

**Your little
guide to health
cover with
big benefits.**

Westfield Flex Health Cash Plan

Hello.

A warm welcome to your health cover from Westfield Health. We've been dedicated to supporting the health of the nation since 1919.

Almost a century on and we still have the same beliefs, vision and values we've always had – to support you throughout your working life with innovative, best in class health cover.

And we've got some good news. You can start to enjoy the benefits of your cover on the Westfield Flex Health Cash Plan straight away (with the exception of Maternity/Paternity/Adoption benefit).

A little bit about us.

We are Westfield Health. From humble beginnings, we've evolved to become award-winning providers of health and wellbeing services.

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.

As a not for profit company, we reinvest our surplus in products and services that directly benefit our customers. Through our charitable donations, we support the NHS and medically related charities to help our customers and the community to lead healthier lives.

Getting started.

Take a look through your handy little guide, which provides everything you need to help you get the most from your cover. If you have any questions at all, just give our friendly UK based Customer Care Team a call on **0114 250 2000**.

Don't forget to read the full Terms and Conditions at the back of this guide.



We're not satisfied unless you are.

At Westfield Health, we're renowned for our customer care and we continue to be recognised as offering 'world class service' by the Institute of Customer Service. Year after year, we pick up awards for being the UK's best cash plan provider, so when you talk to us, you know we'll be fully committed to working harder for you.

Introducing your cover.

Congratulations. Like thousands of others, you're about to discover why so many of our customers are happy with their cover.

Taking better care of you.

No one knows what's around the corner where our health is concerned. With your cover, you can be sure that we will work harder on your behalf to help you pay for those essential health bills.

Money back.

We aim to ensure that as many of your health costs are covered as possible. From dental appointments to optical check ups, therapy treatments and more, you can rest assured that your cover will help with your bills.

You'll also enjoy money back towards the cost of a range of popular wellbeing and alternative therapies, which may help to relieve symptoms of a medical condition, aid recovery from illness or injury, alleviate stress or just simply improve your overall wellbeing.

You can claim back 100% of the money you spend straight away, up to the maximum allowance provided by your cover. You can also receive fixed cash payouts for hospital stays and day surgery. And you will also receive a sum of money if you have a baby or adopt a child.

Diagnosis and peace of mind.

We want you to stay at your fit and healthy best and, to help you do that, we've included all kinds of additional benefits. As well as providing cash towards diagnostic consultations, your cover includes access to Scanning Facilities and a 24 hour DoctorLine™ service. Once you've had a consultation with a medical specialist, our Best Doctors® service can give you an independent and confidential second medical opinion if you need it.

Health and wellbeing.

Your cover includes a Health Club Concession providing discounted membership at local gyms, so you can actively start improving your health right away.

Personal Accident cover too.

It's reassuring to know that you have cover in place to help you if the worst should happen. Your cover provides cash payouts in the event of death or permanent disability as a result of an accident.



"I've been through a lot medically, but having my Westfield cover to help has been fantastic. From getting quick access to consultations to receiving payment after my operation, the cover played a big part in my treatment and rehabilitation. From run of the mill things like eye checks and visits to the dentist, to more serious issues, I have always had excellent service."

Customer testimonial

Working harder for you.

As you start to use your health cover, the advantages really add up. It works harder for you by providing money back for treatment – and this is just part of your cover.

It also provides access to many valuable services to help keep you at your fit and healthy best.



MRI, CT and PET Scanning Facilities.

In order to access this facility you will first need to see your Consultant to gain a referral for a scan. Once you have this referral please contact the Scanning Helpline on **0345 345 4556**, available Monday to Friday, 8am to 6pm.

Helpline staff will explain the process for booking your scan and will require written confirmation from your Consultant before arranging your scan for you. Only scans arranged through the Scanning Helpline will be covered (except see Worldwide Cover, General Terms and Conditions).



DoctorLine™.

From anywhere in the world, 24 hours a day, you can pick up the phone and arrange a call back from a practising UK GP, to discuss any health issues and receive advice or a diagnosis. You can even choose to have a webcam consultation so you can see and speak to a doctor while you're at home or at work. It's the closest thing to a surgery appointment, but without the wait. Over 70% of DoctorLine™ consultations result in the patient being recommended a course of action, without the need for referral to another medical professional. Reassuring, isn't it?

If the doctor believes that your treatment requires medication, they can offer you a private prescription. Your medicine will be sent directly to you and is usually dispensed the next working day. Our private prescription service is ideal if you are unable to get an appointment with your regular GP or are away from home and you require prescribed medication.

Prescriptions can be raised for one-off occasions such as prescription-only painkillers/inflammatory drugs, digestive medication, or NHS prescription medication where the patient is away from home and has forgotten or has insufficient prescription medication, antibiotics or hormonal medication.



Best Doctors®.

If you, your partner or your dependent child are diagnosed with a serious or worrying medical condition, you can use Best Doctors®, the expert second medical opinion service, to request an alternative assessment from a world leading medical specialist. The end result will be a report from an expert that can be shared with your treating physician to determine the most effective treatment.

For details on how to access your services, see page 17.

Giving something back with Westfield Rewards.

Helping your money go further.

As part of your cover, we are giving you access to our exclusive rewards website. It provides access to special offers on all your favourite goods and services from over 600 leading online and high street retailers. Pick up exclusive discounts by purchasing reloadable cards for high street stores and supermarkets or receive Cashback from participating retailers by connecting to them online via the Westfield Rewards website.

Even better, all discounts are on top of sale discounts or online promotions and you can even save on utility services such as gas or electricity too.

Visit www.westfieldrewards.co.uk to register.



“Being a Westfield customer not only means I can save money and claim back all my dental and optical bills but I am now able to shop without feeling too guilty.

I registered with Westfield Rewards and in the past month I have saved money by using my reloadable cards. I am currently in the process of buying my first house and through Westfield Rewards I can save money on the cost of my new kitchen.

I'm so glad that my employer chose a benefit that works for everyone in the company, no matter what their age or interests.”

Customer testimonial

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.



Enjoy even more cover.

For just a little extra, you can choose to upgrade your cover and arrange separate cover for your partner at annual renewal or if you have a qualifying lifestyle event. This table shows what's available at each level.

Key

-
- 1yr 1 year benefit period
- 100 100% money back

Important information. Please refer to your Flex Platform for further information on the premium amounts for each level of cover. These premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes.

In the case of Therapy Treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one or combination of treatments. This also applies to Wellbeing & Alternative Therapies.

To access the Health and Wellbeing Services please refer to the full Terms and Conditions within this guide.

More information on each benefit and service, including details of limitations, exclusions and any qualifying periods, can be found in the Terms and Conditions within this guide.

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money Back						
Optical For you.	100 1yr	Up to £50	Up to £100	Up to £150	Up to £200	Up to £250
Dental For you.	100 1yr	Up to £50	Up to £100	Up to £150	Up to £200	Up to £250
Dental Trauma For you.	100 1yr	Up to £100	Up to £200	Up to £300	Up to £400	Up to £500
Consultation For you.	100 1yr	Up to £100	Up to £200	Up to £300	Up to £400	Up to £500
Therapy Treatments For you. Physiotherapy, Acupuncture, Chiropractic, Homeopathy, Osteopathy.	100 1yr	Up to £100	Up to £200	Up to £300	Up to £400	Up to £500
Wellbeing & Alternative Therapies For you. Acupressure, Allergy Testing/Food Intolerance Testing, Aromatherapy, Hypnotherapy, Indian Head Massage, Nutritional Therapy, Reflexology, Reiki.	100 1yr	Up to £40	Up to £80	Up to £120	Up to £160	Up to £200
Chiropody For you.	100 1yr	Up to £25	Up to £50	Up to £75	Up to £100	Up to £125
Health Screening For you.	100 1yr	Up to £40	Up to £80	Up to £120	Up to £160	Up to £200
Cash Payouts						
In-patient For you, per night, up to 10 nights per year.	1yr	£15	£30	£45	£60	£75
Day Surgery For you, per day, up to 10 days per year.	1yr	£15	£30	£45	£60	£75
Maternity/Paternity/Adoption For you, per child.	1yr	£50	£100	£150	£200	£250
Health and Wellbeing						
MRI, CT & PET Scanning Facilities For you.	Following a referral from a Consultant, you must call our Scanning Helpline on 0345 345 4556 and they will arrange the scan. Please see Benefit Rules for more information.					
DoctorLine™ For you and your family.	✓	✓	✓	✓	✓	✓
Health Club Concession For you.	✓	✓	✓	✓	✓	✓
Best Doctors® For you, your partner and your children.	✓	✓	✓	✓	✓	✓
Personal Accident/Accidental Death For you.		£2,500	£5,000	£10,000	£15,000	£20,000
Personal Accident/Permanent Disability For you.		Up to £2,500	Up to £5,000	Up to £10,000	Up to £15,000	Up to £20,000

Cover for your children too.

If you have dependent children, it's nice to know that they are covered on certain key benefits at no additional cost, giving you that extra peace of mind.

The table below shows what cover is included for children. The amounts allow you to claim money back towards any optical and dental expenses, therapy treatments and diagnostic consultations. They'll also receive fixed cash payouts for unexpected events like overnight hospital stays and day surgery.

And you have the reassurance of having 24 hour access to valuable health services including DoctorLine™ and Best Doctors®.



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

Customer testimonial



Key

.....

1yr 1 year benefit period

100 100% money back

Level		Level 1	Level 2	Level 3	Level 4	Level 5
Money Back – Shared between your dependent children						
Optical	100 1yr	Up to £50	Up to £100	Up to £150	Up to £200	Up to £250
Dental	100 1yr	Up to £50	Up to £100	Up to £150	Up to £200	Up to £250
Dental Trauma	100 1yr	Up to £100	Up to £200	Up to £300	Up to £400	Up to £500
Consultation	100 1yr	Up to £100	Up to £200	Up to £300	Up to £400	Up to £500
Therapy Treatments Physiotherapy, Acupuncture, Chiropractic, Homeopathy, Osteopathy.	100 1yr	Up to £100	Up to £200	Up to £300	Up to £400	Up to £500
Cash Payouts – For each dependent child						
In-patient Per night, up to 10 nights per year.	1yr	£7.50	£15	£22.50	£30	£37.50
Day Surgery Per day, up to 10 days per year.	1yr	£7.50	£15	£22.50	£30	£37.50

Your cover: a few useful pointers.

Here's a little helpful guidance to help you make the most of your cover. Please feel free to contact us if there's anything else you need to know.

Making the most of your benefit periods.

Your money back benefits have a one year benefit period, which starts annually on your company's flex anniversary date.

You can keep sending in claims for a benefit until you reach the maximum allowance for that benefit.

Your maximum benefit allowances will renew on your company's flex anniversary date every year, but remember, any unused balance will not be carried forward from one year to the next.

You have 13 weeks to make a claim.

Please submit your claim within 13 weeks. Those 13 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient, or the date you attended for day surgery. In the case of Maternity/Paternity/Adoption benefit, it is 13 weeks from the date of birth or adoption placement.

Full details on how to claim and benefit periods can be found in the Terms and Conditions at the back of this guide.



When submitting your claim, make sure your receipt has all the right details:

including your name, full practitioner details, date and payment amounts, details of treatment, goods or services and a list of any sundry items purchased.

Make sure you use a qualified practitioner.

One simple rule. Your practitioner must be registered with, or a member of an approved professional organisation. Just click on the 'Find an approved practitioner' link on the **My Westfield** area of our website or refer to the Definitions section of this guide to locate the required qualifications for each practitioner.

Did you know you're covered worldwide?

You can even use your cover when abroad. For example, if you're overseas and you need to visit the dentist, you can still claim for the treatment you pay for. We ask that all relevant documentation relating to your claim is in English.

Get your claims paid directly into your bank account.

Direct Credit is the easiest and fastest way to reclaim your payments. Simply contact us on **0114 250 2000** to set this up.

There are three easy ways to check your benefit balance:

.....
 **Phone**

0114 250 2000
8am-6pm, Mon-Fri (except Christmas Eve and public holidays)

.....
 **Online**

westfieldhealth.com

.....
 **Text message**

07781 472 000
(Optical, dental and chiropody benefits)

Cover that puts you in control.

Your cover puts you in control by enabling you to budget for your healthcare as never before. And claiming is easy too. Some people say you only find out how good our cover is when you make a claim, which is why we make it so simple.

Claim money back in three easy steps:

1. Receive and pay for your healthcare treatment as normal
2. Complete a claim form and send it to us, together with your receipt, within 13 weeks of the date of each payment
3. Receive payment directly into your bank or building society account

Making life simple.

For money back and cash payout benefits we aim to process 100% of correctly presented claims within four working days and will then pay the money directly into your bank or building society account. You will then receive payment confirmation showing what you've claimed and any remaining benefit balance.

Once you've made your claim, you may need more claim forms ready for your next healthcare treatment. You can phone, text us or simply visit **My Westfield**, our dedicated online customer area.

Personal Accident claims.

We understand that it is likely to be in difficult circumstances that you will be considering making a Personal Accident claim. You or the person acting on your behalf should contact us on **0114 250 2000**. We will send out a Personal Accident claim form, which should be completed and returned to us. We will then forward this on to Chubb (the insurance provider we use for Personal Accident claims) and they will handle your claim.

My Westfield

It's all about you.

We want you to make the most of your cover. That's why **My Westfield** makes life simple. Think of it as your personal online account manager – a secure area on our website that's totally devoted to you as a customer, where you can either manage or view your account online. Just visit **westfieldhealth.com** and you can register or log in to change your details, check benefit balances and order claim forms.



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.

Contact us:



Email

enquiries@westfieldhealth.com



Phone

0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve
and public holidays)

Managing your account:

We are here to make things easy for you.

Phone.

An easy and convenient way to access your account details. Simply call our Customer Care Team on **0114 250 2000**.

Online.

An easy and convenient way to access your account details around the clock. Simply log on to **westfieldhealth.com** and go to the **My Westfield** area. Here you can download more claim forms, check your benefit balance, update your address details and more. You can email us too at **enquiries@westfieldhealth.com** – we're only a click away.

Text message service.

Receive your benefit balances by text. Simply register for this service by texting your policy number, surname and the word 'register' to **07781 472 000** (texts charged at your normal tariff rate). Once registered, text your policy number and keyword from the table below.

Request	Keywords
Optical benefit balance	Opt
Dental benefit balance	Den
Chiropractic benefit balance	Chirop
Claim form request	Claim
Change of mobile phone number	NEWNUMBER

Accessing your services:

MRI, CT and PET Scanning Facilities

0345 345 4556

(Available 8am-6pm, Mon-Fri)

DoctorLine™

0345 612 3861 or **0203 858 9094**

(Available 24 hours a day. Calls will be recorded but remain confidential)

Best Doctors®

0800 085 2088 or **0203 608 9377**

(Available 24 hours a day)

Westfield Rewards

Register/log in **www.westfieldrewards.co.uk**

Helpdesk **0345 299 4194** or **0203 583 7020**

(Available 24 hours a day)

Health Club Concession

via the **My Westfield** area

or call **0345 123 5327** or **0115 850 7442**

(Available 9am-5pm, Mon-Fri, except public holidays)

Change of circumstance?

If your circumstances change and you are no longer eligible for cover under this plan, don't worry – your cover with Westfield Health can continue on an alternative plan.

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 Sensitive Personal Data such as information relating to health and medical conditions.

In line with the Data Protection Act 1998, we will not discuss policy details with anyone other than the policyholder, unless you have given us specific consent for a relative or friend to obtain account information on your behalf. This may be verbal or written.

Policy Summary.

The Westfield Flex Health Cash Plan provides cover for routine healthcare such as new glasses, dental treatment, physiotherapy, chiropody and consultations for quick access to diagnosis. This cover also includes a range of services designed to help support your overall health and wellbeing. This health cash plan is underwritten by Westfield Contributory Health Scheme Limited.

The Personal Accident cover provided by the plan is underwritten by Chubb European Group Limited (Chubb).

This policy summary contains key information about your cover and it is important that you take the time to read and understand it. Please note that the policy summary does not contain the full standard terms and conditions of the plan. You will find these at the back of this guide.

Key features

- There are five levels of cover to choose from
- Your cover provides a total of 17 benefits and services
- Your dependent children are covered on key benefits at no extra cost
- You will receive 100% reimbursement for a wide range of everyday healthcare expenses, up to your maximum allowance
- You can receive fixed cash payouts following an in-patient stay, day surgery or the arrival of a new baby
- All pre-existing medical conditions are covered (except for Personal Accident cover)
- You do not have to wait a qualifying period before making a claim (except for Maternity/Paternity/Adoption benefit)

Key exclusions

- This plan is only available as part of an employer's flexible benefits package (see section 1, General Terms and Conditions)
- Your selected level of cover applies for a 12 month period. Selections can only be changed during the 12 months term if the employee experiences a qualifying lifestyle event (see section 2, General Terms and Conditions)
- Some services included in your cover are provided by third parties and must be accessed via dedicated telephone numbers or websites (see Benefit Rules)
- Claims must be received within 13 weeks of the date of each payment made for treatment, goods or services provided by a practitioner (see section 7, General Terms and Conditions)
- Claims for In-patient and Day Surgery must be received within 13 weeks of the date that the patient is discharged as an in-patient or attends for day surgery. Maternity/Paternity/Adoption benefit must be claimed within 13 weeks of the child's birth or adoption (see section 7, General Terms and Conditions)
- MRI, CT and PET Scanning Facilities is not a cash benefit. Your scan must be arranged through our scanning service (see Benefit Rules, MRI, CT and PET Scanning Facilities)
- The qualifying period for Maternity/Paternity/Adoption benefit is 10 months (see section 4, General Terms and Conditions)
- To be eligible for cover you must live in the UK, Channel Islands or Isle of Man for a minimum of 180 days each year (see section 1, General Terms and Conditions)

What is the duration of my cover?

Your policy is based on a period of 12 months cover.

Can I cancel my policy?

You can only cancel your policy or change your level of cover at annual renewal or following a qualifying lifestyle event. Please refer to the terms of your Flexible Benefits Package. Provided that your employer continues to remit your premiums to us and you abide by the terms and conditions of the plan, your policy will remain in force for the full 12 month term. Please refer to section 2, General Terms and Conditions.

How do I make a claim?

You will find detailed information on how to claim and the qualifying period for Maternity/Paternity/Adoption benefit in the full Terms and Conditions.

Westfield Health will provide you with a claim form when we welcome you as a new policyholder. Further claim forms can be ordered online from the My Westfield area of our website, by calling our Customer Care Team on **0114 250 2000** or via our Text Message Service.

Please send your completed claim form with the required supporting information to Westfield Health, Westfield House, 60 Charter Row, Sheffield S1 3FZ.

We will pay your claims directly into your bank or building society account.

For Personal Accident claims, a claim form will be sent to you on request. Once completed, send it to us at the above address.

Making a complaint.

We are committed to providing the highest possible level of service to our customers.

However, if the services provided do not meet your expectations please contact our Customer Care Team at Westfield Health, Westfield House, 60 Charter Row, Sheffield S1 3FZ or call them on **0114 250 2000**.

Our complaints procedure will be sent to you on request. If you remain dissatisfied with our final response you can refer your complaint to the Financial Ombudsman Service by visiting www.financial-ombudsman.org.uk or writing to Insurance Enquiries Division, Exchange Tower, London, E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full or if it takes us longer than eight weeks to resolve your complaint.

Compensation.

Westfield Health and Chubb are 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, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

Benefit Rules

Full details of each benefit are listed on the following pages. Cover is subject to the General Terms and Conditions specified on pages 31 to 35.

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. Information on how to claim benefits is given in section 7 and **benefit periods** in section 6 of the General Terms and Conditions.



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

Benefits are listed in alphabetical order.

Best Doctors®

Policyholder: For you, your partner and your dependent children.

The Best Doctors service is provided on behalf of Westfield Health by Best Doctors UK Limited, 68 King William Street, London EC4N 7DZ.

Best Doctors provides you, your partner and your dependent children with access to expert second medical opinions for eligible conditions.

If you have a serious or worrying medical condition that has been reviewed by your local medical specialist and you have questions about your diagnosis or treatment, it is reassuring to know that Best Doctors can provide you with an expert second medical opinion.

Best Doctors has a unique worldwide database of approximately 50,000 doctors in over 40 different medical disciplines, these specialists have all been identified by their own peers as experts in their particular field of medicine. To give you access to the latest medical knowledge the database is constantly updated to ensure that it keeps pace with the evolutions in medicine.

Eligible conditions

From migraines to heart conditions, Best Doctors can provide independent and objective medical information and advice from the world's leading medical experts. The InterConsultation™ expert second medical opinion service is available for any medical condition considered to be of a critical, chronic or degenerative nature as well as those that affect the ability of an individual to continue performing their normal daily activity.

Here are just some examples of the types of conditions that Best Doctors expertise can help you with:

Musculoskeletal conditions such as chronic/persistent back pain, prolapsed disc, arthritis, scoliosis, ligament conditions, spinal cord and column diseases.

Skin diseases such as psoriasis, allergies, chronic urticaria (hives), atopic dermatitis, vitiligo.

Cancer such as any benign or malignant neoplasm, tumours, leukaemia, Hodgkin's disease.

Blood diseases such as haemorrhagic conditions, refractory anaemia, myeloma.

Circulatory system conditions such as secondary hypertension, angina, myocardial infarction, stroke.

Digestive disorders such as gastric disorders, Crohn's disease, liver disorders.

Diseases of the ear such as hearing loss, otosclerosis, vertigo.

Diseases of the eye such as cataract, retinal disorders, glaucoma, macular degeneration.

Disease of the nervous system such as Alzheimer's and Parkinson's diseases, meningitis, epilepsy, severe migraines, multiple sclerosis, sleep disorders.

Gynaecological conditions such as endometriosis, dysmenorrhoea, ovarian cysts.

Immunological diseases such as HIV/AIDS, sarcoidosis, food allergies.

Metabolic and Endocrine system conditions such as diabetes, thyroid diseases, growth diseases.

Respiratory system conditions such as asthma, chronic laryngitis, sinuses, sleep apnoea.

Urological conditions such as chronic/acute renal failure, cystitis, incontinence, prostate diseases.

Acute conditions (i.e. those that last for a short duration), non-serious conditions, psychiatric conditions, infertility and dental problems are not covered.

The Best Doctors service will not provide a second opinion if your case has not already been reviewed and reported on by your own local medical specialist.

InterConsultation™ – An expert second medical opinion

If you have an eligible condition Best Doctors can provide you with an expert and competent second medical opinion to help you to take the next steps in your treatment.

To access this confidential service simply telephone **0800 085 2088*** or **0203 608 9377*** lines are open 24 hours a day, every day. To confirm your eligibility to use the service, please quote:

- the **policyholder's** Westfield Health account number
- the **policyholder's** full name, address and date of birth

- your full name, address and date of birth if you are the **policyholder's partner** or **dependent child**

Once Best Doctors has confirmed that you are eligible to use the service they will contact you to establish whether you have an eligible condition, start to prepare a summary of your case and send you an information pack that explains the InterConsultation™ process.

Best Doctors will appoint a dedicated Case Manager to listen to your concerns, support you and keep you informed at each stage of the process. Your Case Manager will ask you to sign a medical release form so that they can request your relevant medical records e.g. case notes, blood test results, biopsies and scans. Best Doctors has a team dedicated to obtaining your medical information as quickly as possible.

Under the Data Protection Act 1998 health records must be provided within 40 days of the holder receiving your request and your Case Manager will keep you fully informed of progress especially if there are any delays. Best Doctors will not be able to report on your case if you do not give them consent to request, or they cannot access, the required medical information.

Best Doctors will use their own panel of doctors to carry out a detailed analysis of all the clinical information and identify the key medical issues that are affecting you. They will then choose the most appropriate leading medical specialist from their database and ask them to review your case, confirm the diagnosis and recommend the most effective and up to date treatment.

You do not need to visit the specialist appointed by Best Doctors; they can provide an expert opinion by thoroughly assessing all your medical documentation without you having to leave home. In order to do this it may be necessary for your medical documentation to be made available to Best Doctors and their appointed specialists outside the **UK**.

A Best Doctors Case Manager will contact you to go through the medical specialist's report, explaining in detail the diagnosis and treatment recommendations. Your Case Manager will send you an electronic and printed copy of the report and return all relevant medical documentation.

Once Best Doctors has received all your necessary medical records and information a report will usually be sent to you within 4 weeks. However, the report may take longer for very complex cases, or if there is a delay in receiving any necessary medical documentation.

The aim of Best Doctors is to support, not replace, the doctor treating you and you are encouraged to share the content of the report with them. At your request your Case Manager can send a copy of the report to your doctor or consultant, giving them access to the very latest medical information. If necessary, Best Doctors can provide you with further independent opinions from other experts in their database.

There is no limit to the number of times that you can use the Best Doctors service. The Best Doctors service includes the cost of obtaining your medical information and re-testing biological samples, when necessary, but does not cover the costs of any additional medical tests, treatment or face to face consultations. The report will usually recommend tests or treatment that can be provided by the **NHS**. Please contact the Westfield Health Customer Care Team and **we** will be happy to explain the extent of any cover provided by **your** Westfield Health policy.

This is not an emergency service and you should not postpone urgent or necessary treatment while waiting for a second medical opinion from Best Doctors.

You can only use Best Doctors InterConsultation™ when you want an expert second medical opinion to assist with your medical care, the service cannot be used to obtain information to support a complaint or legal action.

*Calls to Best Doctors may be recorded for training or quality purposes.

Best Doctors, the star-in-cross logo and InterConsultation are trademarks or registered trademarks of Best Doctors in the European Community, the United States and in other countries.

Chiropody

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

When...

- **you** receive and pay for treatment from a registered **Chiropodist/**

Podiatrist (see Definitions section) **and**

- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost up to the maximum for **your plan** level, see table of benefits – pages 8-9

For...

- chiropody and podiatry consultations, assessments and treatment

We will not cover...

- any treatment that is not chiropody or podiatry
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

Consultation

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

Dependent children: You have a separate allowance for **your dependent children** – the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- your **GP** recommends referral to a **Consultant Physician** or **Consultant Surgeon** **and**
- **you** pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification (see Definitions section) **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – pages 8-11

For...

- diagnostic consultations
- treatment from a **Consultant Physician** or **Consultant Surgeon**, but only towards payment that **you** have made for a private medical insurance policy excess

We will not cover...

- treatment (except for any treatment charges that **you** pay as part of a private medical insurance policy excess)

Continued overleaf

- the **policyholder** for MRI, CT or PET scans or the associated Radiologist's/Nuclear Medicine Consultant's report* (see Scanning Facilities). This exclusion does not apply to **your dependent children**
- consultations or treatment relating to vasectomy or sterilisation (including reversal)
- consultation or treatment relating to cosmetic surgery
- medical examinations, consultations or reports for the purpose of your employment, legal, or insurance reasons
- room fees, nursing charges, prescription items/charges or sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

*Except see section 8 – Worldwide cover, General Terms and Conditions.

Day Surgery

Policyholder: Your benefit is payable for a maximum of 10 days in a one year **benefit period**.

Dependent children: Each of **your dependent children** has a maximum allowance of 10 days in a one year **benefit period**.

When...

- you are admitted to an **NHS** or private **hospital/treatment centre** as a day case patient **and**
- you are required to sign a consent form and are allocated a **bed** – the use of which is normally for a period of supervised recovery **and**
- you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- you at the daily rate for **your plan** level, see table of benefits – pages 8-11

For...

- a **surgical procedure** involving the use of theatre facilities

We will not cover...

- out-patient** attendances, including procedures carried out in an **out-patient** setting
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes only
- treatment and/or pain relief administered by injection
- cardioversion
- attendances at a GP or Dental surgery

- attendances immediately prior to or following an overnight stay for which a claim is payable under In-patient benefit
- exclusions (see section 5, General Terms and Conditions)

Dental

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

Dependent children: You have a separate allowance for **dependent children** – the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- you** pay a **Dentist** **and**
- you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – pages 8-11

For...

- dental treatment, full or partial dentures and dental check-ups

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- dental treatment as a result of an accident (see Dental Trauma benefit)
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

Dental Trauma

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

Dependent children: You have a separate allowance for **dependent children** – the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- you** pay a **Dentist** for treatment carried out as a result of accidental injury to teeth, caused by direct external impact to the head e.g. sports injuries, falls, or other accidents that cause injury by external force **and**

- the **Dentist's** receipt specifically confirms treatment is a consequence of an accidental injury **and**
- you** give **us** details of the accident **and**
- you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – pages 8-11

For...

- dental treatment directly related to the accidental injury

We will not cover...

- any accidental injury that has not been caused by direct external impact to the head e.g. **we** will not cover injury caused by eating/drinking
- any payment made more than 24 months after the date of the accident
- any insurance or dental care scheme premiums/payments
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

DoctorLine™

Policyholder: For **you** and **your** resident family.

The DoctorLine™ service is provided on behalf of Westfield Health by Medical Solutions UK Ltd., 44 Finchampstead Road, Wokingham, Berkshire RG40 2NN.

The DoctorLine™ service provides **you** and family members normally resident with **you**, with access to telephone or webcam consultations with a **GP**. Telephone consultations are available 24 hours a day, every day. Webcam consultations are available from 8.30am to 6.30pm, **UK** time, Monday to Friday (excluding Bank Holidays).

There is no limit to the duration of the consultation or number of times that you can use the service*.

The DoctorLine™ consultation service gives you the reassurance of speedy access to completely confidential advice from a **GP** whenever you need it. Because the consultation is carried out by a fully qualified **GP**, who will take into account your personal medical history, the doctor

will in many cases be able to provide a diagnosis of your symptoms and recommend an appropriate course of action. With your consent a report of the consultation can be forwarded to your **GP** within 2 working days, if required. If you wish to seek further information about a medical condition or proposed course of treatment the **GP** can discuss all areas relating to health from surgical procedures, diseases, injuries and prescription medicines to new treatments, foreign travel, exercise and nutrition.

If the DoctorLine™ **GP** thinks that you need prescription medicine, they may offer to send a private prescription electronically to a registered online pharmacy service. The medicine is usually dispensed by the next working day. The online pharmacy service will call you to take your payment by credit or debit card. Simply choose from the delivery options and they'll arrange delivery of the medication. The **plan** does not cover the cost of private prescription medication and delivery charges.

The DoctorLine™ service is not intended to replace the care offered by your own **GP**. This is not an emergency service and you should not use DoctorLine™ for emergencies or urgent conditions, as this may delay necessary treatment. You may still need to see your own **GP** or contact the emergency services if the DoctorLine™ **GP** recommends that this is necessary.

DoctorLine™ consultations cannot be used to obtain a referral for treatment that can be claimed under the **plan**.

Using the service

If you would like to arrange a telephone or webcam consultation, simply call the DoctorLine™ service on **0345 612 3861**** or **0203 858 9094****.

You will be given the option to select either a telephone or a webcam consultation by pressing the keys on your telephone keypad.

You will then be connected to an experienced healthcare operator who will request some preliminary information regarding the nature of your enquiry and ask you for the **policyholder's** Westfield Health account number to confirm that you are eligible to use the service. The operator will book an appointment for a qualified practising **GP** to call

you back, at a time convenient to you, for either a telephone or webcam consultation.

You will only pay the cost of the initial telephone call to book the consultation, even if you are temporarily outside the **UK*****.

Webcam consultations

If you have selected the webcam consultation option, in addition to speaking with a qualified practising **GP**, you can see them and they can see you, via the webcam.

The service is secure, confidential and easy to use; you just need to provide an email address and have access to a computer or laptop with a webcam and broadband internet access.

Using the webcam consultation service to show the doctor your symptoms can help them to diagnose your condition and advise you accordingly. To assist in their explanation the doctor can also show you 3D medical images of the body or refer to medical definitions.

Once you have made an appointment for a webcam consultation, you will be sent an email to enable you to join the doctor in the online surgery meeting room. [Please read the terms of use of the service included in the email before proceeding](#). All webcam consultations are confidential; however telephone calls and visual images will be recorded for monitoring purposes. By accepting the appointment you are agreeing to the recording and the terms of use.

At your appointed time, the doctor will call you on the telephone number you provided to the operator. If for any reason, there is a problem with the internet or broadband connection, you can still benefit from your **GP** consultation by telephone.

*In exceptional cases where Medical Solutions consider that there has been excessive or inappropriate use by a caller the service may be limited or withdrawn from that individual.

**For your protection calls will be recorded. Please be assured that all consultations remain confidential.

***Your network provider may charge for a call received to your mobile telephone while you are outside the **UK**.

Health Club Concession

Policyholder: Just for **you**.

This service is provided on behalf of Westfield Health by roadtohealth Ltd., PO Box 2877, Eastbourne, East Sussex BN22 0WD.

We believe in the importance of promoting good health and wellbeing. This service provides access to a national network of health clubs who will offer **you** membership at a concessionary rate†. By constantly updating the offers available the service aims to find **you** the very best health club membership deal in **your** area. Even if there are presently no health clubs within 15 miles of **your** home or workplace able to offer **you** a concession, the service will endeavour to locate a club, that meets the standards required by roadtohealth, willing to participate in the scheme.

For information on the range of health club deals currently available:

- Visit www.westfieldhealth.com and go to My Westfield
- Click on View Your Plan Information and then enter **your policyholder** number (account number)
- Select Health Club Concession to link through to the Health Club Locator and then follow the onscreen instructions

Alternatively **you** can telephone **0345 123 5327††** or **0115 850 7442††**.

Once **you** have selected **your** preferred deal a voucher, that contains all the necessary information for **you** to present to the health club of **your** choice, will be available to download from the website or emailed to **you** immediately. If **you** choose to register by telephone the voucher will be posted to **you**.

†A health club may decline to offer a concession to their existing club members.

††Available Monday to Friday 9.00am to 5.00pm (except public holidays).

Health Screening

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

When...

- you** pay for and receive a health screening check **and**

Continued overleaf

- the screening check is carried out by medically qualified staff **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost up to the maximum for **your plan** level, see table of benefits – pages 8-9

For...

- full health screening; well-woman screening; well-man screening; breast screening; heart disease screening; bone density screening*

We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- health screening arranged by **your** employer or screening carried out at **your** workplace
- any health screening check, medical examination, consultation or report for the purpose of **your** employment, legal or insurance reasons
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

*For a bone density screening check, **you** must supply evidence that it has been specifically recommended by **your GP**.

In-patient

Policyholder: **Your** benefit is payable for a maximum of 10 nights in a one year **benefit period**.

Dependent children: Each of **your dependent children** has a maximum allowance of 10 nights in a one year **benefit period**.

When...

- you are admitted as an **in-patient** to an **NHS** or private **hospital/treatment centre** or **hospice** **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- you at the nightly rate for **your plan** level, see table of benefits – pages 8-11

For...

- overnight **in-patient** admissions for treatment, tests or investigations
- maternity related **in-patient** admissions, from the 11th night that **you** have been an **in-patient**. **You** must give **us** evidence of the

first 10 nights that **you** have spent in the **hospital/treatment centre** (these nights do not have to be consecutive)

- a **dependent child** required to remain in the **hospital/treatment centre** following its birth, from the date that the mother is discharged
- claims submitted when the patient is discharged as an **in-patient**

We will not cover...

- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital/treatment centre** could be regarded as your permanent residence
- admissions for rehabilitation, domestic reasons or respite care
- exclusions (see section 5, General Terms and Conditions)

Maternity/Paternity/Adoption

Policyholder: Benefit(s) are payable once in a one year **benefit period**.

When...

- **you** are named as mother or father on the child's full birth certificate, or **you** are named as the child's adopter **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- **you** at the rate for **your** level of cover, see table of benefits – pages 8-9

For...

- single or multiple births, benefit is payable per child
- adoptions when the child is **placed** with **you** before their 16th birthday
- stillbirths when **you** send **us** the stillbirth certificate

We will not cover...

- exclusions (see section 5, General Terms and Conditions)

MRI, CT and PET Scanning Facilities

Policyholder: Just for **you**.

Scanning Facilities are provided on behalf of Westfield Health by Alliance Medical Limited, Icen Centre, Warwick Technology Park, Warwick CV34 6DA a **UK** based provider of managed imaging services for MRI, CT and PET scans.

In order to access this facility **you** will first need to see **your** consultant in order to gain a referral for a scan. Once **you** have this referral please contact the Scanning Helpline on **0345 345 4556**, available Monday to Friday 8.00am to 6.00pm. For the scan to be covered by **your plan you**, the **policyholder**, must contact the Scanning Helpline and allow them to arrange the scan on **your** behalf. Costs towards scans arranged in any other way cannot be claimed (except see Worldwide cover, General Terms and Conditions).

Helpline staff will explain the process for booking **your** scan and will require written confirmation from **your** consultant confirming **your** validity in order that all necessary arrangements can be made. Under the **plan** appointments can be quickly arranged and often take place within 2 weeks of initial contact. **You** will be required to complete a full safety questionnaire prior to scanning. Following **your** scan a report will be sent to **your** consultant, usually within 10 days.

Patients will need to travel, at their own expense, to access the nearest available Alliance Medical Scanning Facility. CT and PET scans are available at selected locations only.

MRI and CT Scanning If an eligible **policyholder**† is referred by a registered **Consultant Physician/Consultant Surgeon** for an MRI or CT scan this, and the associated Radiologist's report, will be provided under the **plan** at no charge to the **policyholder**.

For all MRI scans a Consultant Radiologist will check the appropriateness of **your** scan before it is arranged. For MRI scans, **policyholders** who have certain conditions will not be able to be scanned e.g. cardiac pacemaker; heart valves; metallic implants. **Policyholders** who are pregnant or who are over 21 stone in weight will not be able to be scanned.

Certain types of complex MRI scans or scans which involve contrast or specific x-rays are excluded e.g. those requiring general anaesthetic; for an in-patient; cardiac scans interventional MRI; including MRI athrography; contrast enhanced angiography; Oncology patients;

Liver imaging with ferrous contrast agents (e.g. Endorem).

For all CT scans, the regulations relating to x-rays means that a Consultant Radiologist will have to authorise the scan for additional patient safety. For CT scans, **policyholders** who have certain conditions will not be able to be scanned e.g. diabetics taking metformin. Certain types of complex CT scans are excluded e.g. those requiring general anaesthetic; for an in-patient; virtual colonoscopy or angiography which requires the onsite assistance of a Radiologist. **Policyholders** who are pregnant or who are over 21 stone in weight will not be able to be scanned.

PET Scanning If an MRI or CT scan indicates that a PET scan is necessary then a maximum of one PET scan and report, during a 12 months period, will be provided under the **plan** at no charge to the eligible **policyholder**†. For all PET scans a referral will be required from a Consultant Oncologist or Surgeon. All PET scans will also require authorisation from a Consultant Nuclear Medicine Consultant to comply with ARSAC and IRMER medical regulations, since the scan involves radiation. For PET scans, **policyholders** who have certain conditions e.g. diabetics taking metformin will not be able to be scanned. **Policyholders** who are pregnant or who are over 21 stone in weight will not be able to be scanned.

If **you** need a scan when **you** are temporarily travelling outside the **UK**, Jersey or Isle of Man please refer to section 8, Worldwide cover in the General Terms and Conditions and Consultation benefit in the Benefit Rules section.

Dependent children covered on **your** policy cannot use these Scanning Facilities: however, **you** may claim Consultation benefit towards the cost of an MRI, CT or PET scan for **your dependent child**, subject to the terms and conditions of the **plan**.

†Please refer to section 5, Exclusions in the General Terms and Conditions.

Optical

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

Dependent children: **You** have a separate allowance for **dependent children** – the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- **you** pay an **Optician** **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – pages 8-11

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- solutions for use with your prescribed contact lenses
- prescription lenses to an existing frame
- repairs to prescription spectacles
- payments that **you** make for prescription contact lenses supplied under a monthly scheme, when **you** obtain an itemised receipt

We will not cover...

- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- any insurance or peace of mind guarantee
- sundry items
- missed appointment fees
- exclusions (see section 5, General Terms and Conditions)

Personal Accident Cover

Policyholder: Just for **you**.

For the Personal Accident cover, Westfield Contributory Health Scheme Ltd., Westfield House, 60 Charter Row, Sheffield S1 3FZ is an agent acting on behalf of Chubb European Group Limited (Chubb).

Chubb European Group Limited is registered in England and Wales registered number 01112892, registered office 100 Leadenhall Street, London, EC3A 3BP. Chubb European Group Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority, reference number 202803. Full details can be found online at the PRA/FCA websites or by contacting the PRA on 020 7601 4878 or the FCA on 0800 111 6768.

If **you** suffer **bodily injury** as a direct result of an **accident** which within twenty four months of the **accident** results in death or disablement, benefit will be paid in accordance with the scale outlined below.

Note

- The maximum Chubb will pay **you** for any one **accident** is the amount shown in Item 2 of the scale – **permanent total disablement**. If **you** are paid the benefit for **permanent total disablement you** will not be paid a benefit for any other **permanent disability** arising from the same **accident**.
- If Chubb pays **you** a benefit for permanent total **loss** of use of a whole limb, then **you** cannot claim for parts of that limb.
- Chubb will not pay the **permanent total disablement** benefit if **you** are 75 or over.
- Chubb will take account of any disability or condition **you** already had when they assess the amount of disablement benefit they will pay as a result of a subsequent **accident**.
- Chubb will only pay the Personal Accident Benefit if at the **time** of the **accident you** were registered as a current Westfield Flex Health Cash Plan **policyholder**.
- This benefit does not apply to **dependent children**.

Exclusions

Chubb shall not be liable in respect of **bodily injury** resulting directly or indirectly from or contributed to by:

- War**, but this exclusion shall not apply if **you** are actually engaged on a journey at the time of **war** being declared.
- You** being a full time member of the armed forces of any nation or international authority, or a member of any reserve forces called out for active service.
- Intentional self-injury, suicide or any attempt therat.
- Your** engaging in any form of aerial flight other than as a passenger.
- Your** suffering from sickness or disease not resulting from **bodily injury**.

Termination of Cover

The Personal Accident Cover shall terminate immediately on the earliest of the following dates:

- the date payment of benefit is made to **you** or **your** personal representative under any one of injuries 1 to 5 of the scale of benefits outlined below.
- the date **you** cease to be a current **policyholder** with Personal Accident cover on the Westfield Flex Health Cash Plan.

	Level 1	Level 2	Level 3	Level 4	Level 5
1. Death as a result of an accident	£2,500	£5,000	£10,000	£15,000	£20,000
2. Permanent total disablement	£2,500	£5,000	£10,000	£15,000	£20,000
3. Loss of sight – both eyes	£2,500	£5,000	£10,000	£15,000	£20,000
4. Loss of speech	£2,500	£5,000	£10,000	£15,000	£20,000
5. Loss of limb – one or more limbs	£2,500	£5,000	£10,000	£15,000	£20,000
6. Loss of sight – one eye	£1,250	£2,500	£5,000	£7,500	£10,000
7. Loss of hearing – both ears	£1,250	£2,500	£5,000	£7,500	£10,000
8. Loss of hearing – one ear	£375	£750	£1,500	£2,250	£3,000
9. Loss of:					
a foot below the level of the ankle (talo-tibial joint)	£1,250	£2,500	£5,000	£7,500	£10,000
a hip, knee, ankle or thumb	£500	£1,000	£2,000	£3,000	£4,000
a forefinger or big toe	£375	£750	£1,500	£2,250	£3,000
any other finger	£250	£500	£1,000	£1,500	£2,000
any other toe	£125	£250	£500	£750	£1,000
10. Permanent and total loss of use of:					
the back or spine below the neck, with no damage to the spinal cord	£1,000	£2,000	£4,000	£6,000	£8,000
the neck or cervical spine, with no damage to the spinal cord	£750	£1,500	£3,000	£4,500	£6,000
a shoulder, elbow or wrist	£625	£1,250	£2,500	£3,750	£5,000

Payment for any **permanent disability** not listed above will be based on a medical assessment of **your** disability in relation to this table and not in relation to **your** ability to work.

Therapy Treatments Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

The maximum benefit allowance represents the total for any one or combination of treatment types.

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

Dependent children: You have a separate allowance for **dependent children** – the maximum benefit is available over a one year **benefit period** and is shared between all **your dependent children**.

When...

- you receive and pay for treatment* from a registered **Physiotherapist, Chiropractor or Osteopath**, or an **Acupuncturist or Homeopath** who is a member of an approved professional organisation. Registration/membership must be relevant to the treatment that they are providing (see Definitions section) **and**
- you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your plan** level, see table of benefits – pages 8-11

For...

- physiotherapy, acupuncture, chiropractic, homeopathy, osteopathy treatment
- homeopathic prescriptions supplied by a **Homeopath** as part of a consultation

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, homeopathy or osteopathy
- group sessions or classes
- scans e.g. MRI, ultrasound
- sundry items
- missed appointment fees
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your **Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath**
- exclusions (see section 5, General Terms and Conditions)

*To ensure that you choose the most appropriate treatment **we** strongly recommend that you take

advice from your **GP or Consultant Physician/Consultant Surgeon**. For any ongoing treatment **we** may ask **you** to provide **us** with written confirmation from your **GP or Consultant Physician/Consultant Surgeon** that they recommend a continued course of treatment for your medical condition.

Wellbeing & Alternative Therapies

Acupressure; Allergy/Food Intolerance Testing; Aromatherapy; Hypnotherapy; Indian Head Massage; Nutritional Therapy; Reflexology; Reiki

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

Westfield Health is not advocating the effectiveness of any of these wellbeing and alternative therapies and cannot accept any liability for any loss or damage that may arise as a result of **your** use of the services of any **Healthcare Professional**. **We** strongly recommend that **you** keep **your GP** informed of any treatment that **you** are receiving.

When...

- you** receive and pay for treatment, advice or a service from a **Healthcare Professional** who is registered with/a member of one of the professional organisations recognised by Westfield Health (see Wellbeing & Alternative Therapies Definitions section page 37). Registration/membership must be relevant to the treatment/service that they are providing **and**
- you** submit **your** claim in accordance with section 7, General Terms and Conditions

We will cover...

- 100% of the cost up to the maximum for **your plan** level, see table of benefits – pages 8-9

For...

- Acupressure; Allergy/ Food Intolerance Testing; Aromatherapy; Hypnotherapy; Indian Head Massage; Nutritional Therapy; Reflexology; Reiki

We will not cover...

- any treatment/service that is not **specifically** listed above, even if these have been provided by **your Healthcare Professional**
- missed appointment fees

- scans e.g. MRI, ultrasound (see Scanning Facilities and/or Consultation benefit)
- homeopathic remedies (see Therapy Treatments)
- home testing kits
- mail order or internet based services, except for laboratory tests that have been specifically arranged by and reported to **your Healthcare Professional**
- Vega testing
- Kinesiology
- group classes or sessions
- tuition, study groups or training courses
- Reiki training and/or attunements
- Essential oils, creams, oils or any preparations for home use
- herbs, herbal remedies, food items, meal replacements, supplements or vitamins even if these have been recommended or supplied by **your Healthcare Professional**
- lumbar supports, mobility aids, surgical appliances e.g. surgical supports
- sundry items
- exclusions (see section 5, General Terms and Conditions)

Westfield Rewards

Policyholder: Just for **you**.

Westfield Rewards is provided on behalf of Westfield Health by Reward Gateway.

Westfield Rewards is an online portal that provides **you** with access to offers on a wide range of goods and services.

Westfield Health and Reward Gateway do not profit from **you** shopping via Westfield Rewards.

Westfield Health and Reward Gateway are not responsible for and do not endorse any of the products or services provided by the retailers listed on the website. Purchases from these retailers are made entirely at **your** own risk. Reward Gateway and Westfield Health do not have access to credit or financial details that **you** give to retailers when **you** make a purchase.

Westfield Rewards will be happy to help if **you** have any queries regarding Cashback or Reloadable Cards. **You** should contact the retailer directly for any other problems or complaints about goods or services that **you** have purchased.

Continued overleaf

It is important that **you** carefully read the full terms of use displayed on the Westfield Rewards website before **you** decide to register and also from time to time to ensure that **you** know the current terms and conditions. Reward Gateway may modify the terms of use without notice by posting the amended terms and conditions on the Westfield Rewards website. Use of the website indicates that **you** agree to be legally bound by the current terms and conditions: if **you** do not agree with these terms and conditions **you** should not use the website.

You must visit the website at least once a year or **your** Westfield Rewards account may be closed.

How to register for Westfield Rewards

Simply visit www.westfieldrewards.co.uk to register for Westfield Rewards. **Your** details will be checked to confirm that **you** are eligible to use the service. To operate **your** Westfield Rewards account **you** will need to supply an email address and a password.

Reward Gateway will notify Westfield Health that **you** have registered to use Westfield Rewards. Westfield Health will not receive details of how **you** use Westfield Rewards or any purchases that **you** make.

Reloadable Cards

You can purchase Reloadable Cards for use in certain high street stores and supermarkets at a discounted price. Details of participating retailers, the discounts available and the full terms and conditions are on the Westfield Rewards website.

Simply order and pay Reward Gateway for **your** Reloadable Card online or via the Helpdesk and it will be sent to **your** home address by first class post. **You** must activate the card online or by contacting the Westfield Rewards Helpdesk before **you** can use it to make a purchase. **You** can pay to top-up the balance on **your** Reloadable Card online or by contacting the Westfield Rewards Helpdesk.

If **you** are planning to use **your** Reloadable Card for a specific purchase or retailer event **you** must allow sufficient time when **you** order the card for it to reach **you** and be activated for use.

If **you** change **your** mind **you** can request a refund for any new card that **you** have not activated within 14 days of receiving the card. Refunds are not available for card top-ups.

You should only order a Reloadable Card that **you** intend to use in the near future, refunds will not be given after **you** have had the card for 14 days even if the retailer ceases to trade or declines to accept the card.

Treat **your** Reloadable Cards like **you** would cash, it is **your** responsibility to keep the card safe. If **your** card is lost or stolen Reward Power Limited cannot be held responsible for any loss **you** may have incurred.

You should notify the Westfield Rewards Helpdesk and they will cancel the lost or stolen card with the retailer and send **you** a new card for any unused balance.

Cashback

Cashback is easy to use. Check out the amount of Cashback offered by a participating retailer then simply connect to their online store via the link on the Westfield Rewards website. Purchases must be made online using the link from Westfield Rewards; orders placed or completed by telephone or in the retailer's high street store do not qualify for Cashback.

Once **you** have completed **your** purchase **your** Cashback will be calculated and the amount credited to **your** Cashback account. The full terms and conditions for receiving Cashback are detailed on the Westfield Rewards website. If **your** Cashback account is not credited within 45 days of the transaction please notify Westfield Rewards, **you** should not contact the retailer.

Cashback is not payable if **you** cancel or return the goods or services. Any Cashback already credited will be removed from **your** Cashback account.

You should inform the Westfield Rewards Helpdesk of any Cashback credited that **you** know that **you** are not eligible to receive so that they can remove it from **your** Cashback account. **You** must not withdraw any Cashback that **you** are not entitled to receive: Reward Gateway may take legal action to recover any payment that **you** were not due to.

When **you** want to withdraw **your** Cashback simply follow the online instructions and payment will be made into **your** bank account.

If **you** cease to be a Westfield Health **policyholder you** cannot continue to use Westfield Rewards and must claim any funds in **your** Cashback account within 30 days.

You can contact the Westfield Rewards team online at www.westfieldrewards.co.uk or by telephoning the Helpdesk on **0345 299 4194** or **0203 583 7020**. Telephone lines are open 24 hours a day, 7 days a week, 365 days a year. Calls may be monitored or recorded to confirm that **your** instructions have been carried out correctly and to help to improve the quality of service.

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

This health cash **plan** is only available through an employer as part of their employee flexible benefits package. Hospital Treatment Insurance cover can also be added for an additional premium; full details of the terms and conditions, including limitations and exclusions, are detailed in a separate guide.

The employer has chosen this **plan** from the range of products offered by Westfield Health. If the employer decides to change the cover available to **you** we will notify **you** as soon as reasonably practicable. Any changes to benefits and/or premiums will only take effect once **we** have notified **you**.

Your cover will cease if the agreement between the employer and Westfield Health comes to an end.

We will try to offer all **policyholders** an alternative Westfield Health plan; however this may not be on the same terms as **your** current cover.

Eligible employees can select cover for themselves and if they wish also select cover for their **partner**. If the **plan** is selected for both employee and **partner** they will each hold a separate policy.

You must reside in the **United Kingdom**, Channel Islands or Isle of Man for a minimum of 180 days each year to be a Westfield Flex Health Cash Plan **policyholder**.

Professional and semi-professional sports people are not eligible for the **plan**.

There are no age restrictions for employees or employees' **partners** having cover.

You do not need a medical before **you** apply for the **plan**. **Pre-existing medical conditions** are covered for everyone on the **plan**, except for Personal Accident and Hospital Treatment Insurance cover, subject to the terms and conditions and benefit rules of the **plan**.

For Personal Accident cover Chubb will take into account any disability or condition that **you** already had when they assess the amount of disablement benefit they will pay as a result of a subsequent **accident**.

The Hospital Treatment Insurance guide explains the exclusions relating

to **pre-existing medical conditions**.

You must satisfy yourself that this **plan** is right for **you**. Neither Westfield Health nor Chubb will provide any advice in this regard but **you** are of course free to seek information or advice from a professional advisor.

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).

Only one Westfield Flex Health Cash Plan per **policyholder** can be held at one time.

2. The contract between Westfield Health and you

This health cash **plan** is based on a period of 12 months cover. **Your** cover will continue for the full 12 months term providing that the eligible employee's company continue to remit **your** premium to **us** and **you** abide by the terms and conditions of the **plan**. The exception to this is when an employee is permitted under the rules of their employer's flexible benefits package to select cover at a time other than annual renewal; cover will then be up to the following annual renewal.

Policyholders can only change their level of cover or cancel their policy (by deciding not to re-select this benefit) at annual renewal, except when permitted under the rules of their employer's flexible benefits package, following a Qualifying Lifestyle Event.

Cover will cease on the day that an eligible employee leaves their employment.

Terminating your cover

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

- Under the terms and conditions of the **plan you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information when **you** applied for cover, applied to increase **your plan** level, or submitted a claim

Continued overleaf

- **You**, or anyone covered on **your** policy, fails 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**

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 **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.

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

3. Premiums

Your policy will continue until the next annual renewal date providing **your** premiums are paid, except when the eligible employee is entitled under the rules of their flexible benefits package to change their selections. **We** operate stringent credit control procedures; however, it ultimately remains the responsibility of the eligible employee's employer to ensure that premiums are remitted to **us**.

If when **we** receive **your** claim the premiums are not paid up to date for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until **we** have received a payment that covers the date(s) for which **you** are

claiming. If payment of the premiums does not continue all benefit under the **plan** will cease on the date that the premiums for **your** cover are paid up to.

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

Where a benefit included in the **plan** is underwritten by another insurer, **our** agency agreements with insurers allow **us** to hold the premiums **you** pay in respect of these elements of the product as agent of the insurer and therefore payment to **us** means the same as if **you** have paid that insurer direct. This does not affect elements that **we** underwrite.

Change of employer or retirement
Employees who leave an employer offering the **plan**, and where applicable their **partners**, are not entitled to continue in the **plan**. Cover ends on the date that **your** premiums are paid up to.

If **you** wish to have cover with Westfield Health **you** should contact **our** Customer Care Team immediately and **we** will be happy to arrange cover for **you** on an alternative plan.

4. Qualifying Period

Benefits are available from **your** date of **registration** at that **plan** level, except for Maternity/Paternity/Adoption benefit.

The employer who is offering this **plan** as part of their flexible benefits package will choose the start date for their scheme year. If **you** select cover at commencement of the scheme year (or at annual renewal) **your** date of **registration** will be that date.

If **you** are eligible to make a selection during the scheme year, **your** date of **registration** will usually be the first day of the following month. However, neither the flex package administrator nor Westfield Health can accept any responsibility for loss of benefits which may arise in the event of **us** being unable to arrange cover by a prescribed date.

The **qualifying period** for Maternity/Paternity/Adoption benefit is 10 months from **your** date of **registration**, at that **plan** level. If **you** select cover on this **plan** at subsequent consecutive annual

renewals on the same or a lower **plan** level, a new **qualifying period** will not apply.

Changes to your level of cover
For existing **policyholders** who have transferred to a higher level of the **plan**, and have not completed the **qualifying period** for Maternity/Paternity/Adoption benefit at their new level of cover, **we** will pay benefit at **your** previous **plan** level, if **you** have benefit available.

If **you** transfer to a lower level of the **plan** during a **benefit period** **we** will pay benefits at **your** new level of cover from the **registration** date of the transfer. Benefits already paid during that **benefit period** will be taken into account when assessing entitlement to benefit at the lower level.

Maternity/Paternity/Adoption benefit will be paid at the lower **plan** level, if **you** have benefit available.

Former policyholders
In addition to the above, if a **policyholder's** cover has ceased and they then re-select to have cover on the same or a lower **plan** level within the same **benefit period**, benefits already paid during that **benefit period** will be taken into account when **we** assess entitlement to benefit.

5. Exclusions

The list of exclusions, below, should be read in conjunction with the Benefit Rules section before receiving treatment or paying for goods and services for which **you** intend to claim.

We will not cover:

- any claim that is not submitted in accordance with section 7, General Terms and Conditions
- any claim that is submitted where **you**, or anyone covered on **your** policy, are in breach of the **plan** and/or 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 any information **we** ask for relating to a claim
- Maternity/Paternity/Adoption benefit within **your** **qualifying period**. If **you** transfer to a higher level of the **plan** a new **qualifying period** will apply. Until **you** have

completed the new **qualifying period** **we** will pay **you** benefit at **your** previous **plan** level, provided that **you** have entitlement to that benefit;

- any claim or expense of any kind arising as a direct consequence of any criminal proceedings brought against you
- any claim or expense of any kind caused directly or indirectly by 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
- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion or revolution

6. Benefit Period

The maximum allowance for each cash benefit is available over a 12 months **benefit period**. The **benefit period** is specific to each employer offering the **plan**; it will start on the same date every year and applies to all **policyholders** who have selected cover on the **plan** through that employer. The flex package administrator and/or employer can confirm this date, or alternatively **you** can contact **our** Customer Care Team.

If **your** cover commences during a **benefit period** **you** can claim up to the full benefit allowances, during the remainder of the **benefit period**.

You must have benefit available for the date(s) on which you paid for treatment, goods or services. For In-patient, Day Surgery and Maternity/Paternity/Adoption benefits **you** must have benefit available, for the date(s) that **you** are claiming.

During each **benefit period** **you** can submit more than one claim under each benefit, however **we** will not pay more than the maximum allowance for **your** **plan** level.

The **benefit period** that each claim falls into is determined by:

- the date of birth/adoption **placement** for Maternity/Paternity/Adoption benefit;
- the date that you are an **in-patient**;
- the date that you attend for day surgery;
- the date of your payment for treatment, goods or services.

Any unused benefit will not be carried forward from one **benefit period** to the next.

Hospital Treatment Insurance

Please refer to the Hospital Treatment Insurance guide provided in **your** Welcome Pack.

7. How to claim

Claims must be submitted on one of **our** claim forms. The claim form must be signed and dated by the **policyholder**.

To be entitled to claim, the premiums for **your** cover must be paid up to and including:

- the date on which you made each payment for treatment, goods or services
- the nights you were an **in-patient**
- the date you attended for day surgery
- the child's date of birth/adoption **placement** for Maternity/Paternity/Adoption
- the date of **your** scan for MRI, CT and PET Scanning Facilities
- the date of **your** accident for Personal Accident

For all benefits where **you** (or a person covered on **your** policy) have paid for treatment, goods or services **you** must send **us** a full receipt detailing the payment you have made.

The receipt must include:

- the name of the person who has received the treatment, goods or service
- the date and amount of **each** payment
- the supplier's or practitioner's name, address and daytime contact details
- details of the qualifications/ professional organisation that the practitioner is registered with/a member of (see Definitions section)
- details of the type of treatment/ service
- the date that **you** (or a person eligible to claim on **your** policy) received **each** separate treatment or service
- separately itemised details of any additional sundry items purchased

We do not accept the following:

- photocopies of receipts, invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt

- receipts where only a part payment or deposit* has been paid, including receipts showing a balance outstanding for payment
- claims for payment(s) made in advance for a course of treatment, a service or goods; except when the receipt also confirms that prior to claiming you have received the treatment, goods or service. The receipt must detail the date(s) you received the treatment, goods or service and **we** must receive **your** claim within 13 weeks of the **payment** date – see below

*The only exception to this is when **you** provide **us** with written evidence that you have entered into a payment arrangement/credit agreement for treatment, goods or services that you have received. The date that **you** pay the first instalment determines the **benefit period** that **your** claim falls into and **we** will pay **you** up to the benefit balance available on that date ONLY towards the full cost of the treatment, goods or service purchased by the credit agreement. **We** do not cover administration/ interest charges. Dental insurance or care scheme premiums/payments are not covered on the **plan**.

For Maternity/Paternity benefit **we** need **your** baby's full birth certificate with **your** claim. To claim for Adoption **you** must send **us** proof of the child's name and age, together with confirmation from an adoption agency of the date that the child was **placed** with **you** for adoption.

To claim In-patient or Day Surgery benefits your claim form must be completed, signed and stamped by the **hospital/treatment centre** or **hospice**. **We** do not accept photocopies of completed claim forms.

We will not pay your claim unless it is received within 13 weeks of the following:

- the date that you tender **each** payment (i.e. cash; credit/debit card; cheque) to the practitioner/ supplier for treatment, goods or services
- the date on which you were discharged as an **in-patient**
- the date of each attendance for Day Surgery
- the child's date of birth; the date a child is **placed** with **you** for adoption

It is **your** responsibility to ensure that **you** allow sufficient time for the claim to reach **us** within the **13 weeks**

deadline. **We** will not accept any responsibility for claims (or supporting evidence) lost, delayed or damaged in the post.

If you can claim part or all of your costs under another Westfield Health plan, or from any other source, you are not entitled to receive more than the total amount that you have paid. If you are claiming from another insurer **we** will pay **our** proportionate share of the cost, subject to benefit being available and the terms and conditions of **your plan**.

You should only submit a claim if the person who has received the treatment, goods or service is eligible to claim under that specific benefit. If the claim is for **your dependent child** **we** may require proof of **your** relationship with them. It is **your** responsibility to provide complete and accurate information with the claim.

When **you** submit a claim, for audit purposes, **we** will carry out checks on the information **you** and practitioners provide to **us** and **we** will not process that claim, or **any** further claims on **your** policy, until **we** have successfully completed **our** internal audit checks. If **we** make a reasonable request for additional information this must be provided at **your** own expense.

In order for **us** to verify a claim it may be necessary for **us** to request a medical report from your **GP, Consultant Physician or Consultant Surgeon** at any time. **We** will only request a report when it is reasonably necessary and, under the Access to Medical Reports Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you**, or where applicable another person covered on **your** policy, do not give **us** your consent **we** will withhold payment of **all** claims and may terminate **your** policy.

When **you** are providing information about another person **you** should ensure that **you** have their consent to do so.

If **you** submit a claim that is false **we** will terminate **your** policy and **your** benefits as a **policyholder** will end immediately. **We** will not refund premiums paid for the **plan** and always take legal action for fraudulent claims.

How we pay you

We will pay **your** claims directly into **your** bank/building society account and send **you** a remittance advice as

confirmation. Alternatively **we** can pay **your** claims by cheque.

MRI, CT and PET Scanning Facilities
MRI, CT and PET Scanning Facilities is not a cash benefit. To access Scanning Facilities please refer to the Benefit Rules section.

Best Doctors®; DoctorLine™; Health Club Concession; Westfield Rewards

For information on how to access these services please refer to the Benefit Rules section.

How to claim Personal Accident

Please contact the Westfield Health Customer Care Team and **we** will arrange for a claim form to be sent to **you** or the person acting on **your** behalf. Once a claim has been submitted you will deal directly with Chubb in connection with that claim. Any document or evidence reasonably required by Chubb to verify the claim shall be provided by **you** or on **your** behalf at **your** own expense. Any medical examination required by Chubb to verify the claim will be at Chubb's expense. Any receipt which **you** or anyone acting on **your** behalf may give to Chubb for benefits payable shall be deemed a final and complete discharge of all liability of Chubb in respect of such benefit.

Hospital Treatment Insurance

Please refer to the Hospital Treatment Insurance guide provided in **your** Welcome Pack.

8. Worldwide cover

If a claim arises when you are temporarily travelling away from home anywhere in the World on business or for pleasure **you** can still make a claim. **You** (and if the claim relates to them **your dependent child**) must be resident in the **UK, Channel Islands or Isle of Man** for a minimum of 180 days each year to be eligible for cover on this **plan**.

When **you** submit a receipt for money that **you** have paid, **we** will use the currency exchange sell rate, supplied by **our** bank, on the date **we** process the claim.

If **we** request it, **you** must provide **us** with evidence of your travel dates. All documentation supporting **your** claim should be in English. Entirely at **our** discretion **we** may agree to accept an English translation accompanying the original documents, when **you** have provided this at **your** own expense.

Policyholders can use their Consultation benefit towards the cost of MRI, CT or PET Scanning outside the **UK, Channel Islands or Isle of Man** subject to pre-authorisation by Westfield Health.

The DoctorLine™ service is available worldwide.

This **plan** is not a travel insurance policy.

9. 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

The Westfield Flex Health Cash Plan is provided to employees as part of an employer flexible benefits package and is underwritten by Westfield Contributory Health Scheme Limited (Westfield Health).

From time to time upon renewal it may be necessary for **us** to increase the amount of the premium for the **plan**, alter the benefits payable under the terms of the **plan** or amend the rules relating to the **plan**. If **we** decide to make any such changes **we** will give **you** reasonable notice to enable **you** to decide if **you** do not wish to continue **your** policy, except when it is not possible for **us** to do this, for example changes required by law. Any revisions will not extend the **benefit period** relating to each separate benefit.

Westfield Health confirms that any increase in the premium rates or modification or extension of the benefit and/or rules and conditions will only take place with the consent of the flexible benefits package administrator and on renewal of the Westfield Flex Health Cash Plan.

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.

The Maternity/Paternity/Adoption benefit will remain in place if **you** continue to be a Westfield Flex Health

Cash Plan **policyholder** unless **we** give **you** 12 months notice that it is to be withdrawn.

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**.

Data Protection/Fair Processing Notice

Information provided to **us** or collected concerning **your plan** in the future will be used by Westfield Health, or selected third parties to:

- provide the benefits for which **you** have applied
- maintain **your** records
- manage the underwriting and/or claims handling procedures (including **your** dependants' claims)
- prevent and detect fraud

This will include the recording and monitoring of Sensitive Personal Data such as health and medical conditions for all claims processed under **your plan**.

This information may be shared with:

- other insurance providers
- police and enforcement agencies
- the 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

In the interests of continuously improving **our** services to customers and for training purposes telephone calls to Westfield Health will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

Whenever an employer passes information about you to Westfield Health **we** will process the information in accordance with all applicable data protection and medical information laws and

regulations. By collecting such information from the employer Westfield Health relies on the employer's compliance with all data protection legislation. The employer warrants that whenever they transfer personal data (including any medical or other Sensitive Personal Data) to Westfield Health for the purposes set out in this policy that they have full authority to do this, and do so in accordance with applicable laws and regulations.

Where you have provided information about another person you should ensure that you have their consent to do so. For a small fee you are entitled to a copy of the information which **we** hold about you by writing to the Data Subject Rights Officer, Westfield Contributory Health Scheme Limited, 60 Charter Row, Sheffield S1 3FZ, telephone **0114 250 2000**.

Marketing Preferences

We may occasionally use your contact information to contact you by post, email, text or phone with marketing offers and details of **our** other products and services. To opt out please contact **us** at the above address. **We** may also share all contact details with other selected organisations who may contact you by post or phone about other products and services. To opt out please contact **us** at the above address. If you are also happy to receive emails/texts from these other selected organisations please contact **us** at the above address.

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 January 2018 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.

E

United Kingdom pounds sterling.

Accident/Accidental (Personal Accident cover)

A sudden identifiable violent external event which happens by chance and which could not be expected, or unavoidable exposure to severe weather.

Acupuncturist

A fully qualified practitioner who is a Member of the British Acupuncture Council or Fully Accredited Member of the British Medical Acupuncture Society.

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

Agreement

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

Bed

A **bed**, or similar facility e.g. a reclining chair that the treatment provider classes as a **bed**.

Benefit Period

The period of time over which each separate benefit is available to claim. See section 6, General Terms and Conditions.

Bodily injury (Personal Accident cover)

Injury which is caused (solely and independently of any other cause) by **accidental** means and which, within 24 calendar months from the date of the **accident**, results in **your** death or disablement. **Bodily injury** does not include any condition that results due to any gradually operating cause or degenerative process.

Chiropodist/Podiatrist

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

The **Chiropodist/Podiatrist** must not be **you, your partner** or a member of **your** family.

Continued overleaf

Chiropractor

A fully qualified practitioner who is registered with the General Chiropractic Council.

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

Consultant Physician/ Consultant Surgeon

A registered **Consultant Physician** or **Consultant Surgeon**, including any individual holding an appropriate **Consultant Physician** or **Consultant Surgeon** position within a private or registered **hospital/treatment centre**.

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

Dentist

A fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice.

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

Dependent Child

A child who is:

- **your** child, **your partner's** child, a child that **you/your partner** have legally adopted or have legal guardianship of **and**
- under 22 years old (or if a full-time student under 24 years old) **and**
- not married/not in a civil partnership **and**
- living with **you** or is financially dependent on **you**

A **dependent child** already included on **your** policy will cease to be eligible for **dependent child** benefits once they become 22 years old (or 24 if a full-time student).

GP

General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice.

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

Homeopath

A fully qualified **Homeopath** who is a member of one of the following professional bodies:

- Member of the Faculty of Homeopathy
- Licensed or Registered Member of the Society of Homeopaths
- Registered Member of the UKHMA
- Member of the Alliance of Registered Homeopaths

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

Hospice

A facility that provides **in-patient** palliative care for patients with a life limiting or terminal illness.

Hospital/treatment Centre

A medical facility that:

- Has permanent facilities for caring for patients as an **in-patient** and/or a day case patient **and**
- Has facilities for medical practitioners to diagnose and treat injured or sick people **and**
- Provides nursing services from qualified nurses/midwives who are on the Nursing and Midwifery Council (NMC) register (or an equivalent register if the **hospital/treatment centre** is outside the UK, Channel Islands or Isle of Man) **and**
- Is **not** a nursing home; **hospice**; convalescent home; residential care home; prison; health spa/hydro.

In-patient

Admission to a **hospital/treatment centre** or **hospice** for a full night stay, or longer. An **in-patient** stay will only be classed as a full night stay if the patient is admitted before 12, midnight.

Loss used with reference to hand, foot, thumb, finger or toe (Personal Accident cover)

The **loss** by physical severance or the total and permanent **loss** of use of said member.

Loss of hearing (Personal Accident cover)

Total and irrecoverable deafness confirmed by audiometer and sound threshold tests.

Loss of limb (Personal Accident cover)

An arm – amputation or complete and permanent loss of use – at or above the wrist;

A leg – amputation or complete and permanent loss of use – at or above the ankle (talo-tibial joint).

Loss of sight (Personal Accident cover)

Shall be deemed to have occurred:

1. in both eyes when **your** name has been added to the register of Blind Persons on the authority of a qualified ophthalmic specialist; or
2. in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means **you** are only able to see at 3 feet that which **you** should normally be able to see at

60 feet) and Chubb is satisfied that the condition is permanent and without expectation of recovery.

Loss of speech (Personal Accident cover)

Permanent and total loss of speech.

NHS

National Health Service.

Optician

A fully qualified **Optician** who is registered with the General Optical Council.

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

Osteopath

A fully qualified practitioner who is registered with the General Osteopathic Council.

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

Out-patient

A person attending a **hospital/treatment centre** for advice, consultation and/or treatment, but who does not receive admitted patient care.

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.

Permanent disability (Personal Accident cover)

Disablement that has lasted for at least 12 months and from which it is believed **you** will never recover.

Permanent total disablement (Personal Accident cover)

Permanent disability which will in all probability entirely prevent **you** from engaging in or giving attention to gainful occupation of any and every kind for the remainder of **your** life.

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.

Placed/Placement

When a child comes to live with **you** permanently with a view to being formally adopted by **you** in the future.

Plan

The Westfield Flex Health Cash Plan.

Policyholder

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

Pre-existing Medical Condition

Any medical condition, whether fully diagnosed or not, that you were aware of before applying for cover.

Qualifying Period

The period that **you** must wait when **you** register for the **plan**, or register for a higher level of cover, before **you** can claim Maternity/Paternity/Adoption benefit. For more information please refer to section 4, General Terms and Conditions.

Registration

We will take **your** date of **registration** as: The date that, under the terms of the flexible benefits scheme, the employee is eligible for their benefit selections to start.

Surgical Procedure

A **surgical procedure** requiring the use of local, regional or general anaesthetic, for the purpose of treating disease, injury or abnormality by operating directly on or removing the affected part, or removing a foreign body.

Time

(Personal Accident cover)

Local Standard Time at the address of the **policyholder**.

UK/United Kingdom

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

War

(Personal Accident cover)

Armed conflict between nations, invasion, act of foreign enemy, hostilities (whether war declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

We/us/our

Westfield Contributory Health Scheme Ltd.

You/your/yourself

The named Westfield Health **policyholder**.

Wellbeing & Alternative Therapies Definitions

Healthcare Professionals

The **Healthcare Professional** that **you** choose must be registered with/a member of one of the professional organisations recognised by Westfield Health for **you** to be eligible to claim on this **plan**.

Registration/membership must be relevant to the treatment/service that they are providing.

Whilst these professional organisations aim to ensure best practice, there is no statutory regulation of these therapies/services. **We** therefore strongly recommend that **you** also check whether **your** chosen **Healthcare Professional** is adequately trained and holds any necessary liability insurance.

The **Healthcare Professional** cannot be **you**, **your partner** or a member of **your** family.

For each therapy/service please ensure that **your Healthcare Professional** is a member of/registered with:

Acupressure

Association of Physical and Natural Therapists (APNT)
British Acupuncture Council (BAcC)
British Association of Beauty Therapy & Cosmetology (BABTAC)
British Complementary Medicine Association (BCMA)
British Medical Acupuncture Society (BMAS)
British Register of Complementary Practitioners (BRCP)
Federation of Holistic Therapists (FHT)
Institute for Complementary and Natural Medicine (ICNM)

Allergy Testing and Food Intolerance Testing

British Association for Applied Nutrition and Nutritional Therapy (BANT)
British Complementary Medicine Association (BCMA)
British Institute for Allergy and Environmental Therapy
Complementary and Natural Healthcare Council (CNHC)
General Pharmaceutical Council (GPhC)
Nursing and Midwifery Council (NMC)
Nutritional Therapy Council (NTC)

Aromatherapy

Aromatherapy and Allied Practitioners' Association (AAPA)
Association of Physical and Natural Therapists (APNT)
British Association of Beauty Therapy & Cosmetology (BABTAC)
British Complementary Medicine Association (BCMA)
British Register of Complementary Practitioners (BRCP)
Complementary and Natural Healthcare Council (CNHC)
Complementary Therapists Association (CTHA)
Federation of Holistic Therapists (FHT)
General Regulatory Council for Complementary Therapies (GRCCT)
Institute for Complementary and Natural Medicine (ICNM)
International Council of Holistic Therapists (ICHT)
International Federation of Aromatherapists (IFA)
International Federation of Professional Aromatherapists (IFPA)
International Holistic Aromatherapy Foundation (IHAF)

Hypnotherapy

Association for Professional Hypnosis and Psychotherapy (APH)
British Complementary Medicine Association (BCMA)
British Hypnotherapy Association (BHA)
British Institute of Hypnotherapy (BIH)
British National Register of Advanced Hypnotherapists (NRAH)
British Register of Complementary Practitioners (BRCP)
British Society of Clinical and Academic Hypnosis (BSCAH)
British Society of Clinical Hypnosis (BSCH)
Clinical and Therapeutic Hypnosis Association (CTHA)
Complementary and Natural Healthcare Council (CNHC)
Complementary Therapists Association (CTHA)

Continued overleaf

Federation of Holistic Therapists (FHT)
General Hypnotherapy Register (GHR)
Hypnotherapy Association (HA)
Hypnotherapy Society (HS)
Institute for Complementary and Natural Medicine (ICNM)
National Council for Hypnotherapy (NCH)
National Guild of Hypnotherapists (NGH)
National Register of Hypnotherapists and Psychotherapists (NRHP)
National Society of Professional Hypnotherapists (NSPH)
UK Confederation of Hypnotherapy Organisations (UKCHO)
Working Group for Hypnotherapy Regulation
World Federation of Hypnotherapists (WFH)

Indian Head Massage

Association of Light Touch Therapists (ALTT)
Association of Physical and Natural Therapists (APNT)
British Association of Beauty Therapy & Cosmetology (BABTAC)
British Complementary Medicine Association (BCMA)
British Register of Complementary Practitioners (BRCP)
Complementary and Natural Healthcare Council (CNHC)
Complementary Therapists Association (CTHA)
Federation of Holistic Therapists (FHT)
General Council for Massage Therapies (GCMT)
Institute for Complementary and Natural Medicine (ICNM)
International Council of Holistic Therapists (ICHT)
National Association of Massage & Manipulative Therapists (NAMMT)
Scottish Massage Therapists Organisation (SMTO)

Nutritional Therapy

British Association for Applied Nutrition and Nutritional Therapy (BANT)
British Association of Beauty Therapy & Cosmetology (BABTAC)
British Complementary Medicine Association (BCMA)
British Register of Complementary Practitioners (BRCP)
Complementary and Natural Healthcare Council (CNHC)
Complementary Therapists Association (CTHA)
Federation of Holistic Therapists (FHT)
Federation of Nutritional Therapy Practitioners (FNTP)
Institute for Complementary and Natural Medicine (ICNM)
Nutritional Therapy Council (NTC)

Reflexology

Association of Light Touch Therapists (ALTT)
Association of Physical and Natural Therapists (APNT)
Association of Reflexologists (AoR)
British Association of Beauty Therapy & Cosmetology (BABTAC)
British Complementary Medicine Association (BCMA)
British Reflexology Association (BRA)
British Register of Complementary Practitioners (BRCP)
Centre for Clinical Reflexology (CCR)
Clinical Association of Reflexologists (CAR)
Complementary and Natural Healthcare Council (CNHC)
Complementary Therapists Association (CTHA)
Federation of Holistic Therapists (FHT)
General Regulatory Council for Complementary Therapies (GRCCT)
Institute for Complementary and Natural Medicine (ICNM)
International Council of Holistic Therapists (ICHT)
International Federation of Reflexologists (IFR)

Reiki

Association of Light Touch Therapists (ALTT)
British Association of Beauty Therapy & Cosmetology (BABTAC)
British Complementary Medicine Association (BCMA)
British Register of Complementary Practitioners (BRCP)
Complementary and Natural Healthcare Council (CNHC)
Complementary Therapists Association (CTHA)
Federation of Holistic Therapists (FHT)
General Regulatory Council for Complementary Therapies (GRCCT)
Institute for Complementary and Natural Medicine (ICNM)
International Council of Holistic Therapists (ICHT)
Reiki and Seichem Association (RASA)
Reiki Healers and Teachers Society (RHATS)
UK Reiki Federation

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



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and public holidays)



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Westfield Health is a trading name of Westfield Contributory Health Scheme Ltd and is registered in England & Wales company number 303523. We are authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the PRA. Details of this registration can be found by accessing the Financial Services Register online at either the PRA or the FCA websites or by contacting the PRA on 020 7601 4878 or the FCA on 0800 111 6768. Our financial services registration number is 202609.

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