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 the NHS and medically related charities to help our customers and the community to lead healthier lives.

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.

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.

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 and your resident family 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.

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.

Money back on everyday health and retail discounts

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optical (For you.)</td>
<td>£8.09</td>
<td>£16.58</td>
<td>£24.33</td>
<td>£33.26</td>
<td>£49.39</td>
</tr>
<tr>
<td>Dental (For you.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dental Accident (For you.)</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Chiropody (For you.)</td>
<td>-</td>
<td>50%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Therapy Treatments (For you.)</td>
<td>-</td>
<td>50%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Prescription Charges (For you. Number of items.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Surgical Appliance (For you.)</td>
<td>-</td>
<td>50%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Maternity/Paternity/Adoption (For you, per child.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health Screening/Assessment (For you.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gym Discounts (For you.)</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Westfield Rewards (For you.)</td>
<td>-</td>
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</tr>
</tbody>
</table>

Diagnosis and treatment for body and mind

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoctorLine (For you, your partner and your children.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Specialist Consultation and Diagnostics (Shared between you, your partner and dependent children.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>24 Hour Advice and Information Line and My Healthy Advantage App (For you, your partner and your children.)</td>
<td>-</td>
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</tr>
</tbody>
</table>

Help if you require hospital treatment

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Benefit (For you. Per day/night up to 14 days/night per year.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>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.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Personal Accident - Accidental Death (For you.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Personal Accident - Permanent Disability (For you.)</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
</tbody>
</table>

Caring for your loved ones

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

Key

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

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.
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 32 for the definition of a dependent child and age limits.

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**Money Back - Shared between dependent children**

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optical</td>
<td>Up to £45</td>
<td>Up to £90</td>
<td>Up to £145</td>
<td>Up to £205</td>
<td>Up to £295</td>
</tr>
<tr>
<td>Dental</td>
<td>Up to £33</td>
<td>Up to £75</td>
<td>Up to £120</td>
<td>Up to £165</td>
<td>Up to £245</td>
</tr>
<tr>
<td>Dental Accident</td>
<td>Up to £75</td>
<td>Up to £165</td>
<td>Up to £265</td>
<td>Up to £350</td>
<td>Up to £500</td>
</tr>
</tbody>
</table>

**Help if you require hospital treatment**

Hospital Benefit Per day/night up to 14 days/night per year.

<table>
<thead>
<tr>
<th>Level</th>
<th>1yr</th>
<th>2yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>1yr</td>
<td>2yr</td>
</tr>
<tr>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
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</tr>
</tbody>
</table>

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"I have been able to access treatment for my family. The cover prompted us to make appointments for our children to have their eyes tested. It gives my whole family extra peace of mind knowing that these expenses are covered when we need them."

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Customer Testimonial
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.

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 Benefit Rules and Definitions sections 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.

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.

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.

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 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.

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.
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 public 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 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)

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.

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.
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.

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 39 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

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 31 to 33. Don’t forget to check the benefit tables on pages 8 to 11 to see what you’re covered for.

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

including access to My Healthy Advantage smartphone app

Policyholder: For you

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.

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.

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

Information Line:

To access the 24 Hour Advice and Information Line and My Healthy Advantage 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.

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.

Download: My Healthy Advantage available on iOS and Android. You can also find information on the website on the wellbeing portal. Visit www.healthassuredapp.co.uk

You don’t register, you don’t create your own username and password. Use 33563 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

• Free telephone legal information from a qualified legal professional on a wide range of issues e.g. consumer disputes; property; mortgoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate

A sympathetic professional at the end of the phone giving you the time you need to talk about your health and wellbeing available Monday to Friday 9am to 5pm. The team of qualified nurses will give you easy to understand expert guidance and information on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking

• For you, the policyholder access to online resources via the My Healthy Advantage app and wellbeing portal to help overcome life’s mental and financial wellbeing challenges with a large library of wellbeing resources, giving you access to videos, guides, webinars, fact-sheets, self-help programmes, interactive tools and educational resources. My Healthy Advantage app users are able to specify preferences and topics to populate a personalised newsletter 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 site 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. There is a one-time access code user when registering for My Healthy Advantage app. Please use WHVOL. You 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.healthassuredapp.co.uk

You don’t register, you don’t create your own username and password. Use 33563 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

• Free telephone legal information from a qualified legal professional on a wide range of issues e.g. consumer disputes; property; mortgoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate

A sympathetic professional at the end of the phone giving you the time you need to talk about your health and wellbeing available Monday to Friday 9am to 5pm. The team of qualified nurses will give you easy to understand expert guidance and information on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking

• For you, the policyholder access to online resources via the My Healthy Advantage app and wellbeing portal to help overcome life’s mental and financial wellbeing challenges with a large library of wellbeing resources, giving you access to videos, guides, webinars, fact-sheets, self-help programmes, interactive tools and educational resources. My Healthy Advantage app users are able to specify preferences and topics to populate a personalised newsletter 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.

What’s not covered...

• Structured Counselling Sessions delivered face-to-face, as structured telephone calls or online.

• Crisis care: this is not an emergency service. At busy times, it may be necessary to take your details and arrange a convenient appointment for the most appropriate counsellor, legal advisor or health professional to call you back.

• 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

• 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 6, 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 excluding 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.

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 in 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.

Time 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

Ringing 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 to 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
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, who works in a general dental 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:
• dental treatment, full or partial dentures and dental check-ups
• hypodontia
• 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, full lower, set lower 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 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 other 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 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, 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 for the 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
Policyline: For you, your partner and your dependent children under the age of 18.

Round the clock advice from a GP. Phone 0345 612 3661 or 0203 858 9024 24 hours a day, every day. Call charges may apply.

The DoctorLine web app can be used to book appointments. To access the web app is https://doctorline.onlinco.co

Webcam appointments are available between 9am and 7pm 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 independent 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 claim up to half 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’s worrying you and 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, or managing your symptoms and medication, then you have the option to speak to an experienced GP. This is when 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 recently 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 medications
• Alternative medication options

Private Prescription service
If the DoctorLine GP thinks that prescription is not 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, or you, 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. You must simply confirm your payment details and delivery address and they will 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 to 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 your account, booking future appointments is easier as it uses the stored information.

The web app also includes access to articles on heath:
• Information on medicines, treatments and conditions
• Health & Wellbeing articles, tips and information to help you make the right 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 you have the GP in your symptoms to help with a diagnosis.
• An experienced private prescription service, that delivers the medication that you buy to your nominated local pharmacy, or a local nominated pharmacy.

DoctorLine may offer to update your normal GP consultation; this is particularly important if you’ve been hospitalised.

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 into your account, or to register for My Westfield access; then choose Gym discounts to access for the next chance to 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 or gym, or on any you live or work. Choose from a wide range of options at over 3,700 gyms, leisure centres, sports clubs and bootcamps across the UK. If the gym isn’t for you – don’t worry! There are also discounted subscriptions to online workouts...

parent’s needs with you. Our Home Care package is not intended to replace any other work or care services and to complement them. Our care advisory team will project your statutory entitlements and carry out rapid research into appropriate care providers, and provide a 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 be advised on the care provider of your Agreed Home Care to be delivered, the commence date, and how visits timing is a 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 practising chiropodist registered with the Health and Care Professions Council (HCPC) 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 treatments
• pedicures or cosmetic treatments
• surgical footwear or appliances (e.g. corrective footwear)
• 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.

Policyholders: 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 B, Policyholder: 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 year of your acceptance
- 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 risk and
  - 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.

This could include, for example, a hospital, GP practice, pharmacy or health screening unit.

We will not cover...
- any other screening check or test
- costs 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 hospital and
- you submit your claim in accordance with section B, Policyholder: 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 B, Policyholder: 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
- a surgical procedure involving the use of theatre facilities
- any type of in-patient admission where the hospital/treatment centre or hospital is regarded as your permanent residence
- if you had a day surgery procedure for a year benefit and are admitted as an in-patient on the same day this counts as one event not two so only one day/nights 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 B, General Terms and Conditions

We will cover...
- you at the rate for your plan level, see table of benefits on pages 8-9
- single or multiple births, benefit is payable per event
- adoptions when the child is placed with you before their 16th birthday
- stillbirths when you send us the stillbirth certificate.
- 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 B, 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.

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.

When...
- you pay for an appointment

Surgical Appliance

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

When...
- your Medical Professional recommends referral to a Consultant Physician or Consultant Surgeon and
- you are 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 B, 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 from a Consultant Physician or Consultant Surgeon on all levels of the plan
- 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, eye tests, etc. 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, eye tests, etc. required to aid the diagnosis under the management of a Consultant Physician or Consultant Surgeon

We will not cover...
- treatment on levels 1 or 2 of the plan
- room fees, nursing charges, prescription items/charges or sundry items
- exclusions (see section 6, General Terms and Conditions)
prescribed by your GP, Consultant
Physician/Consultant Surgeon, 
Chiropractor or Osteopath and 
If requested you provide us with 
evidence that the appliance was 
prepared 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/prostheses

We will not cover: 
• any item not specifically listed 
above. 
• hearing aid batteries 
• tens machines 
• wheelchairs/crutches/walking 
frcmes, 
• exclusions (see section 6, General 
Terms and Conditions)

Phonecare Advisory Service
Make informed care choices for 
yourself and elderly relatives.
Phone 0114 303 1060 
Available 8.30am to 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 
advocacy team to support you with 
your own care, or in the care of any 
of your relatives. 

The care advisory team can help you 
with your role as a carer. They will also 
discuss your other care needs, or those 
of your relatives, and assist you with 
formulating your care plan. 

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

When: 
• your GP or Consultant/Consultant Surgeon 
recommends that you receive 
treatment. If requested at any 
time, you must provide us with 
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 
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: 
• physical therapy, acupuncture, 
chiropractic, osteopathy or 
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 classes or 
separate classes e.g. MRB, 
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 sourced 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 Google Play Store or Apple 
through the App Store. You will 
then need to sign up to 
the platform.

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 
do n’t complete your purchase 
online for an instant discount. 
Instant vouchers can be 
downloaded to 
the SmartSpending app 
while in a store.

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 ensure you are 
summary together with 
the full terms and conditions of 
your personal accident cover.

What’s not covered: 
• if you suffer bodily injury as 
a direct result of an accident 
within 24 months of the accident 
result in death or 
disability, benefit will be paid in 
accordance with the scale 
outlined on page 30

The maximum amount of 
benefit that will be paid for one 
event is equivalent to your 
permanent total disability, 
item 2 in the scale on page 30 

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 disability 
duration within 24 months of 
the time of your accident 
Accidental bodily injury that 
causes your permanent disability 
duration 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 disability 
benefit if you are 75 or older at 
the date of accident: we will assess 
whether you would be 
insurable 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 consumption 
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 
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 
your reserved forces; 
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 strain or injury 
or sequentially 
resulting in death or injury 
resulting in death or injury 
resulting in death or injury 
resulting in death or injury

by a written request 
for an instant discount. Instant 
account to use in store or online 
and easy way to save. Order 
Ins
### Personal Accident

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage of Accidental Death</th>
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<tbody>
<tr>
<td>Death as a result of an accident</td>
<td>100%</td>
</tr>
<tr>
<td>Permanent total disablement</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent disability benefits</th>
<th>Percentage of Accidental Death</th>
</tr>
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<tbody>
<tr>
<td>Loss of sight - both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of speech</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of sight - one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of hearing - both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of hearing - one ear</td>
<td>15%</td>
</tr>
<tr>
<td>Loss or loss of use of:</td>
<td></td>
</tr>
<tr>
<td>a foot below the level of the ankle</td>
<td>50%</td>
</tr>
<tr>
<td>a hip, knee, or ankle</td>
<td>20%</td>
</tr>
<tr>
<td>one or more limbs</td>
<td>100%</td>
</tr>
<tr>
<td>a thumb</td>
<td>20%</td>
</tr>
<tr>
<td>a forefinger or big toe</td>
<td>15%</td>
</tr>
<tr>
<td>any other finger</td>
<td>10%</td>
</tr>
<tr>
<td>any other toe</td>
<td>5%</td>
</tr>
<tr>
<td>Permanent and total loss of use of:</td>
<td></td>
</tr>
<tr>
<td>the back or spine below the neck, with no damage to the spinal cord</td>
<td>40%</td>
</tr>
<tr>
<td>the back neck or cervical spine, with no damage to the spinal cord</td>
<td>30%</td>
</tr>
<tr>
<td>a shoulder elbow or wrist</td>
<td>25%</td>
</tr>
</tbody>
</table>

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.

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 finish?

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.

### Accident/Accidental Death

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

A bodily injury is an injury to you which happens whilst the personal accident cover is in force and which is caused by an accident.

#### Permanent disability

A permanently disabling condition is one which happens whilst the personal accident cover is in force.

#### Death

Death is defined as the permanent and irreversible cessation of all manifestations of life.

### Loss of hearing

- Loss of hearing - one eye

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.

### War

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

### Definition of ‘permanent disability’

Permanent disability is an injury that results in permanent and total disablement.

### Benefits scale

<table>
<thead>
<tr>
<th>Injury</th>
<th>Percentage of Accidental Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of sight - one eye</td>
<td>50%</td>
</tr>
<tr>
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<tr>
<td>Loss of sight - one ear</td>
<td>50%</td>
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<td>25%</td>
</tr>
</tbody>
</table>

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.

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**Personal Accident Definitions**

We’ve put some words or phrases in ‘bold type’ like this, so that you’ll know 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 32 to 33.

**Loss of sight - one eye**

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 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.
General Terms and Conditions.

Definitions.

So that you’ll know that we’ve given them these special meanings we’ve put some words or phrases in ‘bold type’ like this in the Benefit Rules and General Terms and Conditions.

Acupuncturist
A fully qualified Acupuncturist who is:
- Member of the British Acupuncture Council (BAC) 
- Fully Accredited Member of the British Medical Acupuncture Society (BMAS) 
- Fully Accredited Member of an association such as the 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.

Chiroprapist/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.

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 Homepaths
- Registered Member of the UKHMA
- Member of the Alliance of Registered Homepaths

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 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 Ophthalm, Dentist, Physiotherapist, Chiropractor, Osteopath, Chiroprist, 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:
- 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/your partner’s guardianship of
- is placed/activated by a court or
- is formally
- is an exchange/interaction
- is on the county council register
- is privately placed
- is a child who is in the care of
- is a local authority child.

If you’re 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 dependents, have to wait before you can use a benefit. You can read a full explanation of how qualifying periods work on page 33.

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.

You/yourself
The Westfield Health policyholder.
1. Who can have cover
You must reside in the United Kingdom, Jersey or Isle of Man for a minimum of 180 days each year to be a Good4You Plan policyholder.
You must be at least 16 years old and younger than 66 years of age to apply for the plan. Existing policyholders applying to transfer to a higher level of cover must be at least 16 years of age. However, policyholders are not required to leave the plan once they become 66, or to pay a transfer to a lower plan level at any age.
Professional sports people are not eligible for the plan.
You must satisfy yourself that this plan and the plan that we cover you decide to apply for are right for you. We will not provide any advice to the contrary but you are of course free to seek information or advice from a professional adviser.
We, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or request you to upgrade your cover. If your application is not accepted we will refund any premium that we have received for the cover that we have declined to offer (providing that we have not paid a claim under that cover).

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
This plan is only intended to cover new medical conditions.
You, your partner and your dependent children will not be entitled to claim or use the following benefits and services for pre-existing medical conditions:
• Care After Hospital; Chiroprapy; Specialist Consultations; Medical Diagnostics; Dental Accident; Health Screening/Assessment; Hospital Benefits; Prescription Charges; Surgical Appliances; Therapy Treatments.
For Personal Accident cover we take into account any disability or condition that you already had at the time of applying for cover. The amount of disablement benefit we will pay as a result of a subsequent accident. Please read the definition of a pre-existing medical condition carefully. We may ask for information from your GP to confirm any details regarding pre-existing medical conditions. The application form, together with any information that you have, 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 were not due to 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 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, after the application of another person covered by your policy, we do not give you consent we may terminate your policy.
We will usually agree to continue your policy 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 before 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 any pre-existing medical conditions are not covered.

3. The contract between Westfield Health and you
This health cash plan 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. Your policy 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 coverage. How we give you notice that we are not willing to accept your monthly renewal.

Your Cancellation Rights
You have the right to cancel your 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 your cancellation after the 15th day of the month, then we will not refund your premium for that month. Any further premiums will not be payable. Any premium that you have already paid in advance or that is not due following cancellation will be refunded to you. We will not pay a claim for benefit after the date that you have paid up to.
To cancel your policy please contact our Customer Care Team on 0114 250 2000 or enquiries@westfieldhealth.com or write to us at Westfield Health, PO Box 340, Sheffield S98 1XB.

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
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 provide false information and/or failed to disclose all the relevant information required when you apply for a plan to increase your level of cover, submitted a claim that is false and/or misleading and/or exaggerated.
• You, or anyone covered on your policy, fail to comply with your 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) fail to comply with your request to produce any information or documentation that we reasonably require that is necessary for us to settle your claim.

We will not process a claim if premiums have not been paid to cover the date(s) for which you are claiming. If when we receive your claim our premiums are not paid up to date for any reason, we will not process your claim at the lower plan level. If the plan, claims will be held until you have made a payment that covers the date(s) for which you are claiming. If you do not continue to pay your premiums all benefit under the plan will cease on the date that you have paid up to.

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

Premiums indemnity
If Westfield Health has lapsed, we will take into account claims paid or under your previous cover when assessing entitlement to benefit on your new policy.

The date that each benefit will be available is subject to depend on:
• the Good4You Plan level that you are applying for
b) the plan and plan level that you were previously covered on
c) any previously paid and the benefit periods relating to those claims

Transferring Plans
For policyholders who transfer to the Good4You Plan from another Westfield Health plan 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, 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, and
• any claim that is submitted where you, or anyone covered on your policy, are in breach of the plan 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 policy and the benefits that exclude cover for pre-existing medical conditions.
• any claims that are paid under another Health plan previous claims that were made.
• any claims relating to a pre-existing condition. We will pay benefits on the lower plan level, if you have benefit available.
• any hospital/treatment centre, practitioner or any other organisation makes for filling in a claim form or providing an invoice for which you ask to relate to a claim.
• benefit for treatment, goods or services paid for in the 3 months period. If you transfer to a higher level of the plan a new qualifying period will apply. Until you have completed the required qualifying period the level of the plan you are moving to.

Formal Applications
In addition to the above, if you have been a policyholder with Westfield Health for at least 13 months and you have not been a former policyholder, you will pay benefit at the lower plan level and we have paid for more than 12 months.
Your Cancellation Rights
We reserve the right to cancel your cover after the date that the Good4You Plan from another Westfield Health plan has lapsed, we will take into account claims paid under your previous cover when assessing entitlement to benefit on your new policy.

In the case that each benefit will be available is subject to depend on:
• the Good4You Plan level that you are applying for
b) the plan and plan level that you were previously covered on
c) any previously paid and the benefit periods relating to those claims

For policyholders who transfer to the Good4You Plan from another Westfield Health plan 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, following a lapse in your cover or transfer from another Westfield Health plan.

Benefits
We will not process a claim if premiums have not been paid to cover the date(s) for which you are claiming. If we receive your claim our premiums are not paid up to date for any reason, we will not process your claim at the lower plan level. If the plan, claims will be held until you have made a payment that covers the date(s) for which you are claiming. If you do not continue to pay your premiums all benefit under the plan will cease on the date that you have paid up to.

We will not accept payment for more than 13 months premium in advance. We will not process a claim if Westfield Health has lapsed, we will take into account claims paid or under your previous cover when assessing entitlement to benefit on your new policy.

The date that each benefit will be available is subject to depend on:
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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, and
• any claim that is submitted where you, or anyone covered on your policy, are in breach of the plan 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 policy and the benefits that exclude cover for pre-existing medical conditions.
• any claims that are paid under another Health plan previous claims that were made.
• any claims relating to a pre-existing condition. We will pay benefits on the lower plan level, if you have benefit available.
• any hospital/treatment centre, practitioner or any other organisation makes for filling in a claim form or providing an invoice for which you ask to relate to a claim.
• benefit for treatment, goods or services paid for in the 3 months period. If you transfer to a higher level of the plan a new qualifying period will apply. Until you have completed the required qualifying period the level of the plan you are moving to.

Formal Applications
In addition to the above, if you have been a policyholder with Westfield Health for at least 13 months and you have not been a former policyholder, you will pay benefit at the lower plan level and we have paid for more than 12 months.
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We reserve the right to cancel your cover after the date that the Good4You Plan from another Westfield Health plan has lapsed, we will take into account claims paid under your previous cover when assessing entitlement to benefit on your new policy.

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Transferring Plans
For policyholders who transfer to the Good4You Plan from another Westfield Health plan 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, following a lapse in your cover or transfer from another Westfield Health plan.
injuries — this is any injury sustained whilst training for, or participating in, the sport for which you receive payment or non-chargeable 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 so by a registered medical practitioner)

• suicide or deliberate self-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 any kind of racing.

• flying as a pilot or crew member (that is, aircraft, glider or paraglider, microlight, 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, 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:

— members of your immediate family — a parent, child, brother or sister, or your partner

— business that you own

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 immigration purposes, or contraceptives

• cosmetic reasons

• vasectomy 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, parking 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 require treatment, goods or services. For Benefit and Maternity/Paternity/Adoption benefit(s) 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 date on which you have been discharged as an in-patient, for Hospital Benefit

— the date of admission for day surgery for Hospital Benefit

— the child’s date of birth/adoption placement for Maternity/Paternity/Paternity/Adoption benefit

— the date that home care was provided for Care After Hospital

• For Care After Hospital the benefit period begins on the date of the benefit period being paid for:

— you have paid for the treatment, goods or service

— the date on which you receive treatment, goods or services

— the date of discharge for Day Surgery for Hospital Benefit

— the date of your assessment for Care After Hospital

— the date of your appointment for Personal Accident

— the date on which you have paid for treatment, goods or service

During each benefit period you can submit more than one claim for 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

• 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 can 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.

8. How to claim

For our fastest service, you can submit claims for all benefits on Westfield Health’s mobile app (available on Apple & Android), or online at www.westfieldhealth.com/my-Westfield. Alternatively, you can use a Health Cash Plan claim form (if 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 services.

To be entitled to claim, the premiums for that policy have been paid up to and including:

• the date on which you made each payment for treatment, goods or service

• the nights you were an in-patient for Hospital Benefit

• the time you were provided for day surgery for Hospital Benefit

• the child’s date of birth/adoption placement for Maternity/Paternity/Paternity/Adoption benefit

• the date that home care was provided for Care After Hospital

• the date of your accident, for Personal Accident

We do not cover administration/interest charges. Dental insurance or orthodontic schemes provided by other policies are not covered. For Maternity/Paternity/Paternity/Adoption benefit we need you to provide your baby’s full birth certificate with your claim. You must send us proof of the child’s name and date of birth 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’s or practitioner’s name, address and daytime contact details

• details of the qualifications/professional organisation of the person who has provided the treatment

• details of the type of treatment

• the date that you received the treatment, goods or services

We will not pay for your claim unless it is received within 26 weeks of the date on which you received the treatment, goods or services.

• 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

We do not accept the following:

• invoices without a supporting receipt or credit/debit card statement

• receipts where only a part payment or deposit* has been paid, including receipts showing a balance outstanding for payment on claims for payments made in advance for future treatment, a service or goods: except when the receipt also confirms that prior to claiming you had paid the full cost, including any unsolicited premium, of any further or additional goods or service and we must receive your claim within 26 weeks of the payment date

• the only exception to this is where you provide us with written evidence that you have entered into a payment arrangement/credit agreement for treatment, goods or services, and that you paid for the treatment, goods or service, and we must receive your claim within 26 weeks of the payment date

• in relation to this benefit, the maximum period you are 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 your claim is for your partner’s 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 claim from you, until we have received the information.

For Maternity/Paternity/Paternity/Adoption benefit we need you to provide your baby’s full birth certificate with your claim. You must send us proof of the child’s name and date of birth within six months if you submit a claim online.

We do not accept photocopies of completed claim forms.

To claim Hospital Benefit your Westfield Health claim form must be completely 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 date that the child was placed with you for adoption.

To claim Hospital Benefit your Westfield Health claim form must be completely 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 date that the child was placed with you for adoption.

We may need to: decline your claim, refuse to pay your claim, discontinue your policy and terminate your benefits as a policyholder and end immediately. We will not refund any premium paid. We will 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 pay your claim. We just provide you with this at your own expense. We may also contact the practitioner for verification. If we suspect you or your dependant we may ask you for proof of your relationship with them. We’re working closely with the police and other enforcement agencies.

We also share information with other insurance companies, fraud prevention agencies, the police and other enforcement agencies.

We may only act honestly. For example, you or anyone covered on your policy:

• 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 paying.

• Refuse permission for us to contact a healthcare provider.

• Deliberately claim for, or attempt to claim for, benefits that you are not entitled to.

• 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 by another policy.

• Claim for a pre-existing medical condition that isn’t covered on your policy, or a medical condition that you’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 your benefits will stop immediately.
Don’t refund any premiums for a terminated policy. We’ll charge you any other costs that arise.

Insurance fraud is a criminal offence. We always pass details of suspected fraudulent claims to the police or Crown Prosecution Service for them to 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 or building society account and send you a remittance advice as confirmation.

24 Hour Advice and Information Line; Care After Accident
DoctorLine; Gym Discounts; Telephone Care Advisory Services; Westfield Rewards

For information on how to access these services please refer to the Benefits 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 evidence required by us to verify the claim will be at our expense. Any record 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 benefits.

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 must 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 spent on expenses, we will use the currency exchange rate fixed by the 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 must be available for inspection. Entirely at our discretion we may accept to use an English translation accompanying the original documents. We may have provided this at your own expense.

What benefits are covered (if included on your policy):

• Emergency Dental treatment
• Optical – replacement eyewear (glass or contact lenses)
• Emergency admissions for Inpatient or Day Surgery
• DoctorLine
• 24 Hour Advice and Information telephone line

All other benefits and services are not available.

10. Making a complaint
We’re dedicated to making a healthy difference to the quality of life of our customers and the communities in which they live and work. We’re proud of the service we provide but know we might not get it right all the time. When something goes wrong, we’d like to know so we can try to put it right for you.

How to complain
You can contact us with your concerns by calling 0114 250 2000
Email enquiries@westfieldhealth.com
Post Westfield Health, PO Box 340, Sheffield S9 3XB
Directly contact your sales consultant
We’ll try to resolve them straight away.
Sometimes we might need a little more time, but we’ll keep you updated along the way. When we receive your concerns we’ll:
• Promptly acknowledge your complaint
• Assign your complaint to a case handler to review and investigate the claim
• Keep you updated throughout
• Provide you with a written response within 8 weeks of receiving your complaint

If you’re not satisfied with our response
If you’re not satisfied, you may be able to refer your complaint to the Financial Ombudsman Service. You will have 6 months from the date of our response letter to refer your complaint to the Ombudsman or you may lose your right to refer the complaint to them.

The Financial Ombudsman Service may not be able to consider a complaint if you have not provided us with the opportunity to investigate it first.

We would point out that the Ombudsman will only review complaints from ‘eligible complainants’, for which specific definitions apply. You should refer to the FOS for further guidance on this subject.

What is the Financial Ombudsman Service?
The Financial Ombudsman Service (FOS) is an independent complaint resolution scheme. The FOS website recommends that you follow the process above before referring your complaint on to them, although you are able to ask them general questions regarding complaints at any time.

The FOS service is free of charge. The Financial Ombudsman Service can be contacted as follows:
Post: Financial Ombudsman Service
Exchange Tower, London, E14 9SR.
Telephone: 0800 023 4567 (free from a UK landline) or 0132 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). Please call +44 207 964 0500 if calling from outside the UK.
Email complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

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, PO Box 300, Mitrehal, Gt Chinty 1DY and by visiting www.fscs.org.uk.

12. General Conditions

Governing Law
Any agreement 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 Wales.

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 wish to continue your policy. If you do not wish to continue your policy then you are entitled to a return of any premiums made.

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

Our Privacy Policy
Who we are:
“Westfield Health” (referred to as we, us or our) is a trading name used by Westfield Contributory Health Scheme Ltd, Westfield House, 60 Charter Row, Sheffield, S1 3PF. Company Registration Number: 03035232. ICO registration number: Z5678894.

We have a Data Protection Officer who can contact us and make arrangements for Special Category data, such as health and medical conditions for all claims. Please email: dpd@westfieldhealth.com or write to us 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, 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 dependants for the purposes of adding them to your plan/ policy or in order to create their own.

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:
• For the purposes of services you have requested and exercise your privacy rights. Visit www.westfieldhealth.com/about-us/legal-policy;
• To provide the benefits for which you have paid;
• To manage and maintain our records;
• To manage any claims handling procedures (including your dependants’ claims);
• To handle complaints and improve our services;
• To administer marketing on behalf of Westfield Health. (You can change your direct marketing preferences by logging into and using your 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 record, and monitor telephone calls made to and from Westfield Health’s sales and our claims service teams. We do this in order to continuously improve our service to customers and for training purposes. We will also use which 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 information (if a trading name used) with third parties or individuals. These may include:
• Other insurance providers in order to share claims information;
• For purposes of national security, taxation and other similar purposes when we are obliged to do so by law;
• To prevent and detect fraud.
This will include the provision of information as required by law or to those with a reasonable expectation of being provided with this information in the course of their duties.

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 through 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 securely. We are anvue to 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 8 years following the date you ceased to remain an active customer, after which time it will be archived, deleted or anonymised as necessary for the purposes of processing your existing or future claims and for underwriting purposes, we may keep your 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:
Request Information: We will always be transparent in the way we use your personal data. You will be fully informed of what we are processing through relevant privacy notices.
• Right to Access: You have a right to request access to the personal data we hold about you. You should be provided to you. If you would like to request a copy of your personal data, please contact our Data

Dental Accident
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 personal data for your own purposes via a machine-readable format, such as a CSV file.
If you would like to request portability of your personal data, please contact our Data Protection Officer, this only applies:
- To personal data that you have provided to us;
- Where the processing is based on your consent or for the performance of a contract; and
- When processing is carried out by automated means.

Right to Object: You have the right to object to the processing of your personal data in the following circumstances:
- Direct marketing (including profiling). Remember you can opt out at any time from marketing communications via our Marketing Preferences, available in My Westfield;
- Where the processing is based on legitimate interests.

Rights in Relation to Automated Decisions Making Including Profiling: You have the right to not be subject to a decision when it is based on automated processing. If you have any questions in relation to how your information is processed in this way, then please contact our Data Protection Officer.

Not Happy?
If you feel that Westfield Health has not upheld your rights, we ask that you contact our Data Protection Officer so that we can try and help.
If you are not satisfied with how Westfield Health processes your data, or believe we are not processing your data in accordance with the law you have the right to lodge a complaint with the Information Commissioner’s Office (ICO). Please visit: www.ico.org.uk.
Apply now

The following information will help you complete this application form. Please could we ask that you complete the application form using block capitals and a black pen.

Section A: Applicant 1
This section is for you to apply for cover, or to upgrade existing cover. Please complete all the information in this section.

Section B: Applicant 2
Your partner can fill in this section if they would like to take out cover too. They will hold a separate policy.

Section C: Dependent Children Details
If you have dependent children, they are included for key benefits as part of your cover, at no additional cost. Please provide their details on this form.

Section D: Declaration
Please read the declaration carefully before signing.

Pre-existing medical conditions
This policy covers new conditions only. Please read carefully section 1 and 2, General Terms and Conditions together with the definition of pre-existing medical conditions on page 34 before completing the application form.

Direct Debit instruction
Please don’t forget to fill in the Direct Debit instruction. We need the bank or building society details for each applicant so that premiums can be paid by Direct Debit.

Payment of claims
We will reimburse your claims by crediting your bank or building society account directly. It must be your own bank or building society account. Once your claim has been processed, confirmation of the payment will be forwarded to you.

How to apply
To take out a policy, upgrade existing cover, or apply for cover for your partner – simply follow the steps below:

Step 1
Choose a level of cover.

Step 2
Complete the application form and Direct Debit instruction attached to this guide.

Step 3
Return your completed application form and Direct Debit instruction to us at:
Westfield Health,
PO Box 340,
Sheffield S98 1XB

We will send you information about your cover.

Important information
To apply for cover, applicants must be aged 65 years or under (i.e. not yet 66).
Applicant 1 signature

Please complete this form in block capitals using black ink. Please ensure you also complete the Direct Debit instruction and return this to Westfield Health together with the application form.

Section A – Applicant 1
Title (Mr/Mrs/Miss/Ms/Other)
Forename(s)
Surname
Date of birth (DD/MM/YY)
Address
Tel work
Tel home
Email
Tel mobile
Westfield policy number (if applicable)

Please complete as applicable

Level | Per Month | Join | Change to | Remain on
--- | --- | --- | --- | ---
L1 | £8.09 | | | |
L2 | £16.58 | | | |
L3 | £24.33 | | | |
L4 | £33.26 | | | |
L5 | £49.39 | | | |

Section B – Applicant 2
Title (Mr/Mrs/Miss/Ms/Other)
Forename(s)
Surname
Date of birth (DD/MM/YY)
Address
Tel work
Tel home
Email
Tel mobile
Westfield policy number (if applicable)

Please complete as applicable

Level | Per Month | Join | Change to | Remain on
--- | --- | --- | --- | ---
L1 | £8.09 | | | |
L2 | £16.58 | | | |
L3 | £24.33 | | | |
L4 | £33.26 | | | |
L5 | £49.39 | | | |

Section C – Dependent Children Details

Applicant 1
Forename(s)
Surname
M/F
Date of birth (DD/MM/YY)
Address
Tel work
Tel home
Email
Tel mobile

Applicant 2
Forename(s)
Surname
M/F
Date of birth (DD/MM/YY)
Address
Tel work
Tel home
Email
Tel mobile

Section D – Declaration: Please read carefully before signing – this part MUST be completed

I declare that the information I have given on this form is true and complete and that I have investigated the safeguards assured by the Direct Debit Guarantee. I understand that this information may remain with Westfield Health and if so, details will be passed electronically to my Bank/Building Society.

Applicant 1 signature

Applicant 2 signature

Section E – Westfield office use only
Policy number
Promotion code
Event ID
Media code

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT
Name(s) of account holder(s)
Service user number

Bank/Building Society account number
Branch sort code

To: The Manager
Address

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT
Name(s) of account holder(s)
Service user number

Bank/Building Society account number
Branch sort code

To: The Manager
Address

Please fill in the whole form including official use box and return to: Westfield Health, PO Box 340, Sheffield S98 1XB

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Name(s) of account holder(s)
Service user number

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Applicant 2 signature

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To: The Manager
Address

Please fill in the whole form including official use box and return to: Westfield Health, PO Box 340, Sheffield S98 1XB

Please fill in the whole form including official use box and return to: Westfield Health, PO Box 340, Sheffield S98 1XB
Remember, our friendly Customer Care Team is here to help.

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**Online**  
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)