



## **CORPORATE HEALTH PLANS**

## **TERMS & CONDITIONS**

**PLEASE KEEP SAFE WITH YOUR POLICY  
SCHEDULE AND BENEFIT TABLE**

# WELCOME TO



Medicash is one of the UK's oldest and largest providers of healthcare cash plans, and we take a positive approach to life, health and wellbeing.

The fact that you are now a Medicash policyholder means your company has made a real commitment to your health and wellbeing.

As part of that commitment Medicash will assist in the most practical way possible; by providing you with money towards the cost of your everyday healthcare.

With dental treatment and optical care, as well as a range of other healthcare treatments covered, you can trust Medicash to help you get better sooner and stay healthier for longer.

On the following pages, you'll find all the information you need to know about your plan, including how to make a claim and the important terms and conditions relating to your policy.

Please read this booklet in full and then keep it safe, along with your policy schedule.

## TERMS AND CONDITIONS

You need to read these Terms and Conditions with your policy schedule and benefit table, which together make up the policy between you, the policyholder, and us.

Please check these carefully to confirm your cover before receiving treatment or paying for goods and services for which you intend to claim. Full details of each benefit are included elsewhere in this booklet.

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR POLICY OR ANY PART OF THESE TERMS AND CONDITIONS, SIMPLY CALL OUR CUSTOMER SERVICE TEAM ON 0151 702 0265.**

Lines are open Monday to Thursday 8.45am to 5pm, and Friday from 8.45am to 4pm (except bank holidays). We may record calls for training and monitoring purposes.

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## GET THE MOST OUT OF YOUR PLAN WITH THE MY MEDICASH APP

- Make a claim in seconds, even on the go!
- Add dependent children
- Plus access a wide range of benefits such as **SkinVision**, **mProve YOURSELF** and lots more...

SIMPLY DOWNLOAD THE MY MEDICASH APP



# MAKING THE MOST OF YOUR **MEDICASH PLAN**

Over the following pages you can learn more about what's covered within your Medicash health plan, how to claim and how to access the additional services included within your policy.

Claiming back money on your health costs couldn't be easier. Once you've paid for your treatment just keep the receipt and submit it via the app, or fill in a Medicash claim form and send it back to us. Plus, you can add up to four dependent children to your policy absolutely free - simply do this via the app or by calling 0151 702 0265.

Full details of how to claim and what you are covered for are included elsewhere in this book.

## HEALTH & STRESS RELATED SUPPORT

### Feeling stressed or just need some advice?

With Medicash you have instant access to expert information and advice on a wide range of issues through our 24 hour telephone advice service. Your Medicash policy is here to help keep you in the best of health, both physically and mentally, and also includes online support with additional information and self-help guides.

### HERE ARE JUST SOME AREAS OUR EXPERTS CAN SUPPORT YOU WITH:

- Family Care
- Debt Concerns
- Bereavement
- Money Management
- Stress
- Work/Life Balance
- Redundancy
- Career Guidance
- Relationships
- Health and Wellbeing

Please see your benefit table to see if you are entitled to up to 8 face to face counselling sessions

SO IF SOMETHING IS ON YOUR MIND CALL 0345 565 1851

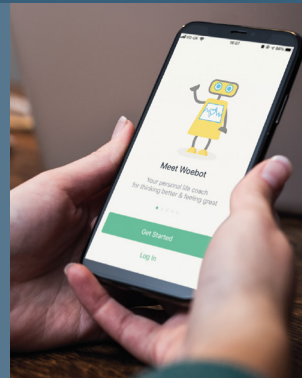
OR VISIT [WWW.MEDICASH.ORG/WELLNESS](http://WWW.MEDICASH.ORG/WELLNESS)

Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines & mobiles.

## **Woebot** TAKE CARE OF YOURSELF

Introducing our life coach in your pocket... **WOEBOT**

- Learn about yourself with intelligent mood tracking & exercises
- Think through situations using step-by-step guidance and Cognitive Behavioural Therapies
- Accessible to anyone with the full Employee Assistance Programme
- Build a toolkit for taking care of yourself. Simply use referral code **CFMED** when you first register on the Woebot app.





# SKINVISION SKIN HEALTH TRACKER

Perform regular skin checks

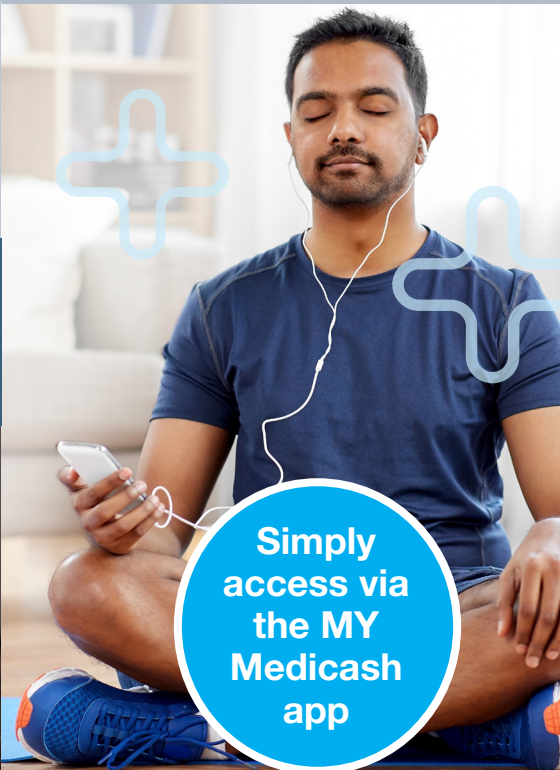
SkinVision allows you to assess your skin spots and moles for the most common types of skin cancer.

## HOW TO USE SKINVISION IN 5 STEPS

- + Access via the My Medicash app
- + Take photos of all skin spots and moles in a well-lit area
- + Receive a risk indication within 30 seconds
- + Save your assessments and set skin check reminders
- + Keep an eye out for changes by checking skin spots regularly.



Get a risk  
indication in  
30 seconds



Simply  
access via  
the MY  
Medicash  
app

## mProve YOURSELF

Improve your body and mind

The mProve YOURSELF app contains a wide range of wellbeing tools and advice for a happier, healthier you.

### WITH mProve YOU CAN ACCESS:

- + A 30-day beginners guide to a mindful life course
- + A range of guided meditations and breathing exercises
- + Fitness and resistance training videos that you can do at the gym or in the comfort of your own home
- + A range of mental wellbeing courses & information on how to cope with stress, depression, anxiety & looking after your mental health
- + Back, neck & joint pain exercises and guides.

# BEST DOCTORS

The Best Doctors® InterConsultation™ service offers you access to world-class diagnostic second opinions, giving you reassurance when you need it most.

Feeling nervous about a diagnosis given to you, your partner or dependent child? Best Doctors offers you a second medical opinion without having to leave your home.

The service gives you 24/7 access to the knowledge of over 50,000 world renowned consultants, providing you with peace of mind and an alternative assessment from the best medical minds.

Best Doctors will provide you with a report that can be taken to your treating doctor, in order to determine the best line of treatment.

Please check your benefit table to see if this is included.



ACCESS OVER  
**50,000**  
OF THE WORLD'S  
TOP DOCTORS

**TO ACCESS CALL 0345 565 1852 OR VISIT [WWW.MEDICASH.ORG/BESTDOCTORS](http://WWW.MEDICASH.ORG/BESTDOCTORS)**

Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

# extras

Enjoy exclusive discounts, great deals and cashback on shopping, travel & more.

## UP TO 55% OFF CINEMA TICKETS

### SEE THE LATEST BLOCKBUSTERS

Users can save at over 400 cinemas across the UK, regardless of the day of the week. You can even save on your drinks and popcorn to enjoy during the film.

## INSTANT E-CODES & SHOPPING CARDS

### SAVE ON YOUR FAVOURITE BRANDS INSTORE OR ONLINE

Save on a huge range of vouchers and gift cards for supermarkets, department stores, fashion and much more. Use yourself or give as the perfect gift.

## TRAVEL & HOLIDAY SAVINGS

### SAVE ON FLIGHTS, HOTELS AND AIRPORT PARKING

The best place to plan and book your next holiday. Save money and earn cashback whilst booking through your favourite brands and sites.



# 1. DEFINITIONS

Defined words are highlighted throughout this policy booklet in bold print. The explanation of the defined words is listed below and they have the same meaning wherever they appear in the policy.

**Benefit** – This is the type of cover that **we** provide and the amount that **we** will pay **you** up to the maximum for each type of cover.

**Benefit date** – This is the date shown in **your policy schedule** and is the first date from which **you** are able to make a claim.

**Benefit table** – This is the table that shows the maximum amount that **we** will pay you for each type of cover for each **benefit period**.

**Benefit period** – This is the period of time that **you** can claim up to the maximum amount of **benefit**, as shown in the **benefit table**. Usually this is 12 months but please check **your benefit table**.

**Child** or **Children** – Dependent children born to **you** or **your partner**, or legally adopted by **you**, under the age of 16 or 24 if in full time education (unless stated differently on **your benefit table**).

**Cosmetic treatment** – This is **treatment you** receive to change **your** appearance, and not to cure or help improve a medical condition.

**Daycase** – This is when **you** go into an NHS or private hospital or a recognised treatment centre for **treatment**. **You** must have been allocated a bed or a chair, but **you** must not be staying overnight. This **benefit** does not include **outpatient** or **inpatient treatment** or any other hospital **treatments**.

**Dangerous activities and sports** – This includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.

**GP** – A General Practitioner (GP) who is registered and holding a current licence with the General Medical Council to practice medicine in the **UK** at the time of **your treatment** or appointment.

**We** do not cover **treatments** provided by a retired GP or a GP who was under suspension at the time of **your treatment**.

**Inpatient** – This is when **you** stay in hospital for more than one night for medical **treatment** or because of a continuation of medical care. If **you** are claiming for an inpatient stay, the **treatment** is covered from the date **you** are admitted as an inpatient to the date **you** are discharged. If **you** go home during this time, any **treatment you** receive at home is not covered.

**Our, us or we** – Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB.

A company limited by guarantee, registered in England (number 258025), is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

**Outpatient** – This is medical care in an NHS, private hospital or recognised treatment centre that does not require overnight hospitalisation. If **you** are allocated a pre-arranged bed or chair please refer to **daycase**. **We** do not cover outpatient visits or appointments.

**Parental stay** – This is where one adult covered by the **policy** stays in hospital overnight to accompany a dependent **child** under the age of twelve who has been admitted as an **inpatient**. In the case of a dual **policy we** will only cover one adult.

**Partner** – **Your** husband, wife or partner who lives with **you** on a permanent basis, regardless of gender.

**Policy** – This is **our** contract of insurance with the **policyholder**, in which **we** provide the cover as explained in the **policy schedule**, the **benefit table** and these Terms and Conditions.

**Policyholder** – This is the first person named in the **policy schedule**. This person is responsible for any upgrade **premiums** due and they will usually receive any **benefits we** pay. **We** will write to this individual in connection with all correspondence. **You** agree by continuing with this **policy** that this person has **your** explicit consent to receive these communications; that these may contain health information relating to anyone covered on the **policy**; and information related to their claims.

**Policy schedule** – This is the document that shows the date **your policy** started, the level of cover **you** have chosen, the people covered under the **policy** and any **qualifying period** if applicable.

**Pre-existing conditions** – This is any disease, illness or injury which **you**, **your partner** or **your children** have experienced symptoms of, or received **treatment** for, in the 12 months before the start of **your policy** or increase in level of cover.

**Premium** or **Premiums** – These are the payments made for **your policy** by **you** or **your** employer.

**Professional sports injuries** – This is any injury sustained whilst training for, or participating in, sport for which **you** receive payment or non-charitable sponsorship.

**Qualifying period** – This is the period of time between the date that **you** commenced **your policy** and the **benefit date**, as shown in **your policy schedule**. **You** must continue to pay **your premiums** during this period, but **you** are not able to make any claims.

**Self inflicted injuries** – This is when **you** need **treatment** for an injury **you** have caused to yourself. This includes misusing drugs, alcohol, solvents or other addictive substances, and self-abuse.

**Specialist Consultant** – A Specialist Consultant who is registered on the General Medical Council on their Specialist Register.

**Treatment** or **Treatments** – This includes any medical or surgical treatment **you** may have to diagnose, relieve or cure a disease, illness or injury. Treatment will usually last from the date **you** receive **your** first treatment to the date **you** have **your** final treatment. If you stay in hospital as an inpatient, the treatment is from the date you are admitted into hospital to the date you are discharged.



**United Kingdom (UK)** – The UK includes England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

**You or your** – This is you, the **policyholder**, and your **partner** and dependent **children** where covered under the **policy**.

## 2. BECOMING A POLICYHOLDER / WHO CAN HAVE COVER

- 2.1 This plan is not available to purchase on an individual basis from Mediacash. It is only available where the employer is paying to cover their employees who reside in the **UK**. Under certain circumstances **we** may choose to cover some employees who reside outside of the **UK**. Where this occurs claims must be paid into a **UK** bank account and will be paid at the exchange rate applicable on the date of **your treatment**.
- 2.2 Eligible employees will be provided with cover at the level determined by their employer, the cost of which will be met by their employer. **You** have the right to opt out of this cover by notifying **your** employer. Certain **benefits** are provided for up to four dependent **children**. Full details of this cover can be found in **your benefit table**.
- 2.3 **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 request to upgrade 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.

### Employer paid cover

- 2.4 There is no restriction regarding the age of an eligible employee taking out the cover provided by their employer.
- 2.5 **You** do not need a medical to be accepted as a **policyholder**. **We** will cover **you**, and where cover is provided for them, up to a maximum of four dependent **children** on **your policy** (unless stated differently on **your benefit table**) subject to the Terms and Conditions and **benefit** rules of **your** plan. **Children** must be named on **your policy** before they have any **treatment** for which **you** intend to make a claim. **Children** can be added to **your policy** at any time, but named **children** can only be changed at the start of a new **benefit period**.
- 2.6 **Your policy schedule** shows when **you** commenced **your policy**, who is covered on the **policy** and the date from which **you** are able to make claims.

### Employee upgrade options and partner cover

- 2.7 **Your** employer will decide whether employee upgrades and/or **partner** cover will be available. Details of the **benefits** are included in the **benefit table**.
- 2.8 If **your** employer, or their appointed representative, decides to change the upgrade cover that is available for **you** to purchase **we**, **your** employer or their appointed representative will notify **you** as soon as reasonably practicable. If **you** wish to reduce **your** level of cover as a result of these changes, please notify **your** employer or contact **us** on **0151 702 0203**.
- 2.9 If **you** are eligible for an upgrade option **you** can pay an additional premium to upgrade **your** employer paid plan level. **You** can apply to include **your partner** on the same level of cover as **you** if they are aged 16 or over, and less than 66 years of age at the date of application.
- 2.10 **We** will send **you** a new **policy schedule** after an amendment to **your** level of cover. The date of the amendment and the **benefit date** of these changes will be detailed in **your policy schedule**.

- 2.11 If **you** elect to change **your** level of cover, **we** will take account of **your** previous claims when **we** calculate **your** revised allowances for the remainder of the **benefit period**.
- 2.12 If **you** reduce **your** level of cover, **we** will pay all **benefits** at the lower rate from the date of the change.
- 2.13 **You** must satisfy yourself that this plan and the level of cover **you** have are right for **you**. **We** will not provide advice but **you** are free to seek information or advice from a professional advisor.
- 2.14 If **you** apply for an upgrade option or **partner** cover **your policy** contains a 30 day cooling off period from the date **we** accept **your** application. If **you** decide to change **your** mind during this cooling off period **you** should inform **your** employer and contact **us** on **0151 702 0203**. Provided that **you** have not made, or intend to make a claim, **we** will refund the upgraded amount.
- 2.15 The **policyholder** and **we** have legal rights under the **policy**. No clause or term of this **policy** will be enforceable, by virtue of the contract (Rights of Third Parties Act 1999) or any other person, including any family member. Where **your** employer contributes towards **your premium** and administers the **policy**, they also have legal rights under the **policy**.
- 2.16 When **you** or **your** employer give **us** information about **your** family members, **we** will take this as confirmation that **you** or **your** employer have their explicit consent to do so.

### 3. PREMIUMS

- 3.1 **Your** cover will continue on condition that the **premium** due each month is paid and **you** abide by the Terms and Conditions of the plan.
- 3.2 **Premiums** include Insurance Premium Tax and are subject to review in respect of any changes in taxation or claims experience.
- 3.3 **We** reserve the right to deduct any **premiums** due to **us** from any **benefits** payable to **you**.

#### Employer paid cover

- 3.4 If **you** leave **your** employment and/or **your** employer ceases to pay for **your** cover, **you** will not be entitled to use any of the services or claim any **benefits** included in the plan beyond the date that **your premiums** are paid up to. **We** may offer **you** the opportunity to transfer to one of **our** other health cash plan products.
- 3.5 **Your** employer paid cover may be treated as a benefit in kind and may be subject to appropriate taxation.

#### Employee upgrade options and partner cover

- 3.6 **Your** upgraded level of cover will cease and **your** cover will revert to the employer paid level when **your** upgrade **premiums** are more than six weeks in arrears. Any claims paid to **you** at the higher rate during the period **your premiums** were not paid at the correct rate will need to be repaid to **us**.
- 3.7 For employees who have chosen an upgrade option or **partner** cover, this is a monthly renewable contract that remains in force if **you** continue to pay **your premiums** when they are due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

## 4. REFUND OF PREMIUMS

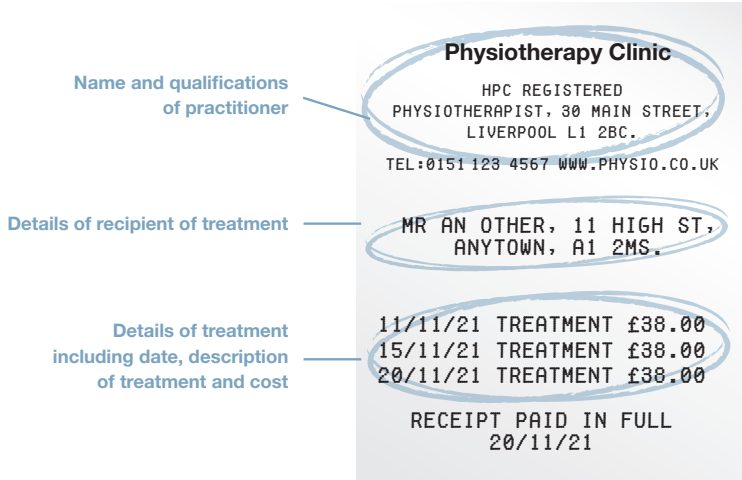
- 4.1 **We** will only refund **your premiums** if:
- i **you** or **your** employer (where applicable) cancel **your policy** within 30 days of joining or amending **your** cover, and **you** have not made a claim;
  - ii **you** have paid **your premiums** in advance and **you** have correctly notified **us** that **you** wish to cancel **your policy**;
  - iii **you** have notified **us** that **you** have paid too much; or
  - iv in the unfortunate event that **you** die.
- 4.2 If **you** cancel **your policy** with **us**, **we** will refund any **premiums you** have paid for any period to come. However, **we** may deduct a £25 administration charge.
- 4.3 If **you** have overpaid **us**, **we** may deduct this from **your** future **premiums**.  
Or, if **you** ask **us** to, **we** will pay **you** a refund if **you** have overpaid **us** by more than £25.
- 4.4 **We** will only refund **premiums** to the originating source.
- 4.5 **We** will not refund any overpayments of **premiums** for periods that are more than six years prior to the date of request.
- 4.6 **We** will only refund bank charges that **you** have had to pay because of **our** error. **We** will not refund any bank interest **you** may have lost.

## 5. CLAIMS

- 5.1 To receive any of the **benefits** under **your policy**, **you** must complete and sign a claim form. **You** must use the claim form **we** provide. **You** can download a claim form via **our** website at [www.medicash.org/claim](http://www.medicash.org/claim) or **you** can request a claim form by phoning **us**. Alternatively **you** can submit **your** claim via the 'My Medicash' app or online service. Further details on how to access these can be found at [www.medicash.org/claim](http://www.medicash.org/claim)
- 5.2 **You** must give **us** the information or proof **we** need to support **your** claim, as explained in Sections 5 and 10. **We** will not be able to pay **your** claim if **you** do not have enough supporting evidence. If **you** have any questions about a claim, including whether or not **you** are eligible to make a claim, please phone **us** on **0151 702 0265**.
- 5.3 **We** will not pay any charges **you** may have to pay to fill in a claim form, or charges for any medical information **we** need to support **your** claim. **You** are responsible for paying these charges.
- 5.4 For **benefits** where **we** require a receipt in order to pay a claim **you** must pay for the **treatment** in full before **you** can make the claim. **We** will not pay for any element of **your** receipt paid for using loyalty or reward points.
- 5.5 **We** will not pay **your** claim unless it is received within 26 weeks of the following:
- i **you** have fully paid for **your treatment**; this includes payment for optical **treatments**, spectacles, contact lenses and optical payment plans or dental care contracts;
  - ii **you** received **treatment** or finished a course of **treatment**;
  - iii **you** were discharged from hospital; or
  - iv **you** had an accident for which **you** want to make a claim.

- 5.6 All receipts must be fully paid originals and should show:
- i the name, address and qualifications of the practitioner who provided **your treatment**;
  - ii the date of the **treatment**;
  - iii the name and address of the person who received the **treatment**; and
  - iv a breakdown and description of the **treatment**.

**We** do not accept joint receipts, photocopies, credit card or debit card receipts, receipts without showing details of the **treatment** received, or estimates for **treatments** to be received.



- 5.7 The **benefit period** in which a claim is paid is determined by:
- i the date **you** had the **treatment**; or
  - ii the date of **your** accident or injury.
- 5.8 **We** will not pay **your** claim:
- i if the date of **your treatment** is after the date that **your policy** is paid up to;
  - ii if **you** have paid in advance for **your treatment**, but the **treatment** has not yet taken place;
  - iii for **treatment**, purchases or accidents which occur outside of the **UK**;
  - iv for **treatment** provided by **your** immediate family;
  - v if **you** received **treatment** within a **qualifying period**;
  - vi for **treatment** needed due to **dangerous activities and sports, professional sports injuries** or as a result of **self inflicted injuries**;
  - vii for any **treatments** paid through **your** employer, including via salary sacrifice; or
  - viii if **you** are breaking the Terms and Conditions of **your policy**.
- 5.9 **We** do not normally return receipts. If **you** want **us** to send **your** receipt back to **you**, **you** must ask **us** in writing at the time **you** make **your** claim.
- 5.10 If **your** claim is also covered by another insurance policy, **we** will not pay more than **our** proportionate share, which cannot be more than the total cost of the **treatment** or receipt. When **you** make a claim **you** must tell **us** about any other cover **you** have, and **you** must give **us** permission to contact the other insurance company.



- 5.11 If **you** have more than one insurance **policy** with **us** or another insurer, **you** cannot claim for more than 100% of the cost of **your treatment**.
- 5.12 To protect all of **our** policyholders, **we** will take action against anyone who makes a dishonest or false claim. Such action includes, but is not limited to, refusal to accept liability to pay a claim, notifying **your** employer, termination of **your policy** without refund, legal action or notifying the police.

### Subrogation clauses

- 5.13 If **you** are claiming for **benefits** that relate to an injury or condition caused by another person, they may be liable to pay some of the costs of **your** claim. If this is the case:
- i **you** should tell **us** as quickly as possible if **you** believe a third party caused **you** to need **treatment**, or if **you** believe they were at fault. If **we** need further information we may contact **you** or the third party;
  - ii **we** will pay **our** proper share of the claim and recover what **we** pay from the third party;
  - iii **you** must include all amounts paid by **us** in respect of the injuries in **your** claim against the third party;
  - iv **you** (or **your** solicitors) must keep **us** fully informed about the progress of **your** claim and any action against the third party or any pre-action matters;
  - v **you** (or **your** solicitors) must keep **us** informed of the outcome of any action or settlement (providing **us** with access to the details of any such settlement);
  - vi should **you** successfully recover any monies from the third party they should be repaid directly to **us** within 21 days of receipt on the following basis:
    - if the third party settles in full, **you** must repay **our** outlay in full; or
    - if the third party pays **you** a percentage of **your** claim for damages, **you** must repay **us** the same percentage of **our** payment to **you**; or
    - if **your** claim is repaid as part of a global settlement (where **our** outlay is not individually identified), **you** must repay **us** the same proportion that the global settlement is of **your** total claim for damages against the third party.
- 5.14 If **you** do not repay to **us** **we** will be entitled to recover the same from **you**.
- 5.15 The rights and remedies in these subrogation clauses are in addition to and not instead of the rights or remedies provided by law.

## 6. BENEFIT PAYMENTS

- 6.1 The type of cover that **we** provide and the amount that **we** will pay **you** for each type of cover are known as **benefits**, and are detailed in the **benefit table**.
- 6.2 The amounts shown in the **benefit table** are the maximum amounts that **you** can claim for each **benefit** in any one **benefit period**.
- 6.3 **We** pay **your benefits** in British pounds sterling direct into **your UK** bank or building society account, or by cheque to **your** home address. If **you** want to arrange for **us** to pay another person, **you** will have to write to **us** at the time **you** make **your** claim.
- 6.4 **We** reserve the right to recover any overpayments made to **you** either directly, or by adjusting any future **benefit** payments made to **you**.

## 7. CANCELLATION AND TERMINATION

- 7.1 **You** may cancel **your policy** at any time. **You** should notify **your** employer who will give notice to **us**. If **you** cancel within 30 days of joining or amending **your policy**, as long as **you** have not made a claim, **we** will refund all or the amended portion of the **premiums** that **you** or **your** employer have paid.
- 7.2 **We** have the right to cancel **your policy** at any time. **We** will give **you** at least 28 days written notice of this. However, if **we** think that **you** have committed fraud, **we** will cancel **your policy** immediately, notify **your** employer and may take legal action or contact the police. **We** will notify **you** of any changes by writing to **you** at the last address supplied to **us**. **We** will not be responsible if, for any reason, **you** do not receive the notice **we** send **you**. If **you** have selected to have **your** communications from **us** sent via email, **we** will use the last email address registered against **your** preferences to send this notification.
- 7.3 If **your** employer, or their appointed representative, cancels **your cover** **we** will not give **you** 28 days written notice of this as it is the responsibility of **your** employer, or their appointed representative, to notify **you** in this circumstance.
- 7.4 **We** will end all of the cover and **benefits** of **your policy** automatically if:
- i **you** cancel **your policy**;
  - ii **we** cancel **your policy**;
  - iii in the unfortunate event of **your** death;
  - iv **you** are behind with **your premiums** by more than six weeks; or
  - v **your** employer notifies **us** that **you** are no longer eligible.
- 7.5 **We** reserve the right to cancel a **policy** and offer an alternative with 28 days notice should **we** consider your claims to be unsustainable.

## 8. YOUR RIGHTS—DATA PROTECTION, COMPLAINTS AND COMPENSATION

### Data protection

- 8.1 For the purposes of the Data Protection Act 2018 (the Act) **we** are the Data Controller in relation to any personal data **you** provide to **us**. **We** adhere to the Act and shall respect **your** rights under the Act.
- 8.2 Under the principles of the Act, **we** will endeavour to make sure that **your** personal or sensitive information held by **us** is:
- i processed fairly and lawfully;
  - ii processed for specified and lawful purposes;
  - iii adequate, relevant and not excessive;
  - iv accurate and kept up to date;
  - v kept for no longer than is necessary;
  - vi kept secure.
- 8.3 **We** will treat any sensitive and medical information **we** receive with the strictest confidence.
- 8.4 When **you** take out **your policy**, **you** agree that the information provided to **us**, either directly, via **your** employer or their appointed representative, together with any further information concerning **your policy**, can be used by **us** for the purpose of providing **you** with the **benefits** for which **you** have applied and for maintaining **your** records. This will include the recording and monitoring of sensitive personal data such as data relating to health and medical conditions.

- 8.5 If **you** choose to add a **partner** to **your policy**, **you** must have their explicit consent to do so and that they agree to **us** using their information for the purposes of administering the **policy**.
- 8.6 If **you** choose to add **your dependent children** to **your policy**, **you** must have their explicit consent to do so if they are 16 or older at the time of being added. Claims for **children** can only be submitted by the main **policyholder**, or their **partner** when covered on the **policy**. It is **your** responsibility to ensure that **you** have their explicit consent before submitting any claim on their behalf if they are aged 16 or over.
- 8.7 **We** may pass **your** information, and that of anyone else covered on **your policy**, to selected service partners for claims or to provide **you** with the ancillary services included in the **policy**. Under the Act **you** have the right to object to **your** data being passed on for this purpose, but this may result in **us** being unable to provide all of **your benefits** or validate **your** claim. Where this occurs, **we** will not offer any reduction in **premiums** or refund for any claims that cannot be paid.
- 8.8 **We** maintain the highest standards of data security to protect **your** personal information, including data encryption and security procedures, like checking **your** identity when **you** call us or register on **our** App.
- 8.9 **We** may share **your** data with other relevant organisations when **we** set up and administer **your policy**, to check claims, to prevent fraud and to identify money laundering. If **you** object to this **we** will not be able to process **your** application and therefore will not be able to accept **your** application for a **policy**.
- 8.10 **We** will keep **you** informed about any changes to **your policy** and claims progress using the contact preferences supplied at the time of joining or as subsequently updated by **you**. If **your** employer, or their appointed intermediary, decides to change your cover, **we**, **your** employer or their appointed representative will notify **you** as soon as reasonably practicable.
- 8.11 From time to time **we** may send **you** information about **our** other products and services or offers that **we** feel may be of interest to **you**. **You** can choose how **we** contact **you** regarding these offers and opt-out at any time. **You** can update **your** contact preferences by contacting **us** via phone, email or in writing, or via **our** website or App.
- 8.12 **You** have the Right of Access to any information that **we** hold about **you**. To request a copy of this, please write to The Data Protection Officer, Medicash, One Derby Square, Liverpool L2 1AB or email [dpo@medicash.org](mailto:dpo@medicash.org). If any of **your** data is incorrect **you** can ask **us** to rectify this. To help **us** keep **your policy** up to date, please ensure **you** inform **us** when **you** move house or change **your** contact details such as telephone number or email.
- 8.13 **You** also have the Right of Erasure and the Right to Object under the Act. Where possible **we** will accommodate **your** request to have any data relating to **you** erased or to stop processing it in the manner requested, but please note that this could prevent **us** from processing **your** application for cover or having to cancel **your policy**. **We** keep information in line with the retention policy of **our** organisation. These retention periods take into account **our** needs to meet any legal, statutory and regulatory obligations and vary from one piece of information to the next. If **you** would like **your** data, or any part of it, restricting or erased please submit **your** request in writing to The Data Protection Officer, Medicash, One Derby Square, Liverpool L2 1AB or by emailing [dpo@medicash.org](mailto:dpo@medicash.org).
- 8.14 **You** have the Right to Data Portability and where requested **we** will supply **you** with a copy of the data **we** hold on **you** electronically in a format that **you** can then share with another organisation.
- 8.15 Any information supplied about **you** is subject to **our** Privacy Policy, a copy of which can be found at [www.medicash.org/privacypolicy](http://www.medicash.org/privacypolicy)

## Complaints

- 8.16 If **you** are not happy with any part of **our** service, send the full details of **your** complaint to the Head of Customer Operations, Medicash, One Derby Square, Liverpool L2 1AB. Alternatively telephone 0151 702 0265 or email [customerservice@medicash.org](mailto:customerservice@medicash.org). **We** will endeavour to respond to **you** within five working days and will detail **our** complaints procedure.
- 8.17 If **you** are not satisfied with **our** response, **you** can take **your** complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. Alternatively telephone 0800 023 4567 or 0300 123 9123; or visit [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## Compensation

- 8.18 **We** are covered by the Financial Services Compensation Scheme (FSCS). If **we** cannot meet **our** responsibilities, **you** may be entitled to compensation from the scheme. This depends on the type of insurance **you** have and the circumstances of **your** claim. For more information about the compensation scheme, visit the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk), or write to FSCS, PO Box 300, Mitcheldean GL17 1DY.

## 9. OUR RIGHTS — HOW WE PROTECT OUR POLICYHOLDERS

- 9.1 **We** have the right to change **your policy** at any time. If **we** do make changes, **we** will give either **you**, **your** employer or their appointed representative at least 28 days notice of this. If **we** notify **your** employer, or their appointed representative, it is their responsibility to then notify **you**.
- 9.2 If **your** employer, or their appointed representative, makes changes to **your policy we** will not necessarily give **you** 28 days written notice of this as it is the responsibility of **your** employer, or their appointed representative, to notify **you** in this circumstance.
- 9.3 If **we** make a change to **your policy we** will notify **you** of any changes by writing to **you** at the last address supplied to **us**. **We** will not be responsible if, for any reason, **you** do not receive the notice **we** send **you**. If **you** have selected to have **your** communications from **us** sent via email, **we** will use the last email address registered against **your** preferences to send this notification.
- 9.4 **We** have the right to cancel **your policy** and refuse any claims **you** make if **you** or anyone acting for **you**:
- i makes a claim under the **policy**, knowing the claim is false or exaggerated in any way;
  - ii makes a statement to support a claim, knowing the statement is false;
  - iii sends **us** evidence to support a claim, knowing the documentation is false; or
  - iv makes a claim for any injury that **you** or they have caused deliberately.
- 9.5 To detect and prevent fraud or improper claims **we** may check **your** details with fraud protection agencies. If **we** reasonably suspect fraud **we** will record and investigate this, including working with other organisations and other insurers to pool information about applications or claims which are believed to be fraudulent.
- 9.6 To protect all of **our** policyholders, **we** will take action against anyone who makes a dishonest or false claim. Such action includes, but is not limited to, refusal to accept liability to pay a claim, notifying **your** employer, termination of **your policy** without refund, legal action or notifying the police.



- 9.7 The terms of this **policy** are governed by English Law. In the event of a dispute arising under this **policy** the parties will submit to the exclusive jurisdiction of the courts of England and Wales. All communications must be made in English. **We** can provide communications in alternative formats upon request such as large print or audio.

## 10. BENEFIT RULES

Please refer to **your benefit table** to find out which of the following **benefits** are included in **your** cover. **We** do not cover **treatment**, purchases or accidents which occur outside of the **UK**.

### 10.1 Routine dental treatment

- i **We** will pay the amount **you** have paid to a member of the General Dental Council, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Dental <b>treatment</b> and dental check-ups</li> <li>✓ Hygienist fees</li> <li>✓ Dental X-rays and laboratory fees needed to carry out dental <b>treatment</b></li> <li>✓ The cost of anaesthetic for dental treatments</li> <li>✓ The cost of dentures and repairs to dentures</li> <li>✓ Braces provided by a dentist or orthodontist</li> <li>✓ Premiums under a dental care contract paid for by <b>you</b> (where stated on <b>your benefit table</b> as being included in <b>your</b> plan).</li> </ul>	<ul style="list-style-type: none"> <li>✗ Tooth whitening or cosmetic dentistry</li> <li>✗ Non-prescribed items or consumables</li> <li>✗ Charges for missed appointments</li> <li>✗ Premiums under a dental care contract where paid for by <b>your</b> employer</li> <li>✗ Fees for prescription charges (these are covered under the Prescriptions, inoculations and flu jabs <b>benefit</b>)</li> <li>✗ Fees for tablets or medicines, for example antibiotics</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee.</li> </ul>

### 10.2 Dental accident and injury

Cover for dental **treatment** required as a result of an accident or injury. **You** can only claim this **benefit** if there has been a dental emergency appointment within five days of the accident or injury.

- i **We** will pay the amount **you** have paid to a member of the General Dental Council or **Specialist Consultant**, up to a maximum in any one **benefit period**, within **your** chosen premium level. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii A dental accident is classed as an injury caused to **your** teeth and gums by a direct impact to the outside of the oral cavity. This includes damage to dentures whilst being worn.
- iii **Your** claim must be submitted using a Medicash Dental Accident claim form and be supported by proof of **treatment** detailing the dates and costs of each individual **treatment** or, in the case of NHS dental **treatment**, each course of **treatment**. The proof must be an official document issued by the treating practice.

- iv Medicash need the following information from **your** dentist in order to process the claim:
  - Date of the accident;
  - Full report of the incident and all dental injuries sustained;
  - The **treatment** plan (Medicash do not cover **treatment** that is not established clinical practice);
  - The date that the **treatment** or episode of **treatment** will start and finish;
  - The name of the Dentist, **Specialist Consultant** or Surgeon responsible for the **treatment** if applicable;
  - Detailed **treatment** costs.
 Cover is limited to the **treatment** described in the **treatment** plan.
- v Medicash may ask for extra evidence to show how the injury was sustained, evidence that the injury is not as result of periodontal disease, or evidence that if the injuries resulted from **dangerous activities and sports** that the appropriate mouth guards were worn.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Dental <b>treatment</b> relating to an accident or injury if there has been a dental emergency appointment within five days of the accident or injury</li> <li>✓ Investigative dental x-rays, and laboratory fees relating to the dental <b>treatment</b></li> <li>✓ The cost of anaesthetic for dental <b>treatment</b></li> <li>✓ The cost of dentures and repairs to dentures resulting from the accident or injury</li> <li>✓ Any prescription charges or associated costs</li> <li>✓ Replacement veneers, implants, dentures and orthodontics resulting from an accident or injury.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Injuries that existed before or when <b>you</b> took out the plan</li> <li>✗ Injuries caused by food or drink ingestion</li> <li>✗ Injury caused other than by direct impact to the outside of the oral cavity</li> <li>✗ <b>Treatment</b> that relates to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn</li> <li>✗ Damage to dentures when not being worn</li> <li>✗ <b>Treatment</b> relating to periodontal disease</li> <li>✗ Fees charged for preparing reports</li> <li>✗ Charges for missed appointments</li> <li>✗ Damage through oral hygiene procedures</li> <li>✗ Any <b>treatment</b>, care or repair to, or in connection with ‘tooth jewellery’</li> <li>✗ <b>Self inflicted injuries.</b></li> </ul>

### 10.3 Optical

- i **We** will pay the amount **you** have paid, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Eye-health tests and eyesight tests carried out by a member of the General Optical Council</li> <li>✓ Prescribed spectacles, prescribed contact lenses and prescribed sunglasses</li> <li>✓ Payment under a contact lens scheme</li> <li>✓ Prescription lenses for safety goggles <b>you</b> need for work</li> <li>✓ Prescription lenses fitted to an existing frame</li> <li>✓ Frames when fitted with prescription lenses</li> <li>✓ Laser eye surgery.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Contact lens check-ups or solutions</li> <li>✗ Non-prescribed lenses, spectacles, contact lenses or sunglasses</li> <li>✗ Goggles for leisure activities</li> <li>✗ Repairs to spectacles</li> <li>✗ Registration, insurance and joining fees for a contact lens scheme</li> <li>✗ Non-prescribed items</li> <li>✗ Frames only</li> <li>✗ Receipts where only a part payment or deposit has been paid including receipts showing a balance outstanding for payment</li> <li>✗ Costs incurred for items ordered before the start of <b>your policy</b></li> <li>✗ Consumables</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee.</li> </ul>

#### 10.4 Specialist Consultations

- i A specialist consultation must be a consultation that **you** have had with a person who appears on the General Medical Council Specialist Register in the appropriate speciality.
- ii **We** will pay the amount **you** have paid to a **Specialist Consultant** for an initial or follow-up consultation, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- iii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Consultation fees from a <b>Specialist Consultant</b>.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Private GP fees</li> <li>✗ Other charges that may be connected with the consultation such as room fees, dressings, medicines, anaesthetic fees and surgical fees</li> <li>✗ Tests and procedures (these are covered by the Diagnostic tests and scans <b>benefit</b> if included within <b>your policy</b>)</li> <li>✗ Health screening or examinations for a medical report or medical certificate</li> <li>✗ Missed appointment fees</li> <li>✗ Pregnancy and fertility <b>treatments</b></li> <li>✗ Specialist consultations for self-elected or <b>cosmetic treatments</b>.</li> </ul>

## 10.5 Diagnostic tests and scans

- i **We** will pay the amount **you** have paid for diagnostic and investigative tests and diagnostic procedures resulting from a consultation with a GP or **Specialist Consultant**, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
<p>✓ Diagnostic and investigative tests and scans, including but not limited to X-rays, CT, MRI and PET scans required to aid the diagnosis under the management of a <b>Specialist Consultant</b> or <b>GP</b>.</p>	<ul style="list-style-type: none"><li>✗ Fees for a <b>Specialist Consultant</b> (these are covered by the specialist consultations <b>benefit</b> if included within <b>your policy</b>)</li><li>✗ Other charges that are connected with the <b>treatment</b>, such as the cost of rooms, dressings, medicines, anaesthetic and surgery</li><li>✗ Health screening or examinations for a medical report or medical certificate</li><li>✗ Home testing kits</li><li>✗ Laboratory testing kits not referred by a <b>Specialist Consultant</b> or <b>GP</b></li><li>✗ Tests or scans required as a result of <b>your</b> personal or family medical history, for which <b>you</b> are not displaying any symptoms</li><li>✗ Pregnancy and fertility <b>treatments</b> and tests</li><li>✗ Elective pregnancy scans</li><li>✗ Any diagnostic tests or scans arranged, paid or facilitated through <b>your</b> employer or another employee.</li></ul>

## 10.6 Private Medical Insurance (PMI) excess cover

- i **We** will pay the excess applicable to access **your** Private Medical Insurance (PMI) policy up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your policy schedule**.
- ii If **your policy** does not include a separate PMI excess cover **benefit**, then any PMI excess claim would be paid under the relevant **benefit** category if applicable.
- iii To deal with **your** claim, **we** need the original dated documents from **your** PMI insurer which evidence the policy excess required to be paid or that has been paid by **you**. **We** may also need additional evidence to support **your** claim such as a copy of **your** PMI Policy Schedule and/or details of the **treatment** received.



WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ PMI excess payable by <b>you</b> to <b>your</b> PMI provider in relation to <b>treatment</b> received by <b>you</b> under <b>your</b> PMI insurance policy.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Co-insurance (or co-pay) policies</li> <li>✗ Tests or scans required as a result of <b>your</b> personal or family medical history, for which <b>you</b> are not displaying any symptoms</li> <li>✗ Self-elected or <b>cosmetic treatments</b></li> <li>✗ Any excess payment paid by <b>your</b> employer.</li> </ul>

### 10.7 Private GP fees

- i **We** will pay the amount **you** have paid for the cost of seeing a private **GP** up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the **treatment** provider or **GP** has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Fees for a private consultation with a <b>GP</b>.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Private <b>GP</b> subscription services for which you <b>pay</b> a regular amount</li> <li>✗ Fees for a <b>Specialist Consultant</b> (these are covered by the Specialist consultations <b>benefit</b> within <b>your policy</b>)</li> <li>✗ Any diagnostic tests or scans recommended by <b>your GP</b> (these are covered under the Diagnostic Tests &amp; Scans <b>benefit</b>)</li> <li>✗ Other charges that are connected with the <b>treatment</b>, such as the cost of rooms, dressings, medicines and anaesthetic</li> <li>✗ Health screening or examinations for a medical report or medical certificate</li> <li>✗ Private <b>GP</b> appointments in relation to any form of <b>cosmetic treatment</b></li> <li>✗ Routine monitoring appointments</li> <li>✗ Home or laboratory testing kits</li> <li>✗ Pregnancy and fertility <b>treatments</b> &amp; tests</li> <li>✗ Elective pregnancy scans</li> <li>✗ Private consultations booked in relation to a condition for which <b>you</b> are not displaying any symptoms</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee.</li> </ul>

## 10.8 Best Doctors® InterConsultation™ & Doctor Online

Please see page 4 or **your benefit table** for how to access these services.

- i These services are provided by our service partner, Best Doctors UK Ltd and cover **you, your partner** and **your dependent children** regardless of whether they are named on **your policy** or not. We reserve the right to change this service partner without prior notice.
- ii **We** do not accept any legal responsibility for any information or advice **you** receive.

### Best Doctors InterConsultation

- iii This service is available to **you** together with **your** treating doctors, so that **you** can consult with some of the world's top medical experts for a diagnosed medical condition. These medical experts are voted by their peers as the best in their specialities of medicine and are able to provide additional insight and information to help confirm diagnosis and appropriate recommended treatment plans.

### Doctor Online

- iv This service allows **you** to access personal advice from **UK GP's** via an online portal. **You** can access this portal at [www.medicash.org/doctoronline](http://www.medicash.org/doctoronline)
- v Doctor Online does not provide urgent medical attention. If **you** require urgent medical attention **you** should seek the help of a qualified healthcare professional, such as **your GP** or an emergency department of a hospital.

## 10.9 Virtual GP service

- i This service is provided by **our** service partner, HealthHero, and is available to all **policyholders** either on a 'pay-as-you-go' basis or on a free appointment basis as detailed in **your benefit table**. **We** reserve the right to change this service partner without prior notice. This service does not replace **your** own NHS doctor or provide urgent medical attention. If **you** require urgent medical attention **you** should seek the help of **your NHS GP** or the emergency department of a hospital.
- ii **Our** service partner is registered with and regulated by the Care Quality Commission.
- iii Only residents of the **UK** are eligible to use this service, which provides **you** with access to an NHS practising, GMC registered **GP**. This service can be accessed from abroad.
- iv The service is not a replacement for **your** own **GP**. **You** may still need to see **your** own **GP** or contact the emergency services if the **GP** feels it is necessary.
- v The **GP** does not have access to **your** full medical records and therefore any advice or treatment options given are based on the information **you** provide during the consultation. It is **your** responsibility to ensure that the information **you** provide is honest, accurate and lawful.
- vi **You** can access the virtual GP and prescription services via the 'My Medicash' app available through the App Store or Google Play.
- vii At the time of booking **you** can choose between a virtual face to face consultation or a telephone-based consultation. If **you** choose to use the virtual service for a face to face appointment **you** will need a smartphone, tablet, laptop or PC with camera access. **You** will also need a Wi-Fi or strong 3G, 4G or 5G internet connection.
- viii The virtual **GP** is a secure, confidential and easy to use service staffed by qualified, practising **GPs**. All calls and visual images may be recorded as part of this service.

For virtual face to face consultations please ensure that **you** read the additional terms that are included in **your** appointment confirmation email and follow the joining instructions. For telephone-based consultations the **GP** will call **you** on the number you supplied at the time of booking.

- ix The prescription service allows any items prescribed during **your** virtual **GP** appointment to be delivered to **you** or collected from a local pharmacy. Please note that **you** are responsible for the cost of these private prescriptions.
- x Where **your policy** includes a fixed number of free virtual **GP** appointments per **benefit period**, the appointments will be allocated to the **benefit period** in which they have been booked and are non-refundable. **You** can share **your** free appointments with **your children** who are under the age of 16 and for whom **you** have parental responsibility. **You** will need to be present during the virtual **GP** appointment, although the **GP** retains the right to ask **you** to leave the room if required in line with NHS guidelines.
- xi **We** operate a fair usage policy. When offering unlimited appointments, **we** reserve the right to remove access to these free appointments by giving 28 days' notice.
- xii Where **you** are booking a virtual **GP** appointment on a 'pay-as-you-go' basis **you** are responsible for any cancellation or other charges which may apply.
- xiii Where included elsewhere in **your** plan, as shown in **your benefit table**, **you** may be able to claim back the cost of any prescription charges incurred. Please note that these claims should be submitted either electronically via the 'My Medicash' app or by post together with a fully completed claim form.

## OUR VIRTUAL GP SERVICE PROVIDES YOU WITH:



### PHONE CONSULTATIONS

24/7, 365 days a year access to GP's for advice, reassurance, diagnosis and where appropriate private prescriptions and fit notes.



### VIDEO CONSULTATIONS

Consult with a GP face to face by video call. Available 8am - 10pm, UK time, 7 days a week. Excluding Christmas Day.



### PRIVATE PRESCRIPTIONS

Delivered to your door or collect from your nominated pharmacy.



### OPEN REFERRALS

If further investigation or treatment is necessary.

### 10.10 Complementary therapies

- i **We** will pay the amount **you** have paid to a qualified and insured practitioner, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Physiotherapy</li> <li>✓ Osteopathy</li> <li>✓ Chiropractic <b>treatments</b> and assessments</li> <li>✓ Acupuncture</li> <li>✓ Sports massage (only where stated on <b>your benefit table</b> as being included in <b>your plan</b>).</li> </ul>	<ul style="list-style-type: none"> <li>✗ General physical fitness sessions</li> <li>✗ Purchased items or consumables</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee</li> <li>✗ <b>Cosmetic treatments</b>.</li> </ul>

### 10.11 Alternative therapies

- i **We** will pay the amount **you** have paid to a qualified and insured practitioner, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Allergy tests, including food-intolerance tests and nutrition tests</li> <li>✓ Bowen and Alexander technique</li> <li>✓ Homeopathy</li> <li>✓ Hypnotherapy as part of a <b>treatment plan</b></li> <li>✓ Indian head massage</li> <li>✓ Reflexology</li> <li>✓ Reiki</li> <li>✓ Sports massage (only where stated on <b>your benefit table</b> as being included in <b>your plan</b>).</li> </ul>	<ul style="list-style-type: none"> <li>✗ Beauty treatments or general physical fitness sessions</li> <li>✗ Homeopathic medicines, herbs and herbal remedies, supplements and vitamins <b>you</b> have bought yourself and which have not been prescribed and are not part of <b>your treatment plan</b></li> <li>✗ Medicines, appliances and food even if they have been supplied by the practitioner (with the exception of homeopathic medicines as prescribed as part of <b>your treatment plan</b>)</li> <li>✗ Any weight management programmes</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee</li> <li>✗ <b>Cosmetic treatments</b>.</li> </ul>

### 10.12 Chiropody

- i **We** will pay the amount **you** have paid to a qualified and insured Chiropodist or Podiatrist, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Chiropody <b>treatment</b> and assessments.	<ul style="list-style-type: none"><li>✗ <b>Cosmetic treatments</b> or pedicures</li><li>✗ Bio mechanical assessments and gait analysis</li><li>✗ Items <b>you</b> have bought to help with <b>your treatment</b></li><li>✗ Surgical footwear or appliances</li><li>✗ <b>Treatment</b> from a Foot Health Practitioner</li><li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee.</li></ul>

### 10.13 Prescription charges

- i **We** will pay the amount **you** have paid for the cost of **your** prescriptions up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Prescription charges.	✗ Non-prescribed consumables.

### 10.14 Inoculations and flu jabs

- i **We** will pay **you** the amount **you** have paid for an inoculation or vaccination by a medical professional for yourself up to the maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<p>✓ Prescription and/or other charges arising from the administration of inoculation or vaccination against the following conditions:</p> <ul style="list-style-type: none"> <li>• cholera</li> <li>• diphtheria</li> <li>• hepatitis (A or B)</li> <li>• influenza (flu jab)</li> <li>• malaria</li> <li>• poliomyelitis</li> <li>• rabies</li> <li>• tetanus</li> <li>• tuberculosis</li> <li>• typhoid fever</li> <li>• yellow fever.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Non-prescribed consumables</li> <li>✗ Inoculation or vaccination against any condition other than those listed</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee.</li> </ul>

### 10.15 Health screening

Please see **your benefit table** to see which type of health screen applies to **your** plan.

#### Received benefits

- i **We** will pay the amount **you** have paid for a private health screen carried out by medically qualified and insured staff at a hospital or health screening clinic, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

**We** may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

WHAT WE COVER	WHAT WE DO NOT COVER
<p>✓ Private health screens</p>	<ul style="list-style-type: none"> <li>✗ Home testing kits</li> <li>✗ Tests not included within the full health screen (for example X-rays)</li> <li>✗ Health screens required as a result of <b>your</b> personal or family medical history, for which <b>you</b> are not displaying any symptoms</li> <li>✗ Any health screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons</li> <li>✗ Any <b>treatments</b> or <b>benefits</b> arranged, paid or facilitated through <b>your</b> employer or another employee</li> <li>✗ Missed appointment fees</li> <li>✗ Allergy and food intolerance tests.</li> </ul>



## Voucher based

- i **We** will provide **you** with a health screening voucher which gives **you** access to one free health screen by an assessor from one of **our** health screening partners. Details of who provides this service and how to access it will be included on the voucher.
- ii If **you** are entitled to future vouchers please contact **us** on 0151 702 0265 to request **your** new voucher when due.
- iii Any follow-up or additional health screens outside of the cover available under **your policy** will be at **your** own cost.
- iv **We** do not accept any liability to **you** as a result of any conclusions or advice given during the health screen taken up under this arrangement.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ Health screens as agreed with <b>our</b> selected partners.	✗ Any other health screens or tests ✗ Worksite health screens arranged through <b>your</b> employer or employees (unless stated on <b>your benefit table</b> as being included in <b>your plan</b> ).

### 10.16 Inpatient and parental stays

- i **We** will not pay for the first night of each stay **you** have in hospital.
- ii In any one **benefit period**, **we** will pay the amount shown in **your benefit table** after the first night has been deducted, up to a combined total if applicable for **inpatient** and **parental stays**.
- iii **We** will not cover **treatments** relating to **pre-existing conditions** for 12 months from the start of **your policy** or at the higher rate for 12 months following an increase to **your** level of cover. **We** will write to **your** GP for evidence to verify which claims are made for **pre-existing conditions**.
- iv To process **your** claim, **we** require a completed claim form that includes admission and discharge dates. The claim form must be stamped with the hospital or hospice stamp, and signed by a member of staff. Alternatively, **you** can attach **your** MED 10 certificate or hospital discharge note to **your** claim.
- v **We** will pay up to a maximum of 30 nights **inpatient** stay in any three year consecutive **benefit period** where **you** have been hospitalised for the same condition. This will not affect **your** right to claim for **inpatient** stays related to other conditions.

WHAT WE COVER	WHAT WE DO NOT COVER
✓ When <b>you</b> are admitted to hospital for a period of medical <b>treatment</b> or continuation of medical care ✓ When one adult covered by the <b>policy</b> stays with a named <b>child</b> under the age of 12 when they are admitted as an <b>inpatient</b> (where stated on <b>your benefit table</b> as being included in <b>your plan</b> ).	✗ First night of an <b>inpatient</b> stay ✗ <b>Pre-existing conditions</b> for 12 months from the start of <b>your policy</b> or at the higher rate for 12 months following an increase to <b>your</b> level of cover ✗ First 14 nights after the birth of a <b>child</b> ✗ Any period of home leave during the <b>inpatient</b> stay ✗ Accommodation costs or stays that are for respite care or if <b>you</b> are a resident

WHAT WE COVER (CONTINUED)	WHAT WE DO NOT COVER (CONTINUED)
	<ul style="list-style-type: none"> <li>✗ <b>Outpatient</b> appointments</li> <li>✗ Residential stays at a nursing home</li> <li>✗ <b>Treatments</b> at an accident and emergency unit, unless <b>you</b> are taken into hospital as an <b>inpatient</b></li> <li>✗ <b>Cosmetic treatments.</b></li> </ul>

### 10.17 Hospital daycase

- i **We** will pay **you** at the appropriate daily rate shown in the **benefit table** for each time **you** go into hospital or a **treatment** centre as a **daycase** patient to receive a diagnosis or for a **treatment**, investigation or minor surgery. **Your** stay must be planned and **you** must not be staying in the hospital or **treatment** centre overnight.
- ii In any one **benefit period**, **we** will pay the amount shown in **your benefit table** up to the maximum number of days shown in **your policy schedule** for hospital **daycase**.
- iii **We** will not cover **treatments** relating to **pre-existing conditions** for 12 months from the start of **your policy** or at the higher rate for 12 months following an increase to **your** level of cover. **We** will write to **your** GP for evidence to verify which claims are made for **pre-existing conditions**.
- iv If **you** go into hospital as a **daycase**, but then **you** have to stay overnight, please tell **us**.
- v To process **your** claim, **we** require a completed claim form that includes admission and discharge dates. The claim form must be stamped with the hospital or hospice stamp, and signed by a member of their staff. Alternatively **you** can attach **your** MED 10 certificate or hospital discharge note to **your** claim.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"> <li>✓ Any <b>treatment</b> as a <b>daycase</b> in an NHS hospital, private hospital or recognised <b>treatment</b> centre.</li> </ul>	<ul style="list-style-type: none"> <li>✗ <b>Pre-existing conditions</b> for 12 months from the start of <b>your policy</b> or at the higher rate for 12 months following an increase to <b>your</b> level of cover</li> <li>✗ Any period where <b>inpatient benefit</b> has been claimed (see the <b>inpatient</b> section of <b>your policy</b>)</li> <li>✗ <b>Outpatient</b> appointments</li> <li>✗ Pre-operative checks</li> <li>✗ Attendance at an accident and emergency unit</li> <li>✗ Other charges that may arise from being a <b>daycase</b> patient, such as the costs of rooms, dressings and medicines</li> <li>✗ Ante-natal and post-natal appointments</li> <li>✗ <b>Cosmetic treatments.</b></li> </ul>

### 10.18 Birth/adoption of a child

- i **We** will pay a single amount at the appropriate rate shown in the **benefit table**, for each **child** that **you** or **your partner** give birth to, or adopt under the age of three years.
- ii To process **your** claim **we** require the original full (not short) birth certificate or original adoption certificate and proof that the **child** was placed in **your** care before the age of three years.

WHAT WE COVER	WHAT WE DO NOT COVER
<ul style="list-style-type: none"><li>✓ The birth of a <b>child</b></li><li>✓ The birth of a <b>child</b> that is still-born</li><li>✓ An adoption of a <b>child</b> that is under the age of three years when placed with the adoptive parents, upon production of an adoption certificate.</li></ul>	<ul style="list-style-type: none"><li>✗ Terminations of pregnancy</li><li>✗ Miscarriages prior to 24 weeks of term</li><li>✗ The fostering of a <b>child</b></li><li>✗ A baby born to a <b>child</b></li><li>✗ Any claim relating to a child born or adopted within the first 12 months of the <b>policy</b> unless stated otherwise in <b>your benefit table</b></li><li>✗ Any claim at the higher rate for 12 months following an increase in <b>your</b> cover.</li></ul>

### 10.19 Discounted health club membership

- i **We** will give **you** access to health club membership at discounted rates at selected participating establishments. Membership of any of the participating establishments is at the sole discretion of that establishment in accordance with their rules and procedures and **we** have no influence over these. **We** also do not recommend or support a particular club, and **we** do not accept any legal responsibility for any arrangements **you** make with any of these clubs.
- ii This service is provided by our service partner, Incorporate Ltd. **We** reserve the right to change this service partner without prior notice.
- iii To find out which health clubs are taking part, visit [www.medicash.org/gymdiscount](http://www.medicash.org/gymdiscount)

### 10.20 Medicash Extras members discount scheme

Please see page 4 or **your benefit table** for how to access this service.

- i This service is provided by **our** service partner, Next Jump Ltd via their Perks at Work platform. **We** reserve the right to change this service partner without prior notice.
- ii This service provides **you** with access to a range of offers and discounts through an online portal including a range of reloadable gift cards.
- iii Full terms of use can be found at [www.medicash.org/extras](http://www.medicash.org/extras).
- iv Should **your** cover with Medicash cease **you** will have 8 weeks from the date of cancellation to redeem any points or credits accumulated within **your** Medicash Extras account otherwise these will be lost with no rights for compensation.

## 10.21 24/7 Health & Stress Related Helplines

### Telephone Helplines

Please see **your policy schedule** to see if **your** plan includes this service. Please see page 2 or **your benefit table** for how to access this service.

- i These services are provided by **our** service partner, Care first. **We** reserve the right to change this service partner without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.
- ii **You** can speak to a team of qualified professionals 24 hours a day. **You** can call as often as **you** need to, whether it is about the same problem or other issues **you** are facing. All the information **you** give will be kept strictly confidential.
- iii **You** must pay for the cost of the call to the helpline and any costs from taking the advice **you** receive. Please note that this is not an emergency service and it will not provide a diagnosis or prescribe treatments but is limited to the supply of advice and information only.

Examples of areas covered include:

- Family Care
- Stress
- Relationships
- Bereavement
- Work/Life Balance
- Redundancy
- Health & Wellbeing
- Money

### Online health support

Please see page 2 for how to access this service.

- i **You** must pay any costs associated with internet access and any costs from taking the advice **you** receive.
- ii These services are provided by our service partner, Care first. **We** reserve the right to change this service partner without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.
- iii Please note that this is not an emergency service and it will not provide a diagnosis or prescribe **treatments** but is limited to the supply of advice and information only.

## 10.22 Face to face counselling

Please see **your policy schedule** to see if **your** plan includes this service. To access face to face counselling you need to call the health and stress related helpline as set out on page 2. You are eligible for up to 8 sessions of face to face counselling per **benefit period** where clinically required. Please note, short term counselling may not be deemed the most appropriate approach in all circumstances. It is not **our** responsibility to determine whether you should have face to face counselling, this is the clinical opinion of **our** service provider.

- i Please note this service is for employees only.
- ii This service is provided by **our** service partner, Care first. **We** reserve the right to change this service partner without prior notice.
- iii Where appropriate, either following **your** call to the counselling helpline or through **your** employer, **you** can see a counsellor appointed by **our** service partner for face to face counselling. Please note that this is not an emergency service.
- iv Any additional counselling sessions agreed with **our** service provider, that are required beyond **your** Medicash entitlement, will be at **your** own expense and subject to an individual agreement.

## 10.23 SkinVision - skin cancer detection app

- i This service is provided by **our** service partner, SkinVision B.V., however, **we** reserve the right to remove this service at any time without prior notice.

- ii SkinVision is intended to provide an immediate risk indication for the most common types of skin cancer of a specific spot on the skin, based on a photo taken with **your** smartphone or tablet. Based on the assessment, the SkinVision service provides a recommendation whether to visit a healthcare professional or **your GP** for further review and investigation.
- iii **You** have access to unlimited checks whilst **your policy** with us is active. Should **you** no longer be eligible for this **policy you** will still be able to access these services via SkinVision, but future subscription charges between **you** and SkinVision may apply.
- iv SkinVision allows **you** to take photos with the camera on **your** smartphone or tablet and create folders to store, organise and comment on **your** photographs in order to track **your** skin over time. **You** can also complete the questionnaire in the app to assess **your** skin profile and access a library containing information on skin spots, moles and lesions.
- v The above services are intended to help understand and support self-assessments but are not to be used or relied on solely for any diagnostic or treatment purposes and they do not replace a visit to **your GP**. Any reliance by **you** is at **your** own discretion and risk.
- vi **Your** assessment is provided to estimate the risk of **you** developing the most common forms of skin cancer (i.e. melanoma, basal cell carcinoma, squamous cell carcinoma) over time. The risk assessment is based on a smartphone generated picture which will not be an actual representation of any discomfort **you** experience (itching, irritation, bleeding), therefore, it is highly recommended that **you** discuss **your** personal risk factors and the results of **your** assessment with **your GP**.
- vii Neither **we** nor SkinVision shall be liable for any decision **you** take not to discuss **your** skin health, personal risk factors and/or results of **your** assessment with **your GP**.
- viii To receive the SkinVision service without charge **you** need to access this via the 'My Medicash' app which is available through the App Store or Google Play. When **you** first register with SkinVision **you** will need to provide an email address as a username and create a password. **You** will be asked to confirm **your** email address within 24 hours in order to activate **your** SkinVision account.

#### 10.24 mProve YOURSELF app

- i This service is provided by **us**, however, **we** reserve the right to remove or change this service at any time without prior notice.
- ii This service provides **you** with access to a range of guided meditations, self-help guides, mindfulness courses, exercise and relaxation videos, as well information on mental wellbeing and back, neck and joint pain.
- iii To access this service **you** must download the 'My Medicash' app. Please note, **your** use of the app, and **your** reliance on the information contained within it, is solely at **your** discretion and own risk. A full disclaimer statement can be found within the app.

#### 10.25 Digital Physiotherapy by Phio

- i This service is provided by **our** service partner, EQL Ltd, however, **we** reserve the right to remove or change this service at any time without prior notice.
- ii This **benefit** provides access to a digital physiotherapy triage and assessment service, Phio Access, and where clinically appropriate a self-managed care app, Phio Engage.
- iii **You** can access these services directly through the 'My Medicash' app, which is available to download through the App Store or Google Play. The full terms and conditions relating to these services can be found within the 'My Medicash' app.

# GET IN TOUCH

CALL 0151 702 0265 OR EMAIL [CLAIMS@MEDICASH.ORG](mailto:CLAIMS@MEDICASH.ORG)



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Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Medicash is covered by the Financial Services Compensation Scheme and the Financial Ombudsman Service.

