

Health Cash Plan

+ medicash

A positive approach to health

Insurance Product Information Document

Company: Medicash Health Benefits Ltd

Product: Medicash Voluntary Cash Plan

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

This document provides an overview of key information relating to your health cash plan. Complete contractual and non-contractual information is provided in your policy documentation.

What is this type of insurance?

This health cash plan provides cover for everyday healthcare costs which can be claimed back up to a maximum annual allowance for each benefit.



What is insured?

Your health cash plan provides cash back towards a range of benefits up to set amounts each year. Full details are included in the benefit table but include:

- ✓ Routine dental treatments.
- ✓ Dental accidents and injuries.
- ✓ Optical care.
- ✓ Consultations and diagnostic tests.
- ✓ Complementary therapies.
- ✓ Alternative therapies.
- ✓ Chiropody.
- ✓ Hospital benefits.
- ✓ Birth/Adoption of child.
- ✓ Broken bones benefits.
- ✓ Health and stress related helplines.
- ✓ Discounted health club membership.
- ✓ Medicash Extras, member only discounts portal.



What is not insured?

- ✗ Treatment needed due to dangerous activities and sports, professional sports injuries or as a result of self-inflicted injuries.
- ✗ Treatment provided by your immediate family.
- ✗ The first night of any inpatient stay.
- ✗ Treatment, purchases or accidents which occur outside of the UK.
- ✗ Any charges you may have to pay to fill in a claim form, or charges for any medical information we may need to support your claim.
- ✗ Personal Accident cover ceases on your 66th birthday. Children are not covered for Accidental Death.



Are there any restrictions on cover?

- ! All claims must be received within 26 weeks of the date you had treatment, were discharged from hospital or had an accident for which you want to make a claim.
- ! For dental accident and injury claims you must have attended a dental emergency appointment within five days of the accident or injury.
- ! We will not pay claims for any hospital stays that relate to a pre-existing condition or three years from the start of your policy or at a higher rate for three years following an increase to your level of cover.
- ! We will not cover the birth or adoption of a child which occurs within the first 12 months of your policy. This benefit will also be paid at the lower rate, where applicable, for 12 months following an increase to your level of cover.
- ! We only pay a percentage of the receipt value for some benefits. Where this is the case it will be stated on your benefit table.
- ! Please see your benefit table for details of what benefits children are covered for, the maximum age at which a child can make a claim and how many children can be covered under your policy.



Where am I covered?

This plan is designed to cover you whilst in the UK. It does not cover cover treatments, purchases or accidents which occur outside of the UK.



What are my obligations?

- ✓ To submit claims within 26 weeks of the date you had treatment, were discharged from hospital or had an accident for which you want to make a claim.
- ✓ To abide by the terms and conditions in force throughout your membership and ensure that any information submitted to Medicash is complete and accurate.
- ✓ To pay at the level and frequency indicated, or other amounts as may subsequently apply.
- ✓ To ensure that your treatment provider is fully qualified and insured for the treatments they are providing.
- ✓ To tell Medicash about any other cover you may have which you also intend to claim on for the treatment. You must provide us with permission to contact the other insurance company so that we only pay our proportionate share.
- ✓ To ensure that your contact details are kept up to date as Medicash will send any notifications of a change to your policy to the last address or email supplied to us, based on your communication preferences at the time of the change.



When and how do I pay?

You will pay for this plan on a monthly basis via Direct Debit or Payroll Deduction. When you apply you may have a choice of preferred collection dates for these payments.

This is a monthly renewable contract that remains in force if you continue to pay your premiums when due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

All premiums include Insurance Premium Tax and are subject to review in respect to any changes in taxation or claims experience. Our sales agents receive a salary and also a bonus based on sales when meeting certain thresholds. All of this is included within the premium of your plan.



When does cover start and end?

The policy schedule you receive in your welcome pack will show the date when your policy commences and the date from which you are able to make claims.

Please note that we do not cover any treatments or accidents which occur prior to the date that your policy starts or after the date on which your policy ceases.



How do I cancel the contract?

If you pay by Direct Debit you may cancel your policy at any time. Please contact us on 0151 702 0265.

If you pay by Payroll Deduction you may cancel your policy at any time by contacting your employer or contacting us on 0151 702 0265.

If you cancel your policy within 30 days of joining or amending your level of cover, as long as you have not made a claim, we will refund your first payment in full, or the difference in premiums if upgrading your level of cover.

If your policy is administered via a Flexible Benefits platform you can only cancel your cover during your next flexible benefit window or following a qualifying life event. Please refer to your benefit table for more information.