

HEALTH CASH PLAN



Insurance Product Information Document

Company: Medicash Health Benefits Ltd

Product: Company Paid Health Cash Plan

Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

This document provides an overview of key information relating to your health cash plan. Complete contractual and non-contractual information is provided in your benefit table, terms and conditions and policy schedule.

What is this type of insurance?

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



What is insured?

- ✓ The benefits you can claim and the allowances that apply to these in each benefit period are detailed in the benefit table of this product.



What is not insured?

- ✗ Treatment that is needed due to dangerous activities and sports, professional sports injuries or as a result of self-inflicted injuries.
- ✗ Treatment provided by your immediate family.
- ✗ The first night of any inpatient stay (where included in your plan).
- ✗ Any treatments or benefits arranged, paid or facilitated through your employer or another employee, except if agreed in advance by us.
- ✗ Any charges you may have to pay to fill in a claim form, or charges for any medical information we may need to support your claim.
- ✗ Personal Accident cover (where included in your plan) ceases for partners on their 66th birthday. Children are not covered for Accidental Death.



Are there any restrictions on cover?

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



Where am I covered?

This plan is designed to cover you whilst in the UK. It does not cover cover treatments, purchases or accidents which occur outside of the UK, unless otherwise stated on your benefit table.



What are my obligations?

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



When and how do I pay?

You will be provided with cover at the level determined by your employer, the cost of which will be met by them. You have the right to opt out of this cover by notifying your employer. Your employer paid cover is treated as a benefit in kind and may be subject to appropriate taxation.

Where your employer allows you to upgrade your level of cover, or add your partner to your policy, the cost of this will be taken on a monthly basis either by Direct Debit or payroll deduction through your employer. This will be a monthly renewable contract that remains in force if you continue to pay your premiums when due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

All premiums include Insurance Premium Tax, where applicable, and are subject to review in respect to any changes in taxation or claims experience. If your premiums change it is the responsibility of your employer to notify you of this. Our sales agents receive a salary and also a bonus based on sales when meeting certain thresholds. If your employer purchased this policy via an intermediary a commission may also be payable. All of this is included within the premium of your plan.



When does cover start and end?

The policy schedule you receive in your welcome pack will show the date when your policy commences and the date from which you are able to make claims. Typically you will be covered from the first day of the month in which your cover comes into effect until the last day of the month in which your cover ceases.

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



How do I cancel the contract?

You may cancel your policy at any time. You should notify your employer who will give notice to us.

If you would like to cancel an upgrade to your level of cover, please contact us on 0151 702 0265. If you cancel an increase to your level of cover within 30 days of amending your policy, as long as you have not made a claim, we will refund the amended portion of the premiums that you have paid for this extra cover.