Westfield Health

Your little guide to health cover with big benefits

Private Health Insurance

Hello

A warm welcome to your health cover from Westfield Health. 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.

A little bit about us

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

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

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

Getting started

Take a look through your handy 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.

Waiting for surgery can be a long and stressful time. Private Health Insurance makes private surgery more accessible for you, so you can be treated quicker and back to your fit and healthy best.

Your policy provides you with immediate cover for new conditions and fast access to fixed price private treatment packages, should you need surgery or a medical procedure. Giving you the reassurance that you can access private treatment quickly. Your policy aims to get you treated in complete comfort, taking into account your needs and preferences and getting you on the road to recovery as soon as possible.

It's different from Private Medical Insurance.

You can choose to receive treatment at any hospital in the UK where a fixed price private treatment package is available. Although cancer related surgical procedures are excluded, we'll cover you when cancer is suspected but not confirmed e.g. biopsies if these appear on the Schedule of Procedures.

There are different types of cover.

Your policy schedule on your email will tell you which cover you have. This will be the level of cover – Level 1 or Level 2 and if you have outpatient cover. If you do have outpatient cover, it will also say whether this is with or without an excess.

Customer Testimonial

"Unfortunately, I suffered a serious sports injury, rupturing the anterior cruciate ligament in my knee. After spending hours in A&E, I saw a consultant and later booked in for an X-ray and MRI scan. I contacted Westfield Health and was admitted to Claremont Private Hospital in Sheffield within two weeks. The Private Health Insurance team at Westfield Health were superb. The process was very speedy and they kept in regular contact. Going private wouldn't have been an option if it wasn't for my health cover. I didn't have to worry about anything."

Outpatient benefits

If you have selected Outpatient benefit, our Private Health Insurance covers you for up to £1000 of outpatient services per policy year and includes:

- Specialist consultations
- Diagnostic tests such as x-rays, blood tests and ultrasounds
- MRI, CT and PET scans

Following referral from your GP, our small dedicated team will carefully explain the details of your cover, so you know what's included. This includes an initial consultation, any diagnostic tests and scans, treatment or surgery at either a private or NHS hospital, follow up consultations and some post-operative physiotherapy. They will pay your Consultant's bills direct.

The treatment you need, when you need it most.

Your policy provides you with cover for a number of surgical and medical procedures. Heart and cancer procedures are excluded.

If you have Level 1 the policy covers over 60 listed surgical procedures.

If you have Level 2 the policy covers over 1300 surgical procedures. These are surgical procedures defined as:

- Medical procedures requiring a general anaesthetic
- Medical procedures requiring a regional or local anaesthetic in conjunction with an incision involving a surgical knife
- Endoscopic fibre optic procedures

You can view the full list of surgical and medical procedures covered on each level of cover at **www.westfieldhealth.com/operationslist**

Giving you choice and control.

Our Hospital Treatment Insurance gets you on the road to recovery fast

Private treatment.

You can choose to receive treatment at any one of the many hospitals in the UK where a fixed price private treatment package is available and you won't be restricted to a specified list of private hospitals.

Each surgical procedure has a maximum benefit allowance to cover the cost of most private treatment.

We review the benefit allowances regularly to ensure they'll meet the cost of fixed price private treatment packages at most UK hospitals. Certain hospitals, in London for example, may be an exception to this. If you prefer a more expensive hospital, you can do so by topping up the cost.

The list of procedures is updated as well as the private treatment package amount for each procedure. The list has fair, independently tested market rates for each procedure. This is to reflect any changes in medical technology or inflation of medical costs for procedures. We may change and refresh the procedures we offer from time to time.

We will not cover any surgical procedure that is not listed in our schedule of procedures, except when at our discretion we agree to cover a procedure that does not substantially differ from one of those listed.

NHS treatment.

If you prefer NHS treatment, or are assessed as unsuitable for a private treatment package by a healthcare professional, we'll pay an NHS Benefit. This is a cash benefit; it is a percentage of the private treatment allowance for your surgical procedure.

The NHS Benefit is payable to you and you can spend this money however you'd like.

What's included in a fixed price private treatment package?

What's included?

Exactly what's included in a fixed price private treatment package will differ depending on the procedure required. What remains the same is our commitment to working harder for you.

The package would normally include:

- The consultant surgeon/physician fees
- The anaesthetist fees
- The private hospital charges relating to
  - pre admission tests
  - the operating theatre
  - accommodation either as an in-patient or day case
  - personal meals
  - drugs and dressings
  - in-patient tests
- The cost of treating any surgical complications relating to the treatment that occur during the operation whilst in hospital or within 30 days of your original surgical procedure. (Surgical complications that arise more than 30 days after your operation will only be covered if they qualify as a surgical procedure, and will be treated as a separate claim).

Some private treatment packages may also include a specified number of post-operative out-patient physiotherapy sessions. If you have outpatient benefit you may be entitled to more post-operative physiotherapy. So, if your Consultant refers you for physiotherapy after your surgery or procedure, we'll cover you for post-operative physiotherapy (terms and conditions apply).

We will carefully explain the full details of your private treatment package, so you know exactly what is included.

Some examples of items that are not covered in a fixed price private treatment package are:

- Diagnostic tests or consultations prior to admission
- Ambulance fees
- Travel costs
- Car parking
- Newspapers and other sundry items
- Telephone calls

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.

	Level 1	Level 2	Level 1 with outpatient benefit	Level 2 with outpatient benefit
Schedule of Procedures	Over 60 listed procedures	Over 1300 listed procedures	Over 60 listed procedures	Over 1300 listed procedures
Cancer related surgical procedures	⊗	Excluded, however we will cover surgical procedures when cancer is suspected but not confirmed e.g. biopsies	⊗	Excluded, however we will cover surgical procedures when cancer is suspected but not confirmed e.g. biopsies
Treatment of disease of the heart	⊗	⊗	⊗	⊗
NHS benefit	✓	✓	✓	✓
Maximum number of operations per policy year	3	3	3	3
Maximum lifetime benefit	£100,000	£250,000	£100,000	£250,000
Specialist consultations	⊗	⊗	✓	✓
Diagnostic tests (x-rays, blood tests and ultrasounds)	⊗	⊗	✓	✓
MRI, CT and PET scans	⊗	⊗	✓	✓
Moratorium	Not be covered for any medical condition (or related medical condition), that you knew about, or had symptoms, received advice or treatment in the 2 year period prior to the start of your Private Health Insurance, Level 1 cover. You can only have an eligible surgical procedure for a pre-existing condition once you have been free of symptoms, treatment or advice for 2 continuous years from the registration date of your current Private Health Insurance, Level 1 cover.	Not be covered for any medical condition (or related medical condition), that you knew about, or had symptoms, received advice or treatment in the 3 year period prior to the start of your Private Health Insurance, Level 2 cover. You can only have an eligible surgical procedure for a pre-existing condition once you have been free of symptoms, treatment or advice for 2 continuous years from the registration date of your current Private Health Insurance, Level 2 cover.	Not be covered for any medical condition (or related medical condition), that you knew about, or had symptoms, received advice or treatment in the 2 year period prior to the start of your Private Health Insurance, Level 1 cover. You can only have an eligible surgical procedure for a pre-existing condition once you have been free of symptoms, treatment or advice for 2 continuous years from the registration date of your current Private Health Insurance, Level 1 cover.	Not be covered for any medical condition (or related medical condition), that you knew about, or had symptoms, received advice or treatment in the 3 year period prior to the start of your Private Health Insurance, Level 2 cover. You can only have an eligible surgical procedure for a pre-existing condition once you have been free of symptoms, treatment or advice for 2 continuous years from the registration date of your current Private Health Insurance, Level 2 cover.

More information including details of limitations and exclusions can be found in the Terms and Conditions within this guide.

How it works.

Your step by step guide on how to make a claim.
A typical example/illustration.

Without outpatient benefit

STEP 1: Consult your GP

If your GP recommends you see a specialist Consultant please contact us in the first instance and if you have a health cash plan, check your policy. Many Westfield health cash plans include a Specialist Consultation & Diagnostics benefit so you can claim towards the cost of your diagnostic consultation, up to the set limits of your plan.

Our team will assess your claims eligibility over the telephone in the majority of cases, but there may be occasions where a paper claim form is required to be completed by your GP.

If your Consultant recommends an MRI or CT Scan and you have a health cash plan, check your policy. Many Westfield health cash plans include access to scanning facilities, and a scan can usually be arranged within 2 weeks. (All scans must be arranged via our Scanning Helpline).

If you need one of the surgical procedures covered go to Step 2.

With outpatient benefit

STEP 1: Consult your GP

GP refers you to a Specialist. Call Westfield Health Customer Care Team on 0114 250 2000. Our dedicated PHI Team will assess your claim's eligibility over the telephone in the majority of cases but there may be occasions where a paper claim form is required to be completed by your GP.

If your claim is approved we give the go-ahead for your consultation. You then visit the Specialist as a private patient.

Westfield Health receives the consultation invoice to be settled directly. Any excess applicable is paid to the Specialist by you.

If your Consultant recommends a scan and tests. Scan arranged between you and the hospital and Westfield Health settle invoice directly with the provider, if there are sufficient funds.

Second meeting between you and Specialist to discuss results and treatment plan. If surgery is needed, you move to Step 2.

STEP 2: Call the Westfield Health Customer Care Team on 0114 250 2000. We'll confirm your next steps.

Private Treatment

If you're seeking private treatment, our team will assess your claim's eligibility over the telephone in the majority of cases but there may be occasions where a paper claim form is required to be completed by your GP.

NHS Treatment

If you prefer NHS treatment, or if a private treatment package is unsuitable, an NHS Benefit is payable.

Please refer to 'NHS Benefit' on page 22 for more information.

Our team will assess your claims eligibility over the telephone in the majority of cases but there may be occasions where a paper claim form is required to be completed by your GP.

Send your discharge summary to us within 26 weeks of the date of your surgical procedure. Once the procedure has been verified, we'll pay the NHS benefit.

Remember, we're here to help you. If you have any questions contact our Customer Care Team on **0114 250 2000**.

Your cover working with a health cash plan.

Your Private Health Insurance policy provides you with cover for over 60 surgical procedures on Level 1 and on Level 2 it's over 1,300 surgical procedures and medical procedures. It's been designed so that it can be further enhanced and complemented by a Westfield health cash plan, which provides a range of benefits and services that can support and assist you both pre and post-operatively.

If you have chosen the outpatient benefit you have access to professionals to aid any diagnosis. You have money towards funding specialist consultations and diagnostic tests and scans. Health Cash Plans have these too.

Most of our health cash plans feature a Specialist Consultation and Diagnostic benefit. So, if your medical professional recommends you see a Consultant, you can make an appointment privately should you wish, rather than wait for an NHS appointment. You can claim towards your costs for diagnostic consultations, and diagnostic tests such as x-rays, blood tests and ultrasounds, up to the set limit of your plan.

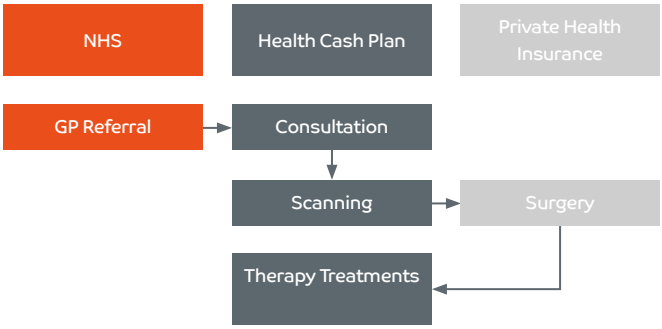
If your Consultant recommends an MRI or CT Scan, many of our health cash plans provide access to a scanning service. If you have one of these plans our Scanning Helpline will arrange a scan quickly for you, often within 2 weeks of referral.

Other complementary benefits and services covered on some of our health cash plans include:

- **Therapy Treatments** – physiotherapy, acupuncture, chiropractic, homeopathy and osteopathy.
- **DoctorLine** – unlimited and convenient telephone access to a team of qualified, practising GPs, 24 hours a day, 7 days a week. Webcam consultations are also available during surgery hours.
- **24 Hour Advice and Information Line.**
- **Structured counselling sessions** including Cognitive Behavioural Therapy (CBT) self-guided learning courses.

Please check your health cash plan guide to confirm the benefits and services you are covered for. If you don't currently have a health cash plan, why not talk to us on 0114 250 2000 to find out more.

This diagram illustrates the journey you might take following a GP referral, using both your health cash plan and Private Health Insurance, if you needed a hip replacement for example:



We're here for you

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

Managing your account

We are here to make things easy for you.

My Westfield

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

Email

You can email us at **phi@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

phi@westfieldhealth.com

westfieldhealth.com

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

Change of circumstance?

If your circumstances change and the Private Health Insurance cover is no longer right for you – your cover with Westfield Health may be able to continue on an alternative plan.

Simply call our Customer Care Team today:

0114 250 2000

Monitoring and confidentiality.

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

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

Our Privacy Promise

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

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

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 35** 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

Everything you need to know

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

Important Information.	Pages 16 to 17
General Terms and Conditions.	Pages 18 to 24
Definitions.	Pages 24 to 26
Our Privacy Policy.	Pages 26 to 27

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 prompt access to private treatment for a specified range of surgical procedures. 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 you receive your policy documents, or 14 days from your annual renewal date 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

General Terms and Conditions

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section.

If there is anything about these general terms and conditions that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

1. Who can have cover

You must be at least 18 years old and younger than 80 years of age to apply for the **plan**. Existing **policyholders** applying to upgrade their cover must be under 80 years of age. However, policyholders are not required to leave the **plan** once they become 80.

You must reside in the **United Kingdom**, Jersey or Isle of Man for a minimum of six months each year to be a **policyholder.**

We do not accept professional sports people for cover on the plan.

You do not need a medical to be accepted as a **policyholder**.

How to apply for cover

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

An online application form must be completed. **You** must make sure that the information that **you** are asked to give regarding the application is correct.

Please remember that the application form, together with any information that **you** give, forms part of the contract of insurance. If **you** do not give **us** all the information that **we** ask for it may affect the benefits that **you** can claim.

We, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or a request to upgrade **your** cover. If **your** application is not accepted **we** will refund any premium that **you** have paid for the cover that **we** have declined to offer (providing that **we** have not paid a claim under that cover).

If you want to transfer from another Westfield Health private health plan

If **you** want to apply for cover on this **plan** after leaving another Westfield Health private health plan please call us instead of filling in the online form.

When will your cover end?

- At the end of the policy term specified on the policy letter (unless the policy is renewed)
- If **you** die
- If the premium for **your** policy has not been paid within 30 days of the normal due date

2. The contract between Westfield Health and You

Cooling off period

You have 14 days from the receipt of **your policy** documents, or 14 days from **your annual renewal date** to cancel this **agreement** if **you** do not wish to go ahead with it.

To cancel your **policy** please contact **our** Customer Care Team on **0114 250 2000**, email **phi@westfieldhealth.com**, or write to **us** at the address on the back of this guide. If **you** cancel **your** policy please return **your policy** documents to **us**.

Providing that **we** have not paid a claim for **you we** will refund any premiums that **you** have paid for that **policy year**.

Renewing your policy

We will send **you** a renewal notice each year at least 21 days prior to **your annual renewal** date. **We** will tell **you** if **your** premium is changing and about any changes that **we** intend to make to **your** cover.

Cancellation

After the 14 day cooling off period **you** can still cancel **your policy**.

You must give **us** at least 10 working days' notice if **you** would like to cancel **your policy**.

If **you** have made any claims during the current **policy year you** must pay **us** the balance of **your** full annual premium within 14 days of **your** cancellation date.

If **you** have not made any claims during the current **policy year, we** will not collect any further premiums.

Terminating your cover – All Policyholders

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

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

- Under the terms and conditions of the **plan you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information with an application for cover
- **You** provided false information and/or failed to disclose all the relevant required information with an application cover or when **you** submitted a claim
- **You** fail to comply with **our** request for information relating to a claim or an application for cover.
- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false, and/or misleading, and/or exaggerated
- **You** (or anyone covered on **your** policy) act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of **our** organisation, or one of **our** suppliers
- **You** fail to abide by any of the terms and conditions of this **plan**
- **We** have not received payment of premiums within 30 days of the date that they should have been paid

If **we** cancel **your** cover **you** will not have any right to make any further claims on the **plan**. In addition, **we** may also seek to recover any monies from you that we have paid to provide **private treatment** for **you**; or paid to **you** that **you** were not due to under the Terms and Conditions of this **plan**.

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

We will notify **you** in writing **our** reason for cancelling **your** cover and **you** have the right to appeal to **us** through **our** published Complaints Procedure, which is available on request and on the Westfield Health website https://www.westfieldhealth.com/about-us/trust.

If **your** policy is terminated **we** will not accept **you** for cover with us again on any Westfield Health product.

3. Premiums

Premiums are payable by monthly Direct Debit to Westfield Health. When **you** take out a policy, or change **your** cover, **we** will notify **you** when **your** first payment will be collected. To bring **your** premiums up to date, it may be necessary to take payment for 2 or more months' premiums at the first collection.

Your cover will continue on condition that the premium due each month is paid and **you** abide by the terms and conditions of the **plan**. **We** will not pay a claim if premiums are not paid up to and including the date of the outpatient event/surgical **procedure**.

Your cover will lapse if the premium has not been received by **us** within 30 days of the date that it should have been paid.

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

4. Underwriting Choice

You are covered for eligible **outpatient events/surgical** procedur**es** relating to new **medical conditions**, i.e. **medical conditions** that arise after **your registration** date. Cover is subject to the exclusions in Section 10, Policy Exclusions.

Your policy letter details the underwriting terms that apply to **pre-existing conditions** on **your** cover. If **you** are not sure whether a medical condition qualifies please contact us and **we** will be happy to confirm the extent of any cover.

Your Private Health Insurance cover is underwritten on a moratorium basis.

If **you** are not sure whether a **medical condition** qualifies please contact **us** and **we** will be happy to confirm the extent of any cover.

Moratorium

You do not need to have a medical or declare any **pre-existing conditions** before being accepted on a moratorium basis.

However, **you** will not be covered for any **medical condition** (or **related medical condition**), that **you** knew about, or had symptoms, received **advice** or **treatment** in the 3 year period prior to the start of **your cover** if **you** have Level 2; it is a 2 year period if **you** have Level 1. **You** can only have an eligible **surgical procedure** for a **pre-existing condition** once **you** have been free of symptoms, **treatment** or **advice** for 2 continuous years from the **registration** date of **your** current Private Health Insurance cover.

The moratorium period starts again for a **pre-existing condition** or **related medical condition** each time **you** receive **treatment**, medication, or **advice**.

Long-term or **chronic medical conditions** usually require regular or periodic **treatment**, medication or **advice**. This means that a long-term **pre-existing condition** or **related medical condition** may never be eligible for cover because it is unlikely that there would ever be 2 continuous years without any **treatment**, medication or **advice**. **You** should not delay seeking medical **advice** or **treatment** for a **pre-existing condition** in order to become eligible for coveron the **plan**.

Chronic Conditions

The **plan** does not **cover outpatient events or medical procedures** for **chronic conditions.**

A **chronic condition** is a disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long term monitoring through consultations, examinations, check ups and/or tests
- it needs ongoing or long term control or relief of symptoms
- it requires **your** rehabilitation or for **you** to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

If a **medical condition** has failed to improve following a **surgical procedure we** may consider it to be a **chronic condition** that is not eligible for cover e.g. more than one hip replacement revision.

We do not cover monitoring of **medical conditions** e.g. **we** may decline to cover repeated gastroscopies or colonoscopies. **We** may cover a **chronic condition** if there is evidence of a new acute phase (a flare-up), however **we** will not cover frequent flare-ups.

If **you** transfer from another Westfield Health private health plan consideration will be given to offering cover on similar underwriting terms.

This could be on the following terms:

- Continued Moratorium
- Continuation of Personal Medical Exclusion (CPME)
- Medical History Disregarded (MHD)

Continued Moratorium means that the commencement date of the original private health plan will be used as the date to calculate the moratorium on this **plan**.

CPME underwriting means that:

- **You** will not be covered for any **medical condition** that was excluded from the private medical insurance (PMI) cover at the time that cover was transferred to **your** original Westfield Health private health **plan**.
- Details of all excluded **medical conditions** will have been supplied when cover on the original plan was accepted and **we** will continue to hold this information in order that **we** can administer the **plan**.

MHD underwriting means **pre-existing medical conditions** are covered for the medical procedures detailed in **our schedule of procedures**.

Your policy letter details the underwriting terms that apply to **pre-existing conditions** on **your policy**. If **you** are not sure whether a **medical condition** qualifies please contact **us** and **we** will be happy to confirm the extent of any cover.

5. Outpatient Benefit (if selected as part of your cover)

We cover...

- **Private treatment** for **specialist consultations** and/or **diagnostic tests** – up to a maximum of **£1,000** per **policy yea**r

We will not cover...

- If the **policy** excess option was selected on the policy **we** will deduct £100 from the first **outpatient event** claim, per **policy year**
- **Outpatient** events that arise as a result of certain circumstances, please refer to section 10, Policy Exclusions
- **GP** consultations/**treatment**
- **Specialist consultations** if **you** have not been referred by **your GP**
- **Diagnostic tests** if they have not been requested by a **medical specialist**: tests and scans requested by a **GP** are not covered
- More than the maximum amount for **your** level of cover. **You** will be responsible for paying the shortfall if the cost of **private treatment** is more than **your** benefit entitlement
- Travel costs to or from an

outpatient event, or the cost of a private ambulance
- Claims for an **NHS outpatient event**
- Monitoring of any disease, illness or injury when there are no active symptoms
- Any charges that a **medical specialist** or any other person makes for filling in **your** claim form

6. Surgical Procedures

It covers the **surgical procedures** listed in **our schedule of procedures**: cover is subject to the exclusions in section 10, Policy Exclusions. **We** will not cover any **surgical procedure** that is not listed in **our schedule of procedures**, except when at **our** discretion **we** agree to cover a procedure that does not substantially differ from one of those listed. This might include **surgical procedures** where the use of a laser or similar replaces the use of a scalpel.

The **schedule of procedures** is available to download at www.westfieldhealth.com/operationslist. Please contact **our** Customer Care Team if **you** would like **us** to send **you** a printed copy. The **schedule of procedures** is reviewed and updated regularly. The list of procedures is updated as well as the **private treatment** package amount for each procedure. The list has fair, independently tested market rates for each procedure. This is to reflect any changes in medical technology or inflation of medical costs for procedures. **We** will not notify **you** or the employer in advance of any such changes.

We may add or remove a **surgical procedure** without notice each year, to ensure that the **schedule of procedures** is kept up to date and accurately reflects the cover provided by Level 2. It includes most **endoscopic procedures**. The list of procedures for Level 1 will be maintained as a minimum of 60 procedures. **We** will not make any changes to the **schedule of procedures** with the intention of reducing the extent of **your** cover.

The amount shown against each procedure on the **schedule of procedures**, is the maximum monetary amount that **we** will use for the provision of **your private treatment** package.

Important please note that:
- The **plan** covers **surgical procedures** and **outpatient events** (if outpatient benefit selected) for **acute conditions**: **chronic conditions** are excluded
- **Cancer** related **surgical procedures** are excluded, however **we** will cover **surgical procedures** when **cancer** is suspected but not confirmed e.g. biopsies, if these appear on the **Schedule of Procedures**
- There is no cover for the **treatment** of heart disease
- **We** recommend that **you** wait until **we** have approved the **outpatient** event before **you** incur any charges because if **you** are not eligible for cover **you** will not get **your** money back
- The **plan** does not cover **outpatient events** or **medical procedures** to monitor a disease, illness or injury
- **You** will not be covered if **you** do not contact **us** so that **we** can assess the claims eligibility prior to the procedure being arranged
- The maximum benefit allowance for each **surgical procedure** in **our schedule of procedures** has been designed to cover the cost of a **private treatment** package in most circumstances, however there can be no absolute guarantee that it will fully cover the **surgical procedure** in every case or in every **private hospital**
- If the cost of **your** fixed price **private treatment** package is more than the benefit entitlement **you** will be given the opportunity to pay the additional cost to top-up the benefit
- If **private treatment** costs less than the maximum allowance that **we** have allocated to the **surgical procedure we** will not pay any cash surplus to **you**
- **We** will pay the NHS Benefit amount if **you** have **NHS treatment** for **your surgical procedure**. The NHS amount is 25% of the monetary amount listed for the procedure on **our schedule of procedures**.

The **plan** covers you for a maximum of 3 **surgical procedures** per **policy year**. There is a maximum lifetime benefit of £250,000 throughout the time **you** have Level 2 cover. This limit is £100,000 if **you** have Level 1 cover.

If **you** have previously had cover under this **plan** or any of **our** other similar surgery package plans, any claims **we** have paid may also count towards **your** lifetime benefit limit. Please contact **our** Customer Care Team to confirm whether **we** will take previous claims into account when assessing **your** entitlement to benefit and the amount of lifetime benefit available to **you**.

If **you** undergo more than one **surgical procedure** at the same time **we** will pay for the procedure that has the largest benefit amount only.

7. How to claim

Please read the list of Policy Exclusions in Section 10 before making a claim.

You must contact **us** prior to having a **surgical procedure**.

As soon as **you** become aware that **you** might need an **outpatient event** (if outpatient benefit selected) or one of the **surgical procedures** listed in **our** s**chedule of procedures** please call **us** on 0114 250 2000. Please have **your** policy details to hand.

We recommend that **you** wait until **we** have approved the **outpatient event** or surgery before **you** incur any **private treatment** charges because if **you** are not eligible for cover **you** will not get **your** money back.

We will need to ask **you** certain questions about **your medical condition** so that **we** can determine the eligibility of **your** claim. The majority of claims will be assessed over the telephone, but there may be occasions where a paper claim form will need to be completed by **your GP**. For Moratorium underwriting **we** will always send you a claim form if you contact us within 6-12 months of **your registration** date. **We** will also send a consent form with every claim form. This needs to be signed by **you** in the event **we** require additional clinical information.

For **NHS treatment** after **your surgical procedure** has been carried out, send **your** discharge summary.

At **our** discretion, **we** may provide cover for an operation that does not substantially differ from one of the **surgical procedures**.

Any charges that a practitioner or any other person makes for filling in a claim form or for providing any additional clinical information (e.g. medical records) will not be covered and must be paid for by **you**.

In some cases it will be necessary for **us** to request additional medical information from **your GP**, or any other doctor or practitioner who has been involved in **your** care, in order to assess the claim. If this information is not available, or if **you** do not complete the section on the claim form consenting to this in accordance with the request a report when it is

reasonably necessary in accordance with the Access to Medical Reports Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991, **we** may not be able to proceed with the claim. The **plan** covers the cost of any report that **we** request.

It is **your** responsibility to ensure that complete and accurate information is submitted with the claim. For audit purposes **we** will carry out checks on the information **you** and practitioners provide to **us**. If **you** submit a claim that is false **your** cover will be terminated and **your** benefits will end immediately. **We** will not refund premiums paid by the employer or **you**, for **your** healthcare cover and always take legal action for fraudulent claims.

You must tell **us** if the **surgical procedure** or the **outpatient event** (if outpatient benefit selected) is covered under another Westfield Health plan, or by another insurer. If **you** are claiming from another insurer **we** will pay **our** proportionate share of the cost, subject to the terms and conditions of the **plan**.

You must tell **us** whether the cost of the **surgical procedure** or the **outpatient event** (if outpatient benefit selected) may be recovered from a third party: **we** reserve the right to commence proceedings against a third party in **your** name to recover the benefits that **we** have paid.

8. Private Treatment – How does a fixed price private treatment package work?

We will spend up to the maximum allowance allocated for **your surgical procedure** in **our schedule of procedures**. **We** may use a third party service to source and arrange the **surgical procedure**.

Private treatment packages normally include: the consultant surgeon/ physician and anaesthetist fees; the **private hospital** charges relating to use of the operating theatre; accommodation either as an **in-patient** or **day patient**; personal meals; drugs and dressings; **in-patient** tests and **treatment** such as x-rays; pharmacy and physiotherapy. Some **private treatment** packages may also include a specified number of post-operative **out-patient** physiotherapy sessions. **Our** dedicated team will carefully explain the full details of the **private treatment** package, so that **you** know exactly what is included. If **you** have any out of pocket expenses that are not included in the package, such as travel or telephone calls, these will not be covered.

Jersey residents may have to travel to the **UK** for **your surgical procedure**: **you** will not be able to claim towards **your** travel expenses or for any accommodation that is not part of **your private treatment** package. While it is the intention of the policy to provide care in a **private hospital** in the **UK**, Isle of Man or Jersey, a **private treatment** package in other areas of the world might be funded but at the absolute discretion of Westfield Health.

Private treatment packages normally include the cost of treating any **surgical complications** relating to **your surgical procedure** that occur within 30 days of the original **surgical procedure**. **Surgical complications** that arise more than 30 days after **your surgical procedure** will only be covered if they qualify as a separate **surgical procedure**, and will be treated as a separate claim.

A specified number of post-operative outpatient **physiotherapy** sessions carried out by a **Physiotherapist** are also included in some **private treatment packages**. Additional sessions of post-operative physiotherapy are covered by Westfield following a referral by a medical professional (if outpatient benefit selected). **We** will provide up to 4 sessions if referred by a **GP** and up to 10 sessions if referred by a **medical specialist**. The cost of these additional sessions will not be treated as an **Outpatient event**, but the policy excess will be deducted if it is the first **Outpatient event** claim of the **policy year**.

While it is the intention of the policy to provide care in a **private hospital** if requested, the decision to decline to provide **you** with a **private treatment** package will be at the absolute discretion of Westfield Health, or one of **our** representatives.

What isn't included in a private treatment package?

- Out of pocket expenses such as telephone calls, magazines and entertainment packages
- Travel costs to or from the **private hospital**, or the cost of a private ambulance. This includes Jersey residents who may need to travel to the **UK**
- Additional medication or dressings e.g. pain relief once **you** have left the **hospital/treatment centre** (although **you** may be sent home with a small supply as part of the **private treatment** package)

The reasons why a private treatment package may not be made available to you include:

- if for medical reasons **private treatment** will not be appropriate for **you**;
- a **private treatment** package is not available within the monetary limit**;**
- **private hospitals** decline to provide a package price for a particular case

If a **private treatment** package is available, but the cost exceeds the monetary limit available for that **surgical procedure**, **you** will be offered the opportunity to top-up the benefit level **yourself**.

You must pay the top-up amount to the **private hospital** prior to having **your surgical procedure**.

If a suitable **private treatment** package is not available **NHS treatment** will be recommended.

We will not cover any **surgical procedure** that is not listed in **our schedule of procedures**, except when at **our** discretion **we** agree to cover a procedure that does not substantially differ from one of those listed.

If **private treatment** costs less than the maximum allowance that **we** have allocated to the **surgical procedure we** will not pay any cash surplus to **you.**

The treatment package does not cover

- Additional **in-patient** nights before or after **your private treatment** package: **we** will only cover the **in-patient** nights that we have arranged as part of **your private treatment** package
- Accommodation that is not part of the **private treatment** package e.g. hotel stays
- Travel costs to or from the **hospital/ treatment centre**, or the cost of a private ambulance
- **Treatment** carried out by a **GP** or **treatment** carried out in a **GP** surgery
- Monitoring of any disease, illness or injury when there are no active symptoms

9. NHS Treatment

If **you** prefer to have **NHS treatment**, or if a **private treatment** package is unsuitable, **we** will pay the NHS Benefit. The NHS Benefit is 25% of the monetary amount for the **private treatment** for **your surgical procedure**, as listed on the **schedule of procedures**. The NHS Benefit is paid to **you**.

If **you** have **NHS treatment**, once **you** have undergone **your surgical procedure our** team will assess **your** claims eligibility over the telephone in the majority of cases but there may be occasions where a paper claim form is required to be completed by **your GP**. Alternatively, providing that they have all the necessary information regarding **your NHS treatment**, the claim form can be completed by **your GP**. **We** will offer any assistance or advice that **you** need in connection with making a claim.

Completed forms must reach **us** within 26 weeks of the date of **your surgical procedure**. Once the claim has been verified a payment will be sent to either **you** or the employer.

10. Policy Exclusions

Surgical procedures or the **outpatient event** (if outpatient benefit selected) that arise as a result of certain circumstances will not be covered. **You** should read this list of policy exclusions before applying for **private treatment** or making an NHS Benefit claim.

We will not cover:

1. Any procedure that is not a **surgical procedure**: the **surgical procedure** must be listed in **our schedule of procedures** (except when at **our** discretion **we** agree to cover a procedure that does not substantially differ from one of those listed);
2. Any **private treatment** that has not been approved by **us** or **our** appointed representative;
3. Any claim that arises as a result of a **pre-existing condition** (or **related medical condition**), until **you** have been free of symptoms, **treatment** or **advice** for 2 continuous years from **your registration** date, if **your** cover is underwritten on a moratorium basis;
4. Unless outpatient benefit is selected, consultations or scans that are used to diagnose **your** need for a **surgical procedure**. If **you** also have Westfield Health Cash Plan cover please refer to the Benefit Rules section in the Health Cash Plan guide for details of any benefits that may be available to **you** and/or contact **our** Customer Care Team);
5. Any charges that a **hospital**, practitioner or any other organisation makes for filling in a claim form;
6. **Emergency procedures**;
7. Procedures which solely involve needle injections, needle biopsies, or needle procedures for **diagnostic** or therapeutic reasons with or without radiographic guidance, unless occurring as part of a **CT** or **MRI scan** during an **outpatient event**;
8. Unless outpatient benefit is selected, consultations, CT, MRI or Ultrasound scans or procedures requiring CT, MRI or Ultrasound scans for guidance, such as CT guided needle biopsies;
9. **Surgical procedures** relating to **chronic conditions**: except when there is evidence of a new acute phase;
10. The **treatment** of any disease of the heart including its muscles, valves, conduction system, heart rhythm, blood supply, or pericardium;
11. **Cancer** related **surgical procedures**. For the purpose of this exclusion this means **surgical procedures** related to:
    a. All **cancers**, including leukaemia and Hodgkin's disease;
    b. Tumours which are histologically described as pre-malignant, or non-invasive, or types of intraepithelial neoplasia, or as **cancer** in situ, or as undefined or mixed;
    c. Any **cancer** in the presence of Human Immunodeficiency Virus;
    d. Any skin **cancer** including pre-malignant, basal cell and malignant melanoma.

This exclusion will not apply to s**urgical procedures** when **cancer** is suspected but not confirmed e.g. biopsies, if these appear on the **Schedule of Procedures**;

12. Renal failure – supportive **treatment** including dialysis;
13. Insertion of hormonal or therapeutic implants;
14. Correction of congenital abnormalities;
15. Developmental delays, including learning difficulties or speech/language disabilities;
16. Dental conditions – any dental condition or dentistry, including gum conditions and wisdom tooth extraction;
17. Fertility or infertility **treatment**, or any **treatment** relating to fertility, low fertility or infertility;
18. Any type of contraception;
19. Vasectomy or sterilisation/reversal of vasectomy or sterilisation;
20. **Treatment** for sexual dysfunction whatever the cause e.g. impotence;
21. Sex change/gender reassignment, whether or not it is for psychological purposes, or any other **treatment** arising from or directly or indirectly associated with gender reassignment;
22. Organ transplant or organ donation;
23. Pregnancy and/or childbirth, or any **treatment** relating to pregnancy or childbirth e.g. foetal operations, termination of pregnancy, caesareans;
24. Procedures relating to colposcopy other than knife cone biopsies;
25. **Endoscopic procedures** – the following **endoscopic procedures** are excluded unless they are carried out as part of an examination under general anaesthetic:
    a. Nasal sinus endoscopy
    b. Pharyngoscopy
    c. Laryngoscopy
    d. Flexible and rigid sigmoidoscopy
    e. Hysteroscopy;
26. Services or **treatment** at any long term care facility, nursing home, spa hydro-clinic or sanatorium that is not a **hospital**;
27. **Medical conditions** either directly or indirectly arising from or associated with alcohol, solvent abuse, and/or drug dependency;
28. Any claim if **you** do not seek and follow the medical **advice** of a **Medical Specialist** relating to the **treatment** of a specific condition;
29. Self-inflicted injuries, illness, disease or any condition intentionally self-inflicted or self-infected or arising from suicide attempts, including **treatment** required as a result of attempted suicide;
30. Psychiatric Treatment – **treatment** associated with psychiatric conditions and any **related medical condition**;
31. **Treatment**, claim or expense directly or indirectly arising from, or as a consequence of:
    a. War, riots, invasion, rebellion, revolution, civil disturbances, terrorism or acts against any foreign hostility, whether war has been declared or not.
    b. Terrorism whether or not this involves the use or release or threat thereof of any nuclear

weapon or any chemical or biological agents.

c. ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it

d. an accident while **you** were under the influence of alcohol or drugs

32. **Treatment** directly or indirectly arising from, or as a consequence of, a pandemic illness;
33. **Treatment** required as a consequence of any criminal action **you** have undertaken;
34. **Treatment** directly or indirectly arising from or as a consequence of:
    a. Work that involves handling explosives, toxic chemicals, deep-sea diving or outdoor activity at heights above 50 feet.
    b. Professional sports injuries – this is any injury sustained whilst training for, or participating in, sport for which **you** receive payment or non-charitable sponsorship
    c. Injury sustained whilst participating in dangerous or hazardous sporting activity including, but not limited to: mountaineering; rock climbing; gorge walking; horse jumping; motor sports, including motor cycle sport; aviation, other than as a fare paying passenger; ballooning; bungee jumping; hang gliding; micro lighting; parachuting; paragliding or parascending; potholing or caving; power boat racing; white water rafting; competitive yachting or sailing; bobsleighing; competitive canoeing or kayaking; judo or martial arts; scuba diving or extreme sports such as free-diving; base jumping, ski-racing and ice climbing;
35. Any claim arising from a sexually transmitted disease;
36. **Outpatient events** (if outpatient benefit selected) and **surgical procedures** relating to cosmetic treatment, whether or not required for psychological or religious purposes or following accident, illness or injury. Also, cover will not be provided for **treatment** either directly or indirectly arising from or associated with cosmetic **treatment**;
37. Breast augmentation or breast reduction, whether or not required for psychological or religious purposes or following accident, illness or injury. Also, cover will not be provided for **treatment** either directly or indirectly arising from or associated with breast augmentation or breast reduction;
38. **Treatment** associated with AIDS or HIV infection;
39. **Treatment** for weight loss e.g. gastric bands, gastric by-pass;
40. Laser eye surgery or any procedure for the correction of eyesight e.g. myopia, hyperopia, astigmatism or presbyopia;
41. Sleep disorders e.g. **treatment** for sleep apnoea;
42. **Treatment** that is experimental or that has not been approved by the National Institute for Health and Care Excellence (NICE).
43. Any claim that arises as a result of an excluded **medical condition** if cover is underwritten on the basis of the continuation of personal medical exclusions (CPME).
44. Preventative **treatment** (prophylactic **treatment**).
45. Monitoring of any disease, illness or injury when there are no active symptoms.
46. Private ambulance fees; the cost of transport to or from a **surgical procedure**.
47. **Treatment** carried out by a **GP** or **treatment** carried out in a **GP** surgery.
48. **Outpatient events** to investigate whether **you** may have a potential illness or disease unless **you** have symptoms e.g. genetic testing is not covered.

11. Worldwide cover

No cover is provided if **you** are outside the **UK**, Isle of Man or Jersey.

12. 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

- Phone 0114 250 2000
- Email enquiries@westfieldhealth.com
- Post Westfield Health, PO Box 340, Sheffield S98 1XB
- 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
- 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 have the complaint investigated.

The Financial Ombudsman Service may not be able to consider a complaint if **you** have not provided **us** with the opportunity to resolve 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: The Financial Ombudsman Service, Exchange Tower, Harbour Exchange, London E14 9SR

Telephone: 0800 023 4567 (free from a UK landline) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). Please call +44 (0) 207 964 0500 if calling from outside the UK.

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

13. 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, Mitcheldean, GL17 1DY and by visiting www.fscs.org.uk

14. General Conditions

Governing Law

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

Changes to this Contract

From time to time upon renewal it may be necessary for **us** to increase the amount of the premium for the **plan**, alter the terms of the **plan** or amend the rules relating to the **plan**. If **we** decide to make any such changes, **we** will give **you** reasonable notice to enable **you** to decide if **you** do not wish to continue **your** policy, except when it is not possible for **us** to do this, for example changes required by law. As mentioned in section 5, Surgical Procedures, the **schedule of procedures** is reviewed and updated regularly. **We** will not notify **you** in advance of any such changes.

A person who is not a party to this **agreement** shall not have any rights under or in connection with it by virtue of the Contracts (Rights of Third Parties) Act 1999 except where such rights are expressly granted in these terms and conditions but this does not affect any right or remedy of a third party which exists, or is available, apart from that Act. The rights of the parties to terminate, rescind or agree any variation, waiver or settlement under this **agreement** is not subject to the consent of any person that is not a party to this **agreement**.

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

Marketing Preferences

We occasionally send out communications with ideas and information on health and wellbeing.

We'll never share **your** data with organisations outside Westfield Health for their own marketing. **We'll** always treat your information with respect and keep it safe and secure.

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

Our Privacy Policy explains how **we** use and store **your** data, as well as how to exercise **your** privacy rights: www.westfieldhealth.com/about-us/trust/privacy-policy Westfield Contributory Health Scheme Ltd (company number 303523), Westfield Health & Wellbeing Ltd (company number 9871093) are collectively referred to as Westfield Health and are registered in England & Wales.

To ensure that **we** maintain a high quality service **we** may monitor and record calls.

Calls to 01 and 03 telephone numbers from UK landlines and mobiles are normally included in free plan minutes if available; otherwise calls to 03 numbers cost the same as calls to 01/02 prefix numbers. Calls to 0800 numbers are free from consumers' mobiles and landlines in the **UK**.

Language

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

Additional Information

We are required to notify **you** that there may also be other taxes or costs which are not paid through,
or imposed by, the insurance underwriter.

The information contained within this plan guide is effective from 1st March 2025 and replaces all previously published information.

Definitions

Wherever the following words or phrases appear in this document in **bold type**, they have the special meaning for the purposes of the **plan**, as detailed below.

Acute condition

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Advice

Any consultation regarding a **pre-existing condition** or **related medical condition** from a **GP, Medical Specialist**, therapist or allied healthcare specialist: this includes the issue of any prescription or repeat prescription.

Agreement

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

Annual renewal date

The anniversary of **your registration** date.

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chronic condition

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long term monitoring through consultations, examinations, check ups and/or tests
- it needs ongoing or long term control or relief of symptoms
- it requires **your** rehabilitation or for **you** to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

Day patient

A patient who is admitted to a **hospital/treatment centre** or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

Diagnosed/Diagnostic

The unequivocal discovery and identification of a **medical condition** from the examination of symptoms using investigations such as x-rays or

blood tests, by a **Medical Specialist**.

Diagnostic tests
Investigations, such as x-rays or blood tests, to find or to help to find the cause of **your** symptoms.

Emergency procedures
Procedures usually carried out in an Accident and Emergency Department, or procedures carried out following admission into a **hospital/treatment centre** via an Accident and Emergency Department or procedures carried out following same-day referral to the **hospital/treatment centre** by a **GP** or **Medical Specialist** or any other person.

Endoscopic procedures
Procedures using an illuminated optical instrument used for internal investigations or for assistance with procedures associated with body cavities or organs. Some **endoscopic procedures** not carried out under general anaesthetic are not covered (see Section 10. Policy Exclusions).

GP
General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice and is not a **Medical Specialist**.

The **GP** must not be **you**, or a member of **your** immediate family – a parent, child, brother or sister, or **your partner.**

Hospital/Treatment Centre
A medical facility that:
- has permanent facilities for caring for patients as an **in-patient** and/or a **day patient** and
- has facilities for medical practitioners to **diagnose** and treat injured or sick people and
- provides nursing services from qualified nurses/midwives who are on the Nursing and Midwifery Council (NMC) register (or an equivalent register if the **hospital/ treatment centre** is outside **UK**) and
- is an independent **hospital/ treatment centre** registered in accordance with the Registered Homes Act 1984 or a NHS **hospital/treatment centre** in the **UK** with specialist facilities for medical and surgical procedures. A **hospital/treatment centre** that is registered with the Department of Health and appears on the National Administrative Code Service Register.
- is not a nursing home; hospice, convalescent home; residential care home; prison; health spa/hydro.

It includes the Jersey General Hospital: any other **hospital/treatment centre** on Jersey with specialist facilities for medical and **surgical procedures**.

Hospitals/treatment centres in other countries may be included in this definition at Westfield Heath's discretion.

In-patient
A patient who is admitted to a **hospital/treatment centre** and who occupies a bed overnight or longer, for medical reasons.

Medical condition
Any symptom, illness, disease or injury.

Medical Specialist
A Doctor who:
- holds an NHS Consultant post and;
- is on the Specialist Register held by the General Medical Council

or
- holds a Consultant post on Jersey and;
- is on the Specialist Register held by the General Medical Council

or
- who is otherwise approved by Westfield Health prior to any **surgical procedure**.

NHS treatment
For the purposes of Private Health Insurance, patients who undergo NHS-subsidised **surgical procedures** at independent **hospitals/treatment centres** will be deemed to have received NHS treatment.

The NHS (National Health Service) means the free-to-use public health service.

For residents of Jersey this will include health care funded by the States of Jersey Health and Social Services Department.

Partner
A person **you** live with that **you** are married to, or a person that **you** permanently live with as if **you** are married to them
or
A person **you** live with in a civil partnership, or a person that **you** permanently live with as if **you** are in a civil partnership

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

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

Plan
Private Health Insurance cover, as detailed in this guide.

Policy
The contract, comprising of the **policy letter** and terms and conditions in this guide, between Westfield Health and **you**.

Policy letter
The welcome or renewal email/letter which has the details of **your policy**: **your** name; **your registration** date; the **annual renewal date**; any special provisions relating to **your** cover.

Policy year
12 calendar months from:
- The **policyholder's registration date**
- The **annual renewal date**

Policyholder
The person in whose name the **plan** is held.

Policy schedule
The statement from **us** confirming **your** current benefits and level of cover.

Pre-existing condition
Any disease, illness or injury for which:
- **you** have received consultation, medication, monitoring, **advice** or **treatment**

or
- **you** have experienced symptoms in the 3 years prior to **your registration** date for your current **cover on Level 2 (2 years prior** to **your registration** date for your current cover on Level 1), whether the condition has been diagnosed or not.

Private hospital
An independent **hospital/treatment centre** or NHS pay bed, or any other establishment, which Westfield Health may decide to treat as a **private hospital** for the purpose of this benefit. A **hospital/treatment centre** that is registered with the Department of Health and appears on the National Administrative Code Service Register.

Private treatment
A **surgical procedure** that is not **NHS treatment**, or funded by States of Jersey, whether in an NHS/States of Jersey funded **hospital/treatment centre** or a **private hospital**.

Registration
Your registration date is the first day **you** become insured under this **policy**.

If **your** cover has lapsed, or is not renewed, and is then re-instated a new **registration** date will apply under the new **policy**.

Related medical condition
Any condition, symptom, disease,

illness or injury, which is medically considered to be associated with another condition, symptom, disease, illness or injury.

Schedule of procedures
The Private Health Insurance, **schedule of procedures** classifying **surgical procedures** according to their complexity. It is available to download at **www.westfieldhealth.com/operationslist**. A printed copy can be requested from Westfield Health.

Surgical complication
An adverse and unintended medical event resulting directly from the **surgical procedure**, which requires medical or surgical intervention.

Surgical procedure
A **surgical procedure** is for Level 2: An intervention carried out by a **Medical Specialist** in a **hospital/ treatment centre** involving one of the following:

- A general anaesthetic
- A regional or local anaesthetic in conjunction with an incision involving a surgical knife
- An **Endoscopic procedure**

A **surgical procedure** is for Level 1, those listed in the **schedule of procedures**

The **surgical procedures** covered by this policy are listed in the **schedule of procedures** that is available to download at **www.westfieldhealth.com/about-us/trust/privacy-policy**. A printed copy is available on request from Westfield Health.

Please refer to Section 10. Policy Exclusions for details of **treatment** that the **plan** does not cover

Treatment
Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

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

We/us/our
Westfield Contributory Health Scheme Ltd., or someone appointed by **us** to administer **your** Private Health Insurance, cover.

You/your/yourself
The named Private Health Insurance, **policyholder**.

Our Privacy Policy

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

We have a Data Protection Officer who can be contacted in the following ways should you have any questions, complaints or feedback about your privacy. Please email: dpo@westfieldhealth.com or write to them via the above address. To view our full Privacy Policy please visit www.westfieldhealth.com/about-us/trust/privacy-policy.

What information we collect:
In relation to your plan, you may provide us with your personal details including:

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

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

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

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

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

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

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

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

How long we keep your data:
We will keep your personal data for a number of purposes, as necessary to allow us to carry out our business. Your information will be kept securely

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

Your Rights:

- **Right to be Informed:** We will always be transparent in the way we use your personal data. You will be fully informed about the processing through relevant privacy notices
- **Right to Access:** You have a right to request access to the personal data that we hold about you and this should be provided to you. If you would like to request a copy of your personal data, please contact our Data Protection Officer
- **Right to Rectification:** We want to make sure that the personal data we hold about you is accurate and up to date. If any of your details are incorrect, please let us know and we will amend them. You can also visit the My Westfield section of the website and update your details at any time
- **Right to Erasure:** You have the right to have your data 'erased' in the following situations:
  - Where the personal data is no longer necessary in relation to the purpose for which it was originally collected or processed
  - When you withdraw consent
  - When you object to the processing and there is no overriding legitimate interest for continuing the processing
  - When the personal data was unlawfully processed
  - When the personal data has to be erased in order to comply with a legal obligation

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

- **Right to Restrict Processing:** You have the right to restrict processing in certain situations such as:
  - Where you contest the accuracy of your personal data, we will restrict the processing until you have verified the accuracy of your personal data
  - Where you have objected to processing and we are considering whether Westfield Health's legitimate grounds override your legitimate grounds
  - When processing is unlawful and you oppose erasure and request restriction instead
  - Where Westfield Health no longer need the personal data but you require the data to establish, exercise or defend a legal claim
- **Right to Data Portability:** You have the right to data portability in certain situations. You have the right to obtain and reuse your 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; and
  - 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

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

Online

westfieldhealth.com

Email

phi@westfieldhealth.com

Phone

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

Westfield Health

Postal address
Westfield Health
PO Box 340
Sheffield
S98 1XB

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

Registered Office is Westfield House, 60 Charter Row, Sheffield, South Yorkshire S1 3FZ

Westfield Health is a registered trademark.

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