google Play for Android. You cannot register for Westfield Rewards on the app, you must first register via the website, then use the same details to login to the app.

You'll get a discount when you buy Reloadable Cards to spend in some high street stores and supermarkets. Please allow time for the card to be sent to you and be activated if you want to use it by a specific date. You can top-up your card's balance at any time online, or by calling the helpdesk. If you change your mind within 14 days you can ask Westfield Rewards for a refund if you haven't activated the card. Top-ups aren't refundable. Reloadable Cards are just like cash, so keep them safe and if your card is lost or stolen tell the Westfield Rewards helpdesk straightaway.

Cashback is another easy way to save you money. Simply check out the Cashback rate for a participating retailer and then connect to their online store via the Westfield Rewards link. Cashback is credited to your Cashback account when your purchase has been confirmed. Cashback isn't payable if you cancel, return the goods, or don't use the Westfield Rewards link. When you want to withdraw your Cashback just follow the online instructions. If your Westfield Health cover ends you must claim your Cashback within 30 days.

You simply manage your Westfield Rewards account online. Full terms of use are on the Westfield Rewards website. Reward Gateway are always happy to help if you have any questions.

What's covered...

- Offers on a wide range of goods and services.
- Cashback when you buy online through a link on the Westfield

Rewards website.

- Discounts when you buy Reloadable Cards to spend in participating high street stores and supermarkets.
- Instant vouchers are a quick and easy way to save. Order the amount you want and then download the voucher from your account to use in store or online for an instant discount. Instant vouchers can be downloaded to the SmartSpending app whilst in a shop.

What's not covered...

- Cashback won't be paid if you get a refund for anything that you've bought.
- Cashback won't be paid if you don't complete your purchase online through the link on the Westfield Rewards website.
- Any money spent on a Reloadable Card that's been lost or stolen: report your loss to Westfield Rewards as soon as possible so that they can cancel the card.
- Exclusions (see section 6, General Terms and Conditions)

Personal Accident Cover

Just for you, the policyholder

We underwrite and administer the Personal Accident cover provided by your plan.

Conditions of your cover
Please read this summary together with the full terms and conditions of your personal accident cover.

- If you suffer **bodily injury** as a direct result of an **accident** which within 24 months of the **accident** results in **death** or **disablement**, benefit will be paid in accordance with the scale outlined on page 31
- The maximum amount of benefit that will be paid for one accident is equivalent to the amount for **permanent total disablement**, item 2 in the scale on page 31
- If we pay the benefit for loss of limb we won't also pay for parts of that limb
- If you already had a disability or condition before your accident we will take this into account and it may reduce the amount of permanent disability benefit that you get
- Please submit your personal accident claim within 60 days, or as soon as reasonably possible, after the **time** of the accident

What's covered...

- Accidental bodily injury** that causes your death within 24

months of the **time of your accident**

- Accidental bodily injury** that causes your **permanent total disablement** within 24 months of the **time of your accident**
- Accidental bodily injury** that causes your **permanent disability** within 24 months of the **time of your accident**

What's not covered...

- Any **accident** that happened before your **personal accident** cover started or after your **personal accident** cover ended
- Permanent total disablement** benefit if you are 75 or older at the date of accident: we will assess your claim based on the degree of your **permanent disability** instead
- Bodily injury** caused or contributed to in any way
 - by you committing an illegal act
 - while you were under the influence of drugs or excessive alcohol
 - by a deliberate or reckless exposure to danger
 - by participation in dangerous activities and sports – this includes but is not limited to canyoning, gorge walking, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race
 - by you engaging in any form of **air sports** or taking part in air travel, unless travelling as a fare paying passenger in an aircraft which is provided and operated by an airline or air charter company that is licensed for this
 - by war: except when war is declared in the country that you are travelling to after you've already left the country where you live
 - because you are: a full time member of the armed forces of any nation or international authority; you are on active service as a member of any reserved forces
 - by your suicide, attempted suicide or deliberate self-inflicted injury, regardless of the state of your mental health
 - Illness or disease not directly caused by **bodily injury**, including but not limited to a medical or surgical procedure or childbirth
 - Repetitive stress (strain) injury or syndrome, or any gradually operating cause
 - Post-traumatic stress disorder or related syndromes, or any psychological or psychiatric condition
 - Bacterial or viral infection, except where it is the direct result of **accidental bodily injury**
 - This benefit does not provide cover in the event of death caused by illness or disease

Personal Accident		Percentage of Accidental Death amount in table of benefits on pages 8-9
1	Death as a result of an accident	100%
2	Permanent total disablement	100%
Permanent disability benefits		
3	Loss of sight - both eyes	100%
4	Loss of speech	100%
5	Loss of sight - one eye	50%
6	Loss of hearing - both ears	50%
7	Loss of hearing - one ear	15%
8	Loss or loss of use of:	
	a foot below the level of the ankle	50%
	a hip, knee, or ankle	20%
	one or more limbs	100%
	a thumb	20%
	a forefinger or big toe	15%
	any other finger	10%
	any other toe	5%
9	Permanent and total loss of use of:	
	the back or spine below the neck, with no damage to the spinal cord	40%
	the back neck or cervical spine, with no damage to the spinal cord	30%
	a shoulder elbow or wrist	25%
10	To ensure you are provided with a payment for a permanent disability that is not listed above, we will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of your occupation. For example if bodily injury results in 25% of the loss of sight in one of your eyes, we will pay you 25% of the loss of sight – one eye, item 5 on this scale.	

When will my personal accident cover start?

Your personal accident cover always starts on the date we receive the application for your cover. This is regardless of your plan's registration date.

We won't pay any benefit if the **time of the accident** was before we received your application for a policy.

If your plan level changes your level of personal accident cover changes on the date that we receive the application, not on the **registration date** for your new plan level.

When will my personal accident cover end?

Your personal accident cover will end on the date that your plan cover finishes.

How do I make a claim?

We understand that it's likely to be a difficult time if you've had an accident. You, or someone acting on your behalf, should contact the Westfield Health Customer Care Team within 60 days or as soon as reasonably possible after the **accident**. We'll send out a personal accident claim form for you to fill in and return to us. We'll then contact you to explain what happens next.

If there's any delay in you notifying a claim to us it could be detrimental to us investigating and assessing the claim: this may impact the claim being paid at all, or the amount of the claim that's paid.

Sometimes it may be necessary to wait up to 24 months to establish the full extent of your injury and whether a **permanent total disablement** or **permanent disability** claim is payable. We cannot carry out a medical assessment while you are still having treatment for that injury.

Personal Accident Definitions

We've put some words or phrases in '**bold type**' like this, so that **you**'ll know that **we** have given them these special meanings for **your** personal accident cover. The definitions of other words and phrases in '**bold type**' are in the General Terms and Conditions section on pages 33 to 34.

Accident/Accidental

A sudden, identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Air sports

Airborne leisure activities, for example:

- ballooning
- bungee-jumping
- gliding
- hang-gliding
- micro lighting
- parachuting
- paragliding
- parascending

Bodily injury

- Injury to **you** which happens whilst the personal accident cover is in force
and
- which is caused only by an **accident**
and
- on its own, within 24 months of the **accident** leads to **permanent disability** or death and results in a claim covered under this policy.

Loss of hearing

Permanent profound deafness, which means the quietest sound **you** can hear is louder than 90 decibels when **you're** tested by a qualified audiologist.

Loss of limb

With reference to:

- an arm - amputation or complete and permanent loss of all functional use - at or above the wrist joint
- a leg - amputation or complete and permanent loss of all functional use - at or above the ankle (talo-tibia joint)

Loss or loss of use

Amputation or permanent loss of all functional use.

Loss of sight - both eyes

Permanent blindness, which based on medical evidence **you** will never recover from, and which results in **your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

Loss of sight - one eye

Permanent blindness, which based on medical evidence **you** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

Loss of speech

Permanent and total loss of speech as confirmed by a **GP** or **Consultant Physician**.

Permanent disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **you** will never recover.

Permanent total disablement

If **you** were in gainful employment at the date of the **accident**:

A **permanent disability** which stops **you** from carrying out gainful employment for which **you** are fitted by way of training, education or experience.

Or

If **you** were not in gainful employment at the date of the **accident**:

A form of **permanent disability** calculated on a medical assessment by **us** or an independent medical expert appointed by **us**, which results in **your** inability to perform, without assistance from another person, at least two of the following activities of daily living:

- eating
- getting in and out of bed
- dressing and undressing
- toileting
- walking 200 metres on level ground

Time

The Standard Local Time where **you** permanently live.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised military force.

General Terms and Conditions.

Definitions.

Acupuncturist

A fully qualified Acupuncturist who is a:

- Member of the British Acupuncture Council (BAC)
- Fully Accredited Member of the British Medical Acupuncture Society (BMAS)
- Fully Accredited Member of an association under British Acupuncture Federation (BAF)

Agreement

The contract between Westfield Health and **you** for the provision of the **plan** governed by the terms and conditions set out in this guide.

Benefit Period

The period of time over which each separate benefit is available to claim. See section 7, General Terms and Conditions.

Chiropodist/Podiatrist

A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Chiropractor

A fully qualified practitioner who is registered with the General Chiropractic Council.

Consultant Physician/ Consultant Surgeon

A registered **Consultant Physician** or **Consultant Surgeon**, including any individual holding an appropriate **Consultant Physician** or **Consultant Surgeon** position within a private or registered **hospital/treatment centre**.

The Consultant must not be **you**, **your partner** or a member of **your** family.

Day patient

A patient that:

- Is admitted to a **hospital/treatment centre** as a day case

and

- Is allocated a bed, or similar facility e.g. a reclining chair that the treatment provider classes as a bed – the use of which is normally for a period of supervised recovery
and
- Doesn't stay overnight.

Dependent Child

A child who is:

- **your** child, **your partner's** child, a child that **you/your partner** have legally adopted or have legal guardianship of **and**
- under 18 years old **and**
- not married/not in a civil partnership **and**
- living with **you** or is financially dependent on **you** and lives in the UK, Channel Islands or Isle of Man.

We may ask **you** for proof of **your** relationship with the child. A **dependent child** that's included on **your** policy won't be covered for **dependent child** benefits once they're 18.

Elderly Relative

Any relative aged 65 or over, including **your Partner, Parents**, aunts, uncles, etc, but excludes friends and neighbours.

GP

A General Practitioner who's registered with the General Medical Council and who works in general practice.

Hearing Aid

An electronic device usually worn in or behind the ear of a hearing-impaired person for amplifying sound

Home Care

Domestic and personal care such as help with dressing, washing, bathing or shaving, toileting, getting in or

out of bed, eating, drinking, taking medication, communicating, preparing meals, cleaning, laundry and ironing, shopping, and companionship.

Homeopath

A fully qualified **Homeopath** who is a member of one of the following professional bodies:

- Member of the Faculty of Homeopathy
- Licensed or Registered Member of the Society of Homeopaths
- Registered Member of the UKHMA
- Member of the Alliance of Registered Homeopaths

Hospice

A facility that provides **in-patient** palliative care for patients with a life limiting or terminal illness.

Hospital/Treatment Centre

A medical facility that:

- has permanent facilities for caring for patients as an **in-patient** and/or a **day patient** **and**
- has facilities for medical practitioners to diagnose and treat injured or sick people **and**
- provides nursing services from qualified nurses/midwives who are on the Nursing and Midwifery Council (NMC) register (or an equivalent register if the **hospital/treatment centre** is outside the UK, Channel Islands or Isle of Man) **and**
- is not a nursing home; **hospice**, convalescent home; residential care home; prison; health spa/ hydro.

In-patient

Admission to a **hospital/treatment centre** or **hospice** for a full night stay, or longer. To qualify as a full night you must be admitted before midnight.

Medical Professional

This could be your GP or could be an Optician, Dentist, Physiotherapist, Chiropractor, Osteopath, Chiropodist, whose qualifications are already defined in the applicable benefit rules or within definitions section.

Osteopath

A fully qualified practitioner who is registered with the General Osteopathic Council.

Outpatient

A patient that attends a hospital/treatment centre, consulting room or outpatient clinic but is not admitted as an in-patient or day patient.

Parents

Your natural or lawful father or mother, including adoptive parents. A step parent married to your natural parent is also covered. We may ask you for proof of your relationship with that person.

Partner

A person who:

- you live with that you're married to/in a civil partnership with or
- you permanently live with as if you're married to them/in a civil partnership.

We may ask you for proof of your relationship with that person.

Physiotherapist

A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Placed/Placement

When a child comes to live with you permanently so that you can formally adopt the child in the future.

Plan

The Advantage Corporate Health Cash Plan.

Policyholder

The person in whose name the plan is held (sometimes called the lead name on a policy). We send all communications to the policyholder.

Pre-existing medical condition

This plan is only intended to cover new medical conditions.

You, your partner and your dependent children will not be entitled to claim the following benefits for any pre-existing medical conditions:

Care After Hospital; Chiropody; Specialist Consultation and Diagnostics; Dental Accident; Health Screening /Assessment; Hospital Benefit; Prescription Charges; Surgical Appliance; Therapy Treatments.

When you submit a claim we may ask you to give details of the condition/

symptoms; dates; GP's name, address and telephone number if you, your partner or your dependent child:

- Were taking any prescribed medication, or had taken prescribed medication in the last 12 months;
- Had consulted a GP or Consultant Physician/Consultant Surgeon during the 12 months;
- Had received advice or treatment from a qualified practitioner or therapist i.e. Physiotherapist, Acupuncturist, Chiropractor, Homeopath, Osteopath, Chiropodist, Podiatrist or any other complementary medicine practitioner, during the 12 months;
- Had attended a hospital/treatment centre during the 12 months;
- At point of application were awaiting any medical tests, investigations or treatment, or were awaiting the results of any medical tests or investigations, whether or not the condition has been diagnosed;
- Attended your GP, Consultant Physician/Consultant Surgeon or hospital for monitoring or check-ups;
- Have an illness, injury or condition that is permanent, or has ever previously recurred or that is likely to recur.

If you are not sure whether a fact needs to be declared you should tell us so that we can decide whether it is relevant or not.

Qualifying period

The period of time that you, or your dependants, have to wait before you can use a benefit. You can read a full explanation of how qualifying periods work on page 35.

Registration date

The first day of the current month if we accept your application on the 1st of the month. Cover will start that month.

The first day of the next month if we accept your application after the 1st of the month. Cover will start the 1st of the following month.

UK/United Kingdom

The United Kingdom of Great Britain and Northern Ireland i.e. England, Scotland, Wales and Northern Ireland.

We/us/our

Westfield Contributory Health Scheme Limited.

You/your/yourself

The Westfield Health policyholder.

1. Who can have cover

This plan is not available to purchase directly from Westfield Health. It is primarily available on a corporate paid basis; however employees who are not eligible for the company provision can apply for cover on the plan.

The employer has chosen this plan from the range of products offered by Westfield Health. If the employer decides to change the cover available to you we will notify you as soon as reasonably practicable. Your cover will cease if the agreement between the employer and Westfield Health comes to an end. We will try to offer all policyholders an alternative Westfield Health plan, however this may not be on the same terms as your current cover.

You must reside in the United Kingdom, Channel Islands or Isle of Man for a minimum of 180 days each year to be an Advantage Corporate Health Cash Plan policyholder.

Professional sports people are not eligible for the plan.

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 a request to upgrade your cover. If your application is not accepted we will refund any premium that you have paid for the cover that we have declined to offer (providing that we have not paid a claim under that cover).

Corporate Paid Cover

If you are eligible the employer will pay premiums for you to have cover on one level of the plan.

There is no restriction regarding the age of an eligible employee taking out cover on the plan at the level provided by your employer.

You do not need a medical before you are accepted for cover. Employees who are eligible for cover provided by the company, and everyone covered on your policy, will be covered for pre-existing medical conditions (except for Personal Accident cover) on all levels of the plan including any chosen upgrade option, subject to the terms and conditions of the plan.

However, if your employer is also providing you with Private Health Insurance please refer to your Schedule of Cover and Private Health Insurance leaflet for full details of the terms and conditions, including any exclusions relating to pre-existing medical conditions, which apply to your Private Health Insurance cover.

For Personal Accident we will take into account any disability or condition that you already had when we assess the amount of disablement benefit we

will pay as a result of a subsequent accident.

Employee upgrade option and/or cover paid through payroll

Only available when the employer has agreed to provide a facility for deducting premiums through wages/salary.

Employees who are eligible for corporate paid cover can choose to upgrade (where applicable) to a higher level of the plan.

Employees who are not eligible for the cover provided by the company can apply for any level of the plan.

Employees can also arrange a deduction through their wages/salary to pay additional premiums for their partner, family or friends to have cover. Partners, family or friends choosing to have cover on the plan will each hold a separate policy.

You must satisfy yourself that this plan and the level of cover you decide to apply for are right for you. We will not provide any advice in this regard but you are of course free to seek information or advice from a professional advisor.

The application form is located on My Westfield. Follow the instructions stated on the form. My Westfield mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-Westfield.

You must be at least 16 years old and younger than 66 years of age when you:

- apply for a new policy (including any application following a lapse in your cover)
- apply to upgrade your corporate paid cover
- apply to increase your level of cover

However, policyholders are not required to leave the plan once they become 66 and can transfer to a lower plan level at any age.

Cooling Off Period - If you change your mind

Your policy contains a 14-day cooling off period from the date we accept your application. If you change your mind during this cooling off period you should contact us. Providing that you have not made or intend to make a claim, we will refund the full premium paid by you.

2. Pre-existing medical conditions

Employee Upgrades

Your and anyone covered on your policy will still be covered for pre-existing medical conditions for the health cash plan benefits, even if you

choose to upgrade your plan level, subject to the terms and conditions of the plan.

For Personal Accident cover we will take into account any disability or condition that you already had when we assess the amount of disablement benefit we will pay as a result of a subsequent accident.

If you are receiving corporate paid Private Health Insurance cover please refer to your Schedule of Cover and Private Health Insurance leaflet for exclusions relating to pre-existing medical conditions.

Policyholders who are not receiving corporate paid cover

Policies that are not fully or partly paid by the employer are only intended to cover new medical conditions. Pre-existing medical conditions will not be covered for employees who are paying for their own cover, employees' partners and employees' family or friends who choose to apply for the plan.

You, your partner and your dependent children will not be entitled to claim the following benefits for any pre-existing medical conditions:

24 Hour Advice and Information Line with Structured Counselling Sessions; Care After Hospital; Chiropody; Specialist Consultation and Diagnostics; Dental Accident; Health Screening /Assessment; Hospital Benefit; MRI, CT and PET Scanning Service; NHS Prescription Charges; Surgical Appliance; Therapy Treatments.

Please read the definition of a pre-existing medical condition on page 34 carefully, if you are not sure whether a fact needs to be declared you should tell us so that we can decide whether it is relevant or not. Failure to tell us about a pre-existing medical condition may invalidate your policy. We may ask for information from your GP to confirm any details that you have given regarding pre-existing medical conditions. The application form, together with any information that you give, forms part of the contract of insurance.

If we discover that we have paid any claims relating to a pre-existing medical condition, we will seek to recover any monies from you that have been paid to you that you were not due to under the terms and conditions of the plan. We may terminate your policy and we may seek to recover from you any costs that we have incurred.

It may be necessary for us to request a medical report from your GP, Consultant Physician or Consultant Surgeon. We will only request a report when it is reasonably necessary and under the Access to Medical Reports

Act 1988, if a medical report is required we will write to you first to tell you why. If you, or where applicable another person covered on your policy, do not give us your consent we may decline your application for cover, or terminate your policy.

We will usually agree to accept your application on condition that any pre-existing medical conditions are not covered on your policy; if you are applying to increase your level of cover you will not be entitled to claim for pre-existing medical conditions from the date that you qualify for benefit at the higher level of the plan.

When you apply for a new policy, or ask us to increase your level of cover, it is your responsibility as the policyholder to send us written details of any pre-existing medical conditions. If you are providing information about another person you should ensure that you have their consent to do so.

If your application was completed and signed by someone else on your behalf you must provide this information to Westfield within 7 days of us welcoming you as a policyholder

3. The contract between Westfield Health and you

Corporate Paid Cover

For eligible employees, cover will only continue to be provided at the corporate paid level on condition that your employer continues to pay the premiums for your cover to Westfield Health.

Employee upgrade option and/or cover paid through payroll

For employees who have chosen an upgrade option, and all policyholders who are paying for their own cover, your health cash plan cover operates on the basis that each calendar month a new contract is formed between Westfield Health and you. We do not issue monthly reminder notices. The cover that you are paying for yourself will be automatically renewed each month providing you pay your premium and abide by the terms and conditions of the plan, unless we receive notice from you that you do not wish to continue your cover, or we give you notice that we are not willing to accept your monthly renewal.

Your Cancellation Rights – Employee upgrade option and/or cover paid through payroll

Employees with corporate paid cover have the right to cancel their upgrade option. Policyholders who pay for their own cover have the right to cancel their policy.

If we receive notice that you wish to

cancel before the 15th day in any month we will cancel your monthly contract for that month and refund the premium paid by you for that month. If we receive notice of cancellation on or after the 15th day of the month, then we will not refund your premium for that month but any further premiums will not be payable. Any premium that you have paid, in advance or that is not due following cancellation will be refunded to you. We will not pay a claim for any benefit beyond the date that you have paid up to.

To cancel your cover please contact our Customer Care Team on 0114 250 2000, email us or write to our Customer Care Team our address, detailed on the back cover.

Re-applying for cover after you have cancelled

If you cancel your policy and then decide to re-apply for cover with us you will be subject to the qualifying periods for a new applicant to the plan you apply for. You will also need to sign a new declaration on the Application Form. Previous claims may be taken into account when we assess your entitlement to benefit on your new policy.

Terminating your cover – All policyholders

We reserve the right to cancel your cover at any time, (with retrospective effect where appropriate), if:

- Under the terms and conditions of the plan you are not eligible for cover
- You provided false information and/or failed to disclose all the relevant required information when you applied for cover, applied to increase your plan level, or submitted a claim
- You, or anyone covered on your policy, fails to comply with our request for information relating to a claim or an application for cover
- You submit a claim that is fraudulent or that we reasonably believe to be intentionally false and/or misleading and/or exaggerated
- You (or anyone covered on your policy) act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of our organisation, or one of our suppliers
- You fail to abide by any of the terms and conditions of this plan

Should we cancel your cover you will not have any right to make any further claim on the plan. In addition, we may also seek to recover any monies from you that have been paid to you that you were not due to under the Terms and Conditions of this plan.

If premiums for your cover have been paid in advance we may refund premiums paid beyond the date for which you have had the benefit of cover. However, we retain the right to withhold such premiums if you owe us money.

We will notify you in writing our reason for cancelling your cover and you have the right to appeal to us through our published Complaints Procedure, which is available on request.

If your policy is terminated we will not accept you for cover with us again on any plan.

4. Premiums

Corporate Paid Cover

Your cover will continue on condition that the premium due each month is paid and you abide by the terms and conditions of the plan.

You will not be entitled to use any of the services included in the plan and we will not pay your claim if premiums have not been paid to cover the date(s) for which you are claiming. If when we receive your claim the employer has not paid the premiums for your cover for any reason, we will not process your claim at that time. If you remain in the plan, claims will be held until a payment is made to cover the date(s) for which you are claiming. If you leave your employment, or lose entitlement to corporate paid cover, we will not pay you any benefit, and you will not be entitled to use any of the services included in the plan, beyond the date that your premiums are paid up to.

If you have chosen an employee upgrade option please see below.

Employee upgrade option and/or premiums paid through payroll

We implement stringent credit control procedures, however it ultimately remains your responsibility to ensure that when your premiums are collected from an employee's wages/salary they are remitted to us.

If you do not continue to pay your premiums for an upgrade option, benefits will cease at the higher plan level on the date that you have paid up to: cover will cease when the premiums that you pay are more than one month in arrears if you have upgraded to level 3, 4 or 5 and three months in arrears if you have upgraded to level 2.

If you are paying for your own cover you will cease to be a policyholder when your premiums are more than one month in arrears for level 3, 4 or 5 and three months in arrears for level 1 or 2.

If when we receive your claim your premiums are not paid up to date for any reason, we will not process your claim at that time. If you remain in the plan, claims will be held until a payment is made to cover the date(s) for which

you are claiming. For policyholders who are not eligible for corporate paid cover if your premiums are not paid all cover will cease on the date you are paid up to.

We will not accept payment for more than 13 months cover in advance.

Premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.

Where a benefit included in the plan is underwritten by another insurer, our agency agreements with insurers allow us to hold the premiums you pay in respect of these elements of the product as agent of the insurer and therefore payment to us means the same as if you have paid that insurer direct. This does not affect elements that we underwrite.

Change of employer or retirement

When an employee retires or leaves their employment they should ask their employer to notify Westfield Health and each policyholder should contact us immediately.

Policyholders, who wish to continue to have cover with us, must transfer to an alternative plan and our Customer Care Team will be happy to arrange this for you.

5. Qualifying Periods

Corporate Paid Cover

Employees who are eligible for corporate paid cover qualify for benefits from their date of registration, except for Maternity/Paternity/Adoption benefit.

The qualifying period for Maternity/Paternity/Adoption benefit is 10 months; premiums for your cover must be paid for 10 consecutive months from your date of registration at that plan level.

If your level of corporate paid cover is reduced we will pay benefits at your new level of cover from the registration date of the transfer, if you have benefit available. Benefit periods and benefits paid at the higher plan level will be taken into account when assessing entitlement to benefit at the lower plan level. Maternity/Paternity/Adoption benefit will be paid at the lower plan level, if you have benefit available, providing you had already completed the required qualifying period during the time you were at the higher level of the plan.

If you have Private Health Insurance please refer to the separate Private Health Insurance leaflet for details of your cover.

Employee upgrade option and/or cover paid through payroll

You will have to wait a qualifying period to be eligible for most benefits if you are:

- an employee, who is not eligible for the company provision, applying for a new policy (including following a lapse in your policy) or applying to increase your plan level
- an employee applying to upgrade your corporate paid level
- an employee's partner, family member or friend applying for a new policy (including following a lapse in your policy) or applying to increase your plan level

The qualifying period starts from your date of registration, at that plan level. Following your date of registration you must renew your monthly contract with us for the required minimum number of consecutive months, detailed below, to qualify for each benefit.

Available from the date of registration:

24 Hour Advice and Information Line with Structured Counselling Sessions; DoctorLine; Gym Discounts; MRI, CT and PET Scanning Service; Personal Accident cover; Telephone Care Advisory Services; Westfield Rewards.

10 months qualifying period – all plan levels:

Maternity/Paternity/Adoption benefit

3 months qualifying period – levels 1 and 2:

All other benefits

6 months qualifying period – levels 3, 4 and 5:

All other benefits

If you transfer to a higher plan level qualifying periods for benefit at the higher level are as shown above. During the qualifying period we will pay benefit at the lower plan level, if you have benefit available.

If you transfer to a lower level of cover we will pay benefits at the lower plan level from the registration date of the transfer, providing you had already completed the required qualifying period during the time you were at the higher plan level and you have benefit available. Benefit periods and benefits paid at the higher plan level will be taken into account when assessing entitlement to benefit at the lower level.

Former Policyholders

In addition to the above, if you were previously covered on this plan and your policy lapsed or was cancelled, we may take into account claims paid under your previous cover when

assessing entitlement to benefit on your new policy.

This will depend upon:

- a) the plan level for your new policy
- b) the level of the plan you were previously covered on
- c) claims previously paid and the benefit periods relating to these claims

Transferring Plans

For policyholders who transfer to the Advantage Corporate Health Cash Plan from another Westfield Health plan previous claims that you have made may be taken into account when assessing your entitlement to benefit.

Our Customer Care Team can explain the qualifying periods and benefit entitlement that will apply to you, following a lapse in your cover or transfer from another Westfield Health plan.

6. Exclusions

The list of exclusions, below, should be read in conjunction with the Benefit Rules section before receiving treatment or paying for goods and services for which you intend to claim.

We will not cover:

- any claim that is not submitted in accordance with section 8, General Terms and Conditions
- any claim that is submitted where you, or anyone covered on your policy, are in breach of the plan and/or General Terms and Conditions
- claims that arise as a result of a pre-existing medical condition. See section 2, General Terms and Conditions for details of the policies and the benefits that exclude cover for pre-existing medical conditions
- any charges that a hospital/treatment centre, practitioner or any other organisation makes for filling in a claim form or providing any information we ask for relating to a claim
- benefit for treatment, goods or services within your qualifying period. If you transfer to a higher level of the plan a new qualifying period will apply. Until you have completed the new qualifying period we will pay you benefit at your previous plan level, provided that you have entitlement to that benefit
- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion, revolution or terrorism including chemical or biological terrorism
- claims arising directly or indirectly

from, or as a consequence of;

- professional sports injuries – this is any injury sustained whilst training for, or participating in, sport for which you receive payment or non-charitable sponsorship
- you participating in a criminal act
- an accident while you were under the influence of alcohol or drugs
- drug, alcohol or solvent abuse, or taking drugs (unless told to do by a registered medical practitioner)
- suicide or deliberate self-inflicted injury
- participation of dangerous activities and sports - this includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.
- flying as a pilot or crew member (that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding and ballooning)
- a pandemic illness
- any claim or expense of any kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it
- any treatment or service that you receive from a:

- member of your immediate family – a parent, child, brother or sister, or your partner
- business that you own
- treatments carried out in the workplace or arranged through your employer

We cannot pay benefits for any claims directly related to the following

- any health-screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons
- contraceptives
- cosmetic reasons
- vasectomies or sterilisation
- GP fees for private treatment

This policy does not cover fees or charges for:

- missing an appointment
- completing a claim form or providing a medical report
- providing further information in support of a claim
- administration or referral costs, joining fees or registration fees
- postage and packing costs

7. Benefit Period

A separate benefit period applies to each benefit and these are detailed in the Benefit Rules section.

You must have benefit available for the date(s) on which you paid for treatment, goods or services. For Hospital Benefit and Maternity/Paternity/Adoption benefits you must have benefit available, for the date(s) that you are claiming.

When you have FULL BENEFIT available the benefit period will start on the following dates:

- For Hospital Benefit the benefit period begins on the first day or night that we pay benefit for
- The Maternity/Paternity/Adoption benefit period begins on the date of birth or the date a child is placed with you for adoption
- For Care After Hospital the benefit period begins on the first day we pay benefit for
- For all other benefits the benefit period begins on the date that you paid for the treatment, goods or service

During each benefit period you can submit more than one claim under each benefit, however we will not pay more than the maximum allowance for your plan level.

The benefit period that each claim falls into is determined by:

- the date of birth/adoption placement for Maternity/Paternity/Adoption benefit
- for Hospital Benefit the date that you are an in-patient or the date that you attend for day surgery
- the date that home care was provided for Care After Hospital benefit
- the date of your payment for treatment goods or services

When a benefit period ends full benefit will again become available to claim. Any unused benefit will not be carried forward from one benefit period to the next. The new period for that benefit will not begin until you submit the next claim and will start according to the criteria set out above.

For Private Health Insurance claims please refer to your leaflet.

8. How to claim

For our fastest service, you can submit claims for all benefits on our My Westfield mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-Westfield. Alternatively, you can use a Health Cash Plan claim form, this is available on your My Westfield account. The claim form must be signed and dated by the policyholder.

We won't pay a claim until you or your dependant has received and paid for the treatment, goods or service.

To be entitled to claim, the premiums for your cover must be paid up to and including:

- the date on which you made each payment for treatment, goods or services
- the nights you were an in-patient for Hospital Benefit
- the date you attended for day surgery for Hospital Benefit
- the child's date of birth/adoption placement for Maternity/Paternity/Adoption
- the date that home care was provided for Care After Hospital
- the date of your accident, for Personal Accident

For all benefits where you (or a person covered on your policy) have paid for treatment, goods or services you must get a full receipt detailing the payment you have made. You must send us the receipt if you are submitting your claim on a paper claim form. We may ask you to send the receipt to us within six months if you submit a claim online.

The receipt must include:

- the name of the person who has received the treatment, goods or service
- the date and amount of each payment
- the supplier or practitioner's name, address and daytime contact details
- details of the qualifications/professional organisation that the practitioner is registered with/a member of (see Benefit Rule or Definitions section)
- details of the type of treatment/service
- the date that you (or a person eligible to claim on your policy) received each separate treatment or service
- separately itemised details of any additional sundry items purchased

We do not accept the following:

- invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt
- receipts where only a part payment or deposit* has been

paid, including receipts showing a balance outstanding for payment claims for payment(s) made in advance for a course of treatment, a service or goods: except when the receipt also confirms that prior to claiming you have received the treatment, goods or service. The receipt must detail the date(s) you received the treatment, goods or service and we must receive your claim within 26 weeks of the payment date – see below

- * The only exception to this is when you provide us with written evidence that you have entered into a payment arrangement/credit agreement for treatment, goods or services that you have received. The date that you pay the first instalment determines the benefit period that your claim falls into and we will pay you up to the benefit balance available on that date ONLY towards the full cost of the treatment, goods or service purchased by the credit agreement.

We do not cover administration/interest charges. Dental insurance or care scheme premiums/payments are not covered on the plan.

For Maternity/Paternity benefit we need your baby's full birth certificate with your claim. To claim for Adoption you must send us proof of the child's name and age, together with confirmation from an adoption agency of the date that the child was placed with you for adoption.

To claim Hospital Benefit your Westfield Health claim form must be completed, signed and stamped by the hospital/treatment centre or hospice. We do not accept photocopies of completed claim forms.

We will not pay your claim unless it is received within 26 weeks of the following:

- the date that you tender each payment (i.e. cash; credit/debit card; cheque) to the practitioner/supplier for treatment, goods or services
- the date on which you were discharged as an in-patient for Hospital Benefit
- the date of each attendance for Day Surgery for Hospital Benefit
- the child's date of birth; the date a child is placed with you for adoption
- the date that home care was provided for Care After Hospital

It is your responsibility to ensure that you allow sufficient time for the claim to reach us within the 26 weeks deadline. We will not accept any responsibility for claims (or supporting evidence) lost, delayed or damaged in

the post.

If you can claim part or all of your costs under another Westfield Health plan, or from any other source, you are not entitled to receive more than the total amount that you have paid. If you are claiming from another insurer we will pay our proportionate share of the cost, subject to benefit being available and the terms and conditions of your plan.

You should only submit a claim if the person who has received the treatment, goods or service is eligible to claim under that specific benefit. If the claim is for your partner or dependent child we may require proof of your relationship with them. It is your responsibility to provide complete and accurate information with the claim.

When you submit a claim, for audit purposes we will carry out checks on the information you and practitioners provide to us and we will not process that claim, or any further claims on your policy, until we have successfully completed our audit checks. If we make a reasonable request for additional information, this must be provided at your own expense.

In order for us to verify a claim it may be necessary for us to request a medical report from your GP, Consultant Physician or Consultant Surgeon at any time. We will only request a report when it is reasonably necessary in accordance with the Access to Medical Reports Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991, if a medical report is required we will write to you first to tell you why. If you, or where applicable another person covered on your policy, do not give us your consent we will withhold payment of all claims and may terminate your policy.

Pre-existing medical conditions are not covered on the plan for some benefits. When a claim is submitted we will check if there is a pre-existing medical condition. If we discover that we have paid any claims relating to a pre-existing medical condition we will seek to recover any monies from you that have been paid to you that you were not due to under the terms and conditions of the plan. We may terminate your policy and we may seek to recover from you any costs we have incurred.

If you are providing information about another person you should ensure that you have their consent to do so.

If you submit a claim that is false we will terminate your policy and your benefits as a policyholder will end immediately. We will not refund premiums paid for the plan and always take legal action

for fraudulent claims.

How do we check claims and prevent fraud?

We check all claims. We may need to ask you for further proof before we can process a claim; you must provide this at your own expense. We may also contact the practitioner for verification. If the claim is for your dependant we may ask you for proof of your relationship with them. While we're waiting for information we won't pay any claims on your policy. We do these routine checks to make sure that we're paying claims correctly; it doesn't mean that we think you're being dishonest.

It's your responsibility to make sure that all the information that you give us with a claim is truthful and complete. We take fraud prevention very seriously. False claims can cause premiums to go up. To protect our honest customers, we've many systems and procedures that detect false claims. We also share information with other insurance companies, fraud prevention agencies, the police and other enforcement agencies.

You must always act honestly. For example you, or anyone covered on your policy, must not:

- Alter or forge a receipt/claim form.
- Send us any evidence with a claim that you know is misleading or untrue.
- Give dishonest answers to our questions.
- Refuse to give us any information that we need, or withdraw a claim to avoid investigation.
- Refuse permission for us to contact a healthcare provider.
- Deliberately claim for anything, or anyone, that's not covered.
- Claim reimbursement from more than one policy with the intention of getting back more than you've paid out (this is called betterment).
- Fail to tell us if the claim could be covered on another policy.
- Claim for a pre-existing medical condition that isn't covered on your policy, or a medical condition that you should've told us about when you made a claim.

If we reasonably believe that a claim is false or fraudulent, even if we haven't proved that you've acted dishonestly, we won't pay that claim. We may terminate your policy and all your benefits will stop immediately. We won't refund any premiums for a terminated policy. We'll charge you any other costs that we've incurred.

Insurance fraud is a criminal offence. We always pass details of suspected fraudulent claims to the police or Crown Prosecution Service for them to

Continued overleaf

investigate and prosecute through the criminal courts. Anyone convicted of fraud may have to declare it when they apply for any type of insurance in the future.

How we pay you

We will pay your claims directly into your bank/building society account and send you a remittance advice as confirmation.

24 Hour Advice and Information Line; Care After Hospital; DoctorLine; Gym Discounts; Structured Counselling Sessions; Telephone Care Advisory Services; Westfield Rewards

For information on how to access these services please refer to the Benefit Rules section.

How to claim Personal Accident

Once a claim has been submitted by you we will contact you to explain what happens next. Any document or evidence reasonably required by us to verify the claim shall be provided by you or on your behalf at your own expense. Any medical examination required by us to verify the claim will be at our expense. Any receipt which you or anyone acting on your behalf may give to us for benefits payable shall be deemed a final and complete discharge of all liability in respect of such benefit.

9. Worldwide cover

If, as a result of an emergency, a claim arises when you are temporarily travelling away from home anywhere in the World, on business or for pleasure, you can still make a claim. You (and if the claim relates to them your partner or dependent child) must be resident in the UK, Jersey or Isle of Man for a minimum of 6 months each year to be eligible for cover on this plan. When you submit a receipt for money that you have paid, we will use the currency exchange sell rate, supplied by our bank, on the date we process the claim.

If we request it, you must provide us with evidence of your travel dates, these must be for a period of less than 28 days. All documentation supporting your claim should be in English.

Entirely at our discretion we may agree to accept an English translation accompanying the original documents, when you have provided this at your own expense.

What benefits are covered (if included on your policy)

- Dental Accident
- Emergency Dental treatment

- Optical – replacement eyewear (glasses or contact lenses)
- Emergency admissions for Inpatient or Day Surgery
- DoctorLine
- 24 Hour Advice and Information Line.

All other benefits and services are not available.

10. Making a complaint

We are committed to providing the highest possible level of service to our customers.

However, if the services provided do not meet your expectations please contact our Customer Care Team at Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ or call them on **0114 250 2000**.

Our complaints procedure will be sent to you on request. If you remain dissatisfied with our final response you can refer your complaint to the Financial Ombudsman Service by visiting www.financial-ombudsman.org.uk or writing to Insurance Enquiries Division, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation that our internal complaints procedure has been applied in full or if it takes us longer than eight weeks to resolve your complaint.

11. Compensation

Westfield Health is covered by the Financial Services Compensation Scheme.

In the unlikely event that we are unable to meet our obligations, you may be able to claim compensation. Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU and by visiting www.fscs.org.uk.

12. General Conditions

Governing Law

Once your application to register for the plan has been accepted by us, this agreement shall be governed by and construed in accordance with the laws of England and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of England in respect of any dispute or difference between them arising out of this agreement.

Changes to this Contract

From time to time upon renewal it may be necessary for us to increase the amount of the premium for the plan, alter the benefits payable under the terms of the plan or amend the rules relating to the plan. If we decide to make any such changes we will give

you reasonable notice to enable you to decide if you do not wish to continue your policy, except when it is not possible for us to do this, for example changes required by law. Any revisions will not extend the benefit period relating to each separate benefit.

A person who is not a party to this agreement shall not have any rights under or in connection with it.

The Maternity/Paternity/Adoption benefit will remain in place if you continue to be an Advantage Corporate Health Cash Plan policyholder unless we give you 12 months' notice that it is to be withdrawn.

We reserve the right to cancel the plan. If we intend to completely withdraw the plan, we shall provide you with reasonable notice. Where possible, we will try to offer you an alternative Westfield Health plan.

Marketing Preferences

At Westfield Health, we help people to lead healthier lives and feel their best. We occasionally send out communications with ideas and information on health and wellbeing, plus special offers that we think are of value to you, invitations to take part in our research panel Westfield Insiders, and on the products we've designed to help keep you and your loved ones healthy and happy.

We'll never make your data available to anyone outside Westfield Health for them to use for their own marketing purposes, we'll treat your data with respect and will keep your details safe and secure.

You can let us know what you want to hear about and how you want to hear about it by using the application form or by visiting westfieldhealth.com to register or log in to My Westfield where you can also update your details.

We'd like to bring to your attention our Privacy Policy which details how your data is used and stored, and how to exercise your privacy rights. Visit www.westfieldhealth.com/about-us/legal/privacy-policy.

Westfield Contributory Health Scheme Ltd (company number 303523), Westfield Health & Wellbeing Ltd (company number 9871093) are collectively referred to as Westfield Health and are registered in England & Wales.

Language

In accordance with regulatory guidance we confirm the language we will use for communication purposes. It is: English.

Additional Information

We are required to notify you that

there may also be other taxes or costs which are not paid through, or imposed by, the insurance underwriter.

The information contained within this guide is effective from 1st August 2023 and replaces all previously published information.

Our Privacy Policy

Who we are:

"Westfield Health" (referred to as "we", "us" or "our") is a trading name of: Westfield Contributory Health Scheme Ltd, Westfield House, 60 Charter Row, Sheffield, S1 3FZ. Company Registration Number: 0303523. ICO registration number: Z5678949.

We have a Data Protection Officer who can be contacted in the following ways should you have any questions, complaints or feedback about your privacy. Please email: dpo@westfieldhealth.com or write to them via the above address.

What information we collect:

In relation to your plan, you may provide us with your personal details including:

- Your title, full name, postal and billing addresses, email address, phone number and date of birth;
- Your payment details;
- Information in relation to your health, including any pre-existing medical conditions;
- Details in relation to your partner, friends or dependents for the purposes of adding them to your plan/policy or in order to create their own. Where you have provided information about another person you should ensure that you have their approval to do so.

How we use it:

Information provided to us or collected in relation to your plan will be used by Westfield Health, or selected third parties to:

- Fulfil your order;
- Provide the benefits for which you have applied;
- Manage and maintain your records;
- Manage the underwriting and/or claims handling procedures (including your dependants' claims);
- Handle complaints and improve customer service;
- Administer marketing on behalf of Westfield Health. (You can change your details and preferences at anytime by logging into and using your My Westfield account or by calling our friendly Customer Helpline on **0114 250 2000**);
- Prevent and detect fraud;
- Understand our customers better in order to provide tailored communications, a better experience and to improve our services.

We will record, and monitor telephone calls made to and from Westfield Health's sales and customer service teams. We do this in order to continuously improve our service to customers and for training purposes. This will also include the recording and monitoring of data relating to health and medical conditions. We do not record the element of telephone calls where any form of payment is being made.

We may share information, including your health and medical information, with third parties or individuals. These may include:

- Other insurance providers in order to process your claims;
- For purposes of national security; taxation; criminal investigations or when we are obliged to do so by law;
- To prevent and detect fraud. This will include the recording and monitoring of Special Category data, such as health and medical conditions for all claims processed under your plan;
- Your employer (if they are paying some or all of the premium for your cover) where we have a reasonable belief that the claims activity is in serious breach of our terms and conditions and/or may be fraudulent;
- Marketing agencies or mailing houses acting on our behalf.

We'll never make your personal data available to anyone outside Westfield Health for them to use for their own marketing purposes without your prior consent.

How we look after your data:

We have achieved ISO27001 certification and we will protect the data that you entrust to us at all times via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.

All the personal data we process is processed by our staff in the UK and stored on servers located inside the European Economic Area (EEA).

How long we keep your data:

We will keep your personal data for a number of purposes, as necessary to allow us to carry out our business. Your information will be kept securely for up to 6 years following the date you cease to remain an active customer, after which time it will be archived, deleted or anonymised. In some cases for the purposes of processing your existing or future claims and for underwriting purposes, we may keep personal information for longer. Where we, at present, cannot technically erase the data we will ensure this is securely archived with restricted access.

Your Rights:

- **Right to be Informed:** We will always be transparent in the way we use your personal data. You will be fully

informed about the processing through relevant privacy notices.

- **Right to Access:** You have a right to request access to the personal data that we hold about you and this should be provided to you. If you would like to request a copy of your personal data, please contact our Data Protection Officer.

- **Right to Rectification:** We want to make sure that the personal data we hold about you is accurate and up to date. If any of your details are incorrect, please let us know and we will amend them. You can also visit the My Westfield section of the website and update your details at any time.

- **Right to Erasure:** You have the right to have your data 'erased' in the following situations:

- Where the personal data is no longer necessary in relation to the purpose for which it was originally collected or processed.
- When you withdraw consent.
- When you object to the processing and there is no overriding legitimate interest for continuing the processing.
- When the personal data was unlawfully processed.
- When the personal data has to be erased in order to comply with a legal obligation.

If you would like to request erasure of your personal data, please contact our Data Protection Officer. Please note that each request will be reviewed on a case by case basis and where we have a lawful reason to retain the data or where exceptions exist within our retention policy, then it may not be erased.

- **Right to Restrict Processing:** You have the right to restrict processing in certain situations such as:

- Where you contest the accuracy of your personal data, we will restrict the processing until you have verified the accuracy of your personal data.
- Where you have objected to processing and we are considering whether Westfield Health's legitimate grounds override your legitimate grounds.
- When processing is unlawful and you oppose erasure and request restriction instead.
- Where Westfield Health no longer need the personal data but you require the data to establish, exercise or defend a legal claim.

- **Right to Data Portability:** You have the right to data portability in certain situations. You have the right to obtain and reuse your



Remember, our friendly Customer Care Team is here to help.

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Online

[westfieldhealth.com](https://www.westfieldhealth.com)

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Email

enquiries@westfieldhealth.com

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Phone

0114 250 2000
8:30am-5:30pm, Mon-Fri
(except public holidays)



Postal address
Westfield Health
PO Box 340
Sheffield
S9B 1XB

Westfield Health is a trading name of Westfield Contributory Health Scheme and is registered in England & Wales Company Number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609. Registered Office is Westfield House, 60 Charter Row, Sheffield, South Yorkshire S1 3FZ
Westfield Health is a registered trademark.