



Product Oversight and Governance Report – Fair Value Assessment

Product Name: Mosaic Health Cash Plan
 Product Type: Health Cash Plan
 Date of review: February 2025

- This guide is for distributor reference only
- It does not contain the full terms and conditions of the contract of insurance
- The information provided within this document should be sufficient for distributors in the chain to understand the value of the product, the intended target market and those to whom the product should not be marketed



Assessment

Date of the last review	February 2024
Status	Open and actively marketed.
Manufacturer / Co-manufacturer	Manufacturer – Westfield Health.
Customer	
Target Market Who is this product designed for?	<p>Mosaic Health Cash Plan is a flexible, modular corporate paid product created via a quotation system.</p> <p>There are two versions available:</p> <ul style="list-style-type: none"> • Corporate paid only (no voluntary Employee Upgrades and no voluntary Additional Adult cover). • Corporate paid with voluntary Upgrade and Additional Adult cover option.

	<p>Three payment options available to be decided by the employer, direct debit, payroll or flex platform (core funded cover).</p> <p>Available to any company who will provide corporate paid cover for more than 50 people to a maximum of 3,000. Exceptions outside of these parameters are on rare occasions agreed.</p> <p>There is no age limit for corporate paid cover.</p> <p>The age limits for upgrade cover are at least 16 years old and not yet 66.</p> <p>The age limits for additional adult cover are at least 18 years old and not yet 66.</p> <p>Dependent children cover is up to age 22.</p> <p>Customers must be resident for 6 months or more each year in the UK (England, Scotland, Wales and Northern Ireland), Channel Islands and Isle of Man.</p> <p>Applications for upgrades and additional adult cover can be accepted for residents of Guernsey, Alderney and Sark.</p> <p>We can accept corporate paid policyholders who are resident in the Republic of Ireland (RoI). We can offer corporate paid cover if it's a UK company employing them and all administration is through that company, nothing through a RoI company. The number of policyholders in RoI must be less than 50% of the total, so a minority of those having corporate paid cover.</p> <p>Distributors: Please inform us where you identify that you have consistently distributed our products to customers outside of the intended target market.</p>
<p>Negative Target Market Who is this product NOT designed for?</p>	<p>The product is not designed/suitable for:</p> <ul style="list-style-type: none"> • We can't sell to a RoI registered company. No voluntary cover can be offered - no upgrades or additional adult cover. • Companies registered anywhere other than in UK (England, Scotland, Wales and Northern Ireland), Jersey or Isle of Man. • Professional sports people • Dependent children over the age of 22. However, these could be added as additional adults at this stage. <p>General exclusions include:</p> <ul style="list-style-type: none"> • Any claim that is not submitted in accordance or in breach of the General Terms and Conditions • Any charges that a hospital/treatment centre, practitioner or any other organisation makes for filling in a claim form or providing information we ask for relating to the claim

	<ul style="list-style-type: none"> • We don't cover claims arising directly or indirectly from, or as a consequence of: <ul style="list-style-type: none"> ○ participating in a criminal act ○ professional sports injuries – this is any injury sustained whilst training for, or participating in sport which payment or non-charitable sponsorship is received ○ an accident whilst under the influence of alcohol or drugs ○ suicide or deliberate self-inflicted injury ○ participating in dangerous activities or sports, including but not limited to canyoning, high diving, parasailing or riding/driving in any kind of race ○ flying as a pilot or crew member ○ a pandemic illness ○ 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 ○ war, invasion, terrorism, rebellion or revolution <p>Distributors: Please inform us where you identify that you have consistently distributed our products to customers outside of the intended target market.</p>
<p>Knowledge and experience of and within the target market</p>	<p>Westfield Health is an FCA/PRA regulated company that has been established for over 100 years.</p> <p>Westfield Health have dedicated teams including Propositions and Sales working predominantly in the health insurance market.</p> <p>The product has been designed to take account of those who:</p> <ul style="list-style-type: none"> • have no insurance purchasing experience, interest, or knowledge • have some insurance purchasing experience, interest, or knowledge • have insurance purchasing experience, interest, and knowledge. <p>In dealing with the target audience and the evolving marketplace, Westfield Health seek to provide access to relevant insurance products, and will provide appropriate information concerning the policy type, details of the relevant product features, and the likely outcomes from the product, so that prospective customers can select the products they require based on an informed judgement. Westfield Health will not provide advice nor recommend a product.</p>
<p>Identifying and dealing with vulnerable customers</p>	<p>Westfield Health have a Vulnerable Customer Policy and provide colleagues with annual training to support identifying and interacting with customers who show characteristics of vulnerability and ensure that good customer outcomes are delivered.</p>

	<p>Training is provided to our IDD group on an annual basis, and ad-hoc where there is a need, and those colleagues who interact with our customers also have access to a toolkit which provides them with additional information on how to identify and deal with a vulnerable customer.</p> <p>A good customer outcome does not just relate to the avoidance of financial detriment, it could also include instances which cause, or could cause, distress, inconvenience, or harm.</p> <p>Our over-riding principle when dealing with vulnerable customers is that good outcomes are achieved throughout the customer journey, and any barriers are removed to allow access and utilisation of our products and services. We take a flexible approach which allows us to provide additional support where needed and interact with our customers in a way which meets their needs.</p>
<p>Any circumstances which may cause a conflict of interest to the detriment of the customer</p>	<p>Limited conflict of interest identified.</p> <p>Except;</p> <ul style="list-style-type: none"> • Pre-existing medical conditions are not covered for some benefits (as stated in the T&Cs). • If receiving treatment; the practitioner cannot be a family member (as stated in the T&Cs).
<p>Product</p>	
<p>The main features and characteristics of the product</p>	<p>Mosaic Health Cash Plan covers corporate and voluntary paid customers.</p> <p>The benefits and claim values can be selected, provided at least two core benefits are selected.</p> <p>Mosaic Health Cash Plan provides the customer with twenty-three different benefits and services to choose from; ranging from money towards the cost of new glasses or contact lenses, dental treatment, physiotherapy and seeing a Consultant.</p> <p>The customer also has the option to provide valuable Health and Wellbeing Services such as, 24/7 telephone access to a prescribing UK GP, from anywhere in the world and health club concessions.</p> <p>As part of our regular portfolio review process, we've identified inflationary pressures in operating our Expert Medical Opinion / Best Doctors® benefit which outweigh the policyholder benefit. We've taken the decision that removing the benefit from our Health Cash Plans provides best value to policyholders.</p>

	<p>The Best Doctors® benefit which offers an expert second medical opinion is no longer available for new business and will be removed from companies at renewal from April 2024.</p> <p>Please refer to benefit table provided below for additional information.</p>
<p>How the product meets the needs of the customer and provides benefits</p>	<p>The Mosaic Health Cash Plan provides a range of benefits and services to select for the policyholder (and eligible children), with customisable levels of cover depending on appropriateness, budget and affordability. The organisation providing the corporate cover selects the benefits and services.</p> <p>The policyholder has access to twenty-three different benefits and services, consisting of cash reimbursement and third-party wellbeing services. Each benefit or service has been purposely selected to meet the needs of our diverse customer base. A minimum of 2 core benefits must be selected.</p> <p>Benefit table:</p> <p> Mosaic Benefit Table.pdf</p> <p>Template version of the benefit table excluding Best Doctors:</p> <p> Mosaic Benefit Table PHI TEMPLATE</p>
<p>Is the product considered complex?</p>	<p>A health cash plan is an insurance product provided by an employer or selected by an individual which helps cover the cost of routine medical costs, such as eye tests and dental appointments.</p> <p>Depending on the benefits available within the product they can also include over the phone assistance with things like mental health and financial support, as well as physiotherapy and prescriptions charges.</p> <p>Some of our corporate Health Cash Plan products have fixed cash back and wellbeing benefits included while others have benefits that can be selected by the employer within set criteria to allow for a more bespoke offering in line with their needs.</p> <p>The consumer products have fixed cash back and wellbeing benefits based on our experience within the market.</p>

	<p>Customers are required to submit their bill and receipt to Westfield Health for any medical expense they have paid for which is covered by the product. Westfield Health will refund a percentage of the cost; the maximum refund is determined by the terms of the policy.</p> <p>The pre- and post-sale documentation is designed to be clear and concise for customers ensuring we don't use jargon. Terms and Conditions are issued to all customers at the start of the plan or when any amendments that impact them are made, these explain the claims process and benefit periods for each benefit. How the services can be used are explained within the documentation.</p> <p>When scheme changes are done, we ensure all customers are brought up to the level of new customers ensuring we do not carry complexity internally and allow us to manage all our customers on the same level. When changes are made, these are communicated to customers. Moreover, we are also actively seeking to rationalise our book of products for simplicity internally and understanding of our offering externally.</p> <p>Given there is no underlying investment and no life cover elements, the individual or employer pays a premium and then the customer is able to claim against cash back elements or access wellbeing benefits we do not consider the product complex.</p>
<p>The risk of harm/customer detriment associated with the product?</p>	<p>There is minimal risk or harm/customer detriment associated with the product.</p> <p>As an organisation we only partner with 'Best in Class' Suppliers who have been selected via rigorous selection processes and full sign off from executive management level.</p> <p>Our contracts all include clear and concise SLAs and duty of care standards expected from our third-party suppliers. We have an internal Procurement team and full time employed third party supplier manager who consistently works and reviews all contracts and service standards from those we partner with.</p> <p>The product Terms and Conditions (T&Cs) also state that any treatment received via a practitioner must be provided by an accredited / professional organisation as standard.</p> <p>Our DoctorLine service is provided by clinically approved advisors and has affiliation with NHS services. The EAP and scanning services operate to their industry standards and both work closely with the NHS.</p> <p>Our expert medical opinion service is provided by Best Doctors UK Limited. Best Doctors has a unique worldwide database of around 53,000 doctors who've all been chosen because their</p>

	<p>colleagues think they are the top experts in their medical speciality and able to offer an expert second medical opinion on a multitude of medical conditions. This service is no longer available for new business and will be removed from companies at renewal from April 2024.</p> <p>To ensure that the customer receives fair value for this product, care must be taken to ensure that no duplicate cover exists or if it does, the implications to proceed on that basis was highlighted to the customer.</p>
<p>How much information about the product is publicly available?</p>	<p>Product information and the quotation system are available on the website.</p> <p>Additional information can be provided by our dedicated sales function at request.</p>
<p>Service</p>	
<p>What are the end user product Service Level Agreements (SLAs) and are these being met?</p>	<p>Our current SLAs are outlined below, these are reviewed regularly with a monthly meeting to discuss in greater detail. We meet the set SLA target 98% of the time.</p> <p>Claims: Postal – 4 days Online – 2 days</p> <p>Voice – 60% of calls answered within 40 seconds. This SLA typically results in customers waiting on average around 65 seconds for us to answer their call and we answer approximately 95% of all calls.</p> <p>Emails –98% in 1 day</p> <p>Policies (This relates to all membership applications, company queries and all payments that companies make.) 98% – 4 days.</p> <p>In addition to the SLA’s, we send surveys out to all our customers who contact us through voice, where we’ve paid a claim and where we’ve cancelled a claim to get a Net Promoter Score (NPS)* and Customer Satisfaction score (CSAT) to gather feedback from customers on their interaction with us.</p> <p>The NPS has a target score of 70 and the CSAT has a target score of 4.7 out of 5. The scores are reported monthly and form part of the board pack.</p> <p>Colleagues handling calls do discuss their survey feedback / results each month with their line manager. Should any theme’s become apparent that’s impacting any of their scores adversely this would be passed on to the quality coach who would arrange for coaching sessions to address any concerns. If required</p>

	<p>increased call monitoring may take place for a period until any issues have been addressed.</p> <p>The Year-to-Date (Apr 24 – January 25) scores are below. NPS – 73.85 CSAT - YTD – 4.9</p> <p><i>*NPS – This is our net promoter score and how likely our customers are to recommend us to others. They have the option to select a score between 0-10. 0-6 are classed as detractors and these deduct points from your NPS score. 7-8 are passives, this doesn't impact your score at all. 9-10 are promoters who add to your NPS score.</i></p> <p><i>CSAT – Is made up of, ease of the process and if an advisor is knowledgeable, friendly & helpful. This score is out of 5.</i></p>									
<p>Complaints data relating to this product</p>	<p>We monitor our complaints data closely and it is presented quarterly to the board with any actions required closely monitored to ensure any issues are addressed in a timely manner.</p> <p>We received 31 complaints in Q1 2024/25 (April-June), 12 were service related, 15 were product related and 4 related to third party services. 10 of these complaints were upheld.</p> <p>We received 35 complaints in Q2 2024/25 (July – September), 21 were service related, 11 were product related and 3 related to third party services. 14 of these complaints were upheld.</p> <p>We received 24 complaints in Q3 2024/25 (October – December), 8 were service related, 14 were product related and 2 related to third party services. 8 of these complaints were upheld.</p> <table border="1" data-bbox="518 1395 1350 1536"> <thead> <tr> <th colspan="3">Year to Date (Apr 24 – Dec 24)</th> </tr> <tr> <th>Total Complaints</th> <th>Total Upheld</th> <th>Total Not Upheld</th> </tr> </thead> <tbody> <tr> <td>90</td> <td>32</td> <td>58</td> </tr> </tbody> </table> <p>The total number of complaints equates to 0.16% of the policyholders.</p> <p>A total of £685 has been paid in redress and £572.25 has been paid as a gesture of goodwill for the above complaints.</p>	Year to Date (Apr 24 – Dec 24)			Total Complaints	Total Upheld	Total Not Upheld	90	32	58
Year to Date (Apr 24 – Dec 24)										
Total Complaints	Total Upheld	Total Not Upheld								
90	32	58								
<p>Distribution</p>										
<p>The distribution strategy for this product (does the</p>	<p>The product is sold direct and through intermediated channels.</p>									

<p>distribution arrangement mean that customers may be at a greater risk of not receiving fair value from the insurance product?)</p>	<p>The price is transparent and reviewed at an individual account level on renewal and therefore demonstrates fair value for all customers.</p> <p>The premium is inclusive of any commission paid to intermediaries for selling the product.</p> <p>Distributors are remunerated by commission payable by Westfield Health for the sale of Health Cash Plans and PHI contracts.</p> <p>Our fair value assessment has factored in the cost of commission, and the clarity of end price paid by the consumer.</p> <p>Westfield Health rely on distributors to inform them if there are any additional fees and charges levied in respect of arranging contracts that are paid by consumers, so that this can be factored into fair value assessments.</p>
<p>Testing</p>	
<p>What product testing has taken place?</p>	<p>Mosaic Health cash Plan is regularly reviewed by dedicated teams internally assessing the performance of the plan.</p> <p>As part of our regular portfolio review process, we've identified inflationary pressures in operating our Expert Medical Opinion / Best Doctors® benefit which outweigh the policyholder benefit. We've taken the decision that removing the benefit from our Health Cash Plans provides best value to policyholders. The Best Doctors® benefit which offers an expert second medical opinion is no longer available for new business and will be removed from companies at renewal from April 2024.</p>
<p>What product monitoring occurs?</p>	<p>The product oversight and governance are reviewed on an annual basis.</p> <p>In addition, Propositions and Underwriting & Insight teams review the products performance and shortfalls considering customer needs and manage the third-party suppliers to ensure the product remains competitive in the market.</p> <p>The summary of fair value included a review of the following MI:</p> <ul style="list-style-type: none"> ● Loss ratio (Including third party usage) ● Policy cancellations ● Claims acceptance rate ● Net Promoter Score (NPS) ● Customer Satisfaction Score (CSAT) ● Number of complaints ● Complaints as a percentage of policyholders ● Redress inc. Gestures of goodwill payments made.

	<p>The product has a 90% claim acceptance rate which exceeds the set business threshold.</p>
<p>Is remedial action taken if necessary?</p>	<p>Yes. Where any changes in the product or service are required, we ensure these are investigated and prioritised as necessary.</p> <p>Propositions monitor our core competitors, market, customer, and sales insight. In response to this analysis, we review and make changes when required.</p>
<p>Fair Value Findings</p>	
<p>How the product provides fair value to the customer and whether it will continue to do so for a reasonably foreseeable period (including following renewal)</p> <p>We must not market the product or permit the product to be distributed (whether directly or through another person), unless appropriate changes are made so that fair value will be provided</p>	<p>The price is fixed and reviewed at product level using underwriting data and competitor analysis to ensure the product is suitable and meets the customer's needs.</p> <p>The level of cover required can be selected based on the needs of the customer and their budget, offering a range of suitable benefits.</p> <p>The price at renewal is fixed and policyholders can choose to accept the price, transfer to an alternative provider, or cancel the policy. Our renewal rate is above 90%.</p> <p>Pricing is benchmarked against the competition ensuring fair value for customers.</p>
<p>Statement</p>	<p>As part of the review, we have assessed the cost of the product to the customer against the benefits available for use including additional wellbeing benefits available to them and the distribution of the product.</p> <p>The fair value measures assessed are all within business appetite and the product is deemed suitable for the intended target market, with no material issues raised in relation to distribution or service.</p> <p>We would like to remind distributors that any fees charged (whether this relates to new business, renewals, mid-term adjustments, or cancellations) should not reduce nor negatively impact the intended product value and should always reflect the work and services provided by you for which the fees charged.</p>

Product Governance report completed by:

Name:	Gareth Owen
Position:	Proposition Manager
Date:	05/02/2025
Date of next review:	February 2026

Product Governance report reviewed by Compliance Function to ensure it meets the requirements of the FCA Product Intervention and Product Governance (PROD) Sourcebook, our regulatory requirements in relation to fair value assessments and the consumer duty good outcomes for customers:

Name:	Sarah Ratcliffe
Position:	Compliance Manager
Date:	06 February 2025
Date of next review:	February 2026