

Insurance Product Information Document

Company: Westfield Health



Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England & Wales company number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609

Product: Westfield Mosaic Health Cash Plan

This document provides a summary of cover only, full details of the pre-contractual and contractual information on this product are detailed in the Terms & Conditions in the plan guide.

What is this type of insurance

This product provides reimbursement for everyday health needs up to a maximum allowance for each benefit.



What is insured?

The employer has over 20 benefits and services to choose from, they select which benefit, the benefit amounts and the services they want on their plan for their employees. What they have chosen is detailed in the Policy Schedule on the welcome letter/email. This cash plan has three levels of cover. The employer pays for level 1 cover for each employee, the employee can choose to upgrade their cover to a higher level on the plan. The employee can also pay for an additional adult to have cover. Each benefit has an annual limit we will pay up to, for each person covered. The plan guide will provide you with more information and needs to be read in conjunction with your welcome letter/email.

- ✓ **Optical** - the annual limits payable for this benefit range from £30 to £250. We pay 100% of your receipt up to the annual limit that appears on your Policy Schedule for your level of cover.
- ✓ **Dental** - the annual limits payable for this benefit range from £30 to £250. We pay 100% of your receipt up to the annual limit that appears on your Policy Schedule for your level of cover.
- ✓ **Therapy Treatments (Physiotherapy, Acupuncture, Chiropractic, Osteopathy, Homeopathy)** - annual limits payable for this benefit range from £100 to £750. We pay 100% of your receipt up to the annual limit that appears on your Policy Schedule for your level of cover.
- ✓ **Special Consultation and Diagnostics** - annual limits payable for this benefit range from £100 to £750. We pay 100% of your receipt up to the annual limit that appears on your Policy Schedule for your level of cover.
- ✓ **Chiropody** - annual limits payable for this benefit range from £35 to £250. We pay 100% of your receipt up to the annual limit that appears on your Policy Schedule for your level of cover.
- ✓ **In-patient and Day Surgery Benefit** – payments for each day or night you are admitted, up to a maximum of 30 days for Inpatient and 10 nights for Day Surgery each policy year.
- ✓ **Other benefits** – reimbursements or payments for benefits that appear on your Policy Schedule for your level of cover. Wellbeing and Alternative Therapies, Health Screening/Assessments, Prescription Charges, Flu Jab & Vaccinations, Dental Accident, Maternity/Paternity /Adoption, Personal Accident. Private Health Insurance surgery cover if it appears on your Policy Schedule for your level of cover.
- ✓ The plan may also includes a range of services designed to help support your overall health and wellbeing see what appears on your Policy Schedule for your level of cover. Speak to a GP 24/7. 24/7 access to a counsellor and legal and wellbeing guidance sometimes with access to counselling sessions for the policyholder. Access to gym discounts, access to an exclusive rewards website access to an expert second medical opinion, Togetherall - a safe safe online space, and access to MRI, CT and PET Scanning Services.
- ✓ The plan guide provides full details of the benefits and claims limits.



What is not insured?

- ✗ Pre-existing medical conditions are not covered on Personal Accident cover or Dental Accident (if these are on your cover).
- ✗ Payments for more than the benefit balance you have available, you will receive a variable percentage reimbursement, detailed in your Policy Schedule up to your maximum allowance, for a range of everyday healthcare expenses.
- ✗ For a full description of what is not covered please refer to your terms and conditions.
- ✗ Treatment carried out before the start date of the policy.
- ✗ Treatment or service by a family member, in a business you own, treatments carried out in the workplace or arranged through your employer.
- ✗ Treatment by someone who is not on the appropriate practitioner register.



Are there any restrictions on cover?

- ! You must be aged 16-65 to apply to upgrade your cover and aged 18-65 to apply for or upgrade additional adult cover.
- ! You must live in the UK, Jersey or Isle of Man for a minimum of 180 days each year.
- ! Dependent children covered up to their 22nd birthday.
- ! Qualifying periods apply to Maternity/Paternity/Adoption (if this on your cover).
- ! There are 1 year benefit period limits on most benefits.
- ! We do not accept professional sports people for cover on the plan. There are restrictions on the Personal Accident cover for members of the armed forces.



Where am I covered?

- ✓ Some claims can be submitted if you are temporarily outside of the UK, Jersey or Isle of Man. You must be resident in the UK, Jersey or Isle of Man.



What are my obligations?

You must

- Abide by the terms and conditions and ensure any information you provide is complete and accurate
- Pay premiums when they are due
- Submit claims within 26 weeks of treatment and include supporting information such as receipts or proof of a hospital stay or within 26 weeks of the child's birth or adoption
- Update us if any personal or contact information changes



When and how do I pay?

- Premiums are paid monthly.
- Premiums are payable monthly either from your salary via your employer, or paid by your bank account via direct debit, depending on the payment method agreed for your plan by your employer.



When does the cover start and end?

- Cover starts from the date stated on your welcome letter/email, it will be the first of the month, and will renew automatically each month until it is cancelled or you allow it to lapse.
- Cover ends when
 - You cancel your cover
 - We cancel your cover
 - We don't receive premiums



How do I cancel the contract

- To cancel your policy please contact our Customer Care Team on 0114 250 2000, email us or write to us at enquiries@westfieldhealth.com or write to us at our address Westfield Health, PO Box 340, Sheffield S98 1XB.
- You have 14 days from the date we accept your application to change your mind. Providing a claim has not been made we will refund your premium. After this point if we receive notice that you wish to cancel before the 15th day in any month we will cancel your monthly contract for that month and refund the premium paid by you for that month. If we receive notice of cancellation on or after the 15th day of the month, then we will not refund your premium for that month but any further premiums will not be payable. Any premium that you have paid, in advance or that is not due following cancellation will be refunded to you. We will not pay a claim for any benefit beyond the date that you have paid up to.