

# + medicash

A **positive** approach to health



## **Terms and Conditions**

Important Information

Please keep safe with your  
Policy Schedule and Benefit Table

# Welcome to Medicash

...one of the **UK's oldest and largest**  
**providers of healthcare cash plans.**



We at Medicash are passionate about promoting a positive approach to life and health. Each year the cost of healthcare treatments continues to rise, but with Medicash you can claim money back on a wide range of healthcare treatments and consultations.

As an organisation with no shareholders, we operate solely in the interests of our policyholders, so please take some time to look through this booklet together with your policy schedule to see how we work for you. You'll also want to keep them in a safe place for future reference.

Inside you'll find all of the information you need to know about your policy, including useful information about your cover, details of what to do when you want to make a claim and important phone numbers.

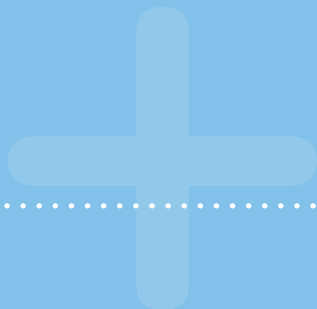
## Terms and Conditions

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

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

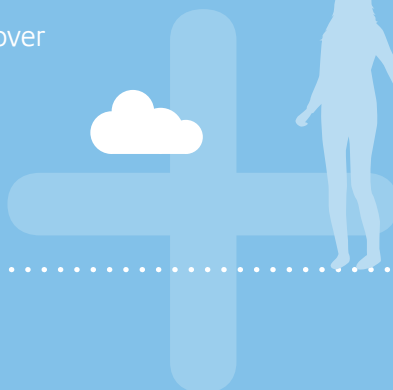




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## Making the most of your Medicash Plan

In this booklet 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 the money on your health costs couldn't be easier. Once you've paid for your treatment just keep the receipt, fill in a Medicash claim form and send it back to us. Our team will then either pay the cash directly into your bank or send you a cheque – whichever you prefer. Full details of how to claim and what you are covered for are included elsewhere in this book.

**Don't forget, you may be able to add up to four dependent children to your policy absolutely free!**

## Get even bigger benefits from Medicash...

Speak to us today on **0151 702 0304** to find out how you can apply to increase your level of cover with Medicash and get even bigger benefits. By simply paying a little extra per month you'll have access to even more generous cash benefits and can apply to include your partner so that they too can enjoy the great benefits that come with a Medicash health plan.

**For details of the higher levels of cover, please see your benefit table.**

## Save £100's each year through our exclusive online discount portal

**+ medicash**  
extras

Medicash Extras is our exclusive online discounts platform that gives you access to a multitude of everyday shopping discounts, and in particular reloadable payment cards, for many well known retailers including Asda, Sainsbury's, Currys, Debenhams and many more.

Utilising this exclusive online service can result in significant savings from your everyday shopping needs. For example, assuming you spend just £50 on your weekly grocery shop at Asda, you could save up to 5% provided you use the Asda reloadable payment card. That's a potential saving of up to £130 a year.



To start saving today simply go to  
**[www.medicash.org/extras](http://www.medicash.org/extras)**

Once you login for the first time you'll be taken through a tutorial to ensure you get the most out of this exciting new benefit! Please have your policy number to hand.

## Best Doctors® – the best choice, best advice, best treatment...

Get a second medical opinion from a world-leading consultant, all without having to leave home. With Best Doctors® you can access the knowledge and experience of one of over 50,000 world-renowned consultants, experts chosen by their peers as the very best in their fields – giving you the peace of mind that your condition can be assessed by one of the best medical minds.

### Simple and hassle free service:

1. **Call Best Doctors** on **0845 600 2892** after you have received your initial diagnosis from your GP or Consultant.
2. **A personal Case Manager is assigned** who will arrange for all relevant medical documentation to be collected.
3. **The expert consultant analyses your case** and prepares an easy to understand report with the diagnosis assessment and treatment recommendations.
4. **Your report is sent directly to you.** You can discuss this report with your Case Manager in more detail and share it with your treating doctor so that together you can make the best decisions about your health.

Please check your Benefit Table to see if these are included

### The benefits to you:

- 24/7 service
- No cost to you\*
- Private & confidential service
- No need to leave home

\*You only pay for the call at the local rate.

As one of our policyholders, Best Doctors is there for you when you need it most. If you are anxious about a diagnosis or simply want a second opinion...

Call **0845 600 2892** or visit **[www.medicash.org/bestdoctors](http://www.medicash.org/bestdoctors)**

## 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.

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



24/7 Telephone Counselling & Online Support

So if something is on your mind and you just need some extra help or someone to talk to, call **0845 600 2891** or visit **[www.medicash.org/wellness](http://www.medicash.org/wellness)** (Username: Medicash).

## Keep fit with Discounted Health Club Membership

For more information on how you can get active and to find out which health clubs are taking part, please visit **[www.medicash.org/gymdiscount](http://www.medicash.org/gymdiscount)** (Company Ref: **MED**)

# 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 19 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 planned treatment, investigation or minor surgery. You must have been allocated a bed, 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.

**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), 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 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 premiums due and they will usually receive any benefits we pay.

**Policy schedule** – This is the document that shows the date your policy started, the premiums you must pay, the level of cover you have chosen, the people covered under the policy and your qualification period.

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

**Premiums** – These are the payments made for your policy.

**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 or a hospital stay 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 with the General Medical Council on their specialist register.

**Treatment** – This includes any medical or surgical treatment you may have. 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. If you go home at any point during this time, any treatment you receive at home is not covered.

**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 if covered under the policy.

## 2. Becoming a policyholder or amending your cover

- 2.1 **You** can apply to join or amend **your** level of cover by filling in the appropriate application form and sending it to Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. **You** may also join or amend **your** level of cover by phoning **us** on **0151 702 0304**.
- 2.2 **You** must satisfy yourself that the plan and the level of cover **you** have are right for **you**. Medicash will not provide advice in this regard but **you** are free to seek information or advice from a professional advisor.
- 2.3 **We** reserve the right to make changes to the **benefits** and/or **premiums** of **your policy** provided that **we** write to **you** and give **you** at least 28 days notice of any such change.
- 2.4 **You** can apply to join if **you** are aged 16 or over, and are less than 66 years of age at the date of application (unless stated differently on **your benefit table** or application form).
- 2.5 **You** can apply to include **your partner** if they are aged 16 or over, and less than 66 years of age at the date of application (unless stated differently on **your benefit table** or application form).
- 2.6 **You** must be a **UK** resident.
- 2.7 **You** can cover up to a maximum of four dependent **children** under **your policy** by including them on **your** application or by calling **0151 702 0265**. **Children** must be named on **your policy** before they are eligible to make a claim. Named **children** can only be changed at the start of a new **benefit period**.
- 2.8 **You** must make sure that all of the information **you** give **us** is, to the best of **your** knowledge, accurate, true and complete. If **you** fail to do this, this may put **your** claim or cover at risk. To protect all of **our policyholders**, **we** will take action against anyone who makes a dishonest or false application.
- 2.9 **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 without reason. If **your** application is not accepted **we** will refund any **premium** that **you** have paid for the cover that **we** have declined to offer. **We** reserve the right to include a **qualifying period** if **you** are applying to rejoin Medicash.
- 2.10 For dual policies, if **your partner** no longer lives with **you** permanently, they will not be covered by **your policy**. Also, **your partner** will no longer be covered in the event of **your** death. In both cases, **you** can transfer to a solo **policy** with continuous cover regardless of age.
- 2.11 **Your policy schedule** shows when **you** commenced **your policy** and the date from which **you** are able to make claims.
- 2.12 **We** will send **you** a new **policy schedule** after an amendment to **your** cover. The date of the amendment and **benefit date** of any amendment will be detailed in the **policy schedule**.
- 2.13 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**.
- 2.14 If **you** reduce **your** level of cover, **we** will pay all benefits at the lower rate from the date of the change.

### Cooling off period – if you change your mind

- 2.15 **Your policy** contains a 30 day cooling off period from the date **we** accept **your** application to join or upgrade **your** level of cover. If **you** decide to change **your** mind during this cooling off period **you** should contact **us** on **0151 702 0203** or in writing to Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. Provided that **you** have not made,



or intend to make a claim, Medicash will refund **your** first payment in full, or the difference in **premiums** if upgrading **your** level of cover.

### 3. Premiums

- 3.1 The amounts paid for **your policy** are known as **premiums**. The level of **benefits you** will receive depends on the level of **premium** paid. The **benefits** which apply at each **premium** level are shown in the **benefit table**.
- 3.2 **Premiums** include insurance premium tax (IPT) at the current rate and are subject to review in respect of any changes in taxation.
- 3.3 The **policyholder** is responsible for making sure that **premiums** are paid, regardless of how **premiums** are paid.
- 3.4 If **premiums** are more than six weeks overdue, **we** may cancel **your policy** and **your** cover may cease. **We** will not pay any claims where the date of **treatment** is after the date that **your policy** is paid up to.
- 3.5 **We** reserve the right to deduct any **premiums** due to **us** from any **benefits** payable to **you**.
- 3.6 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.

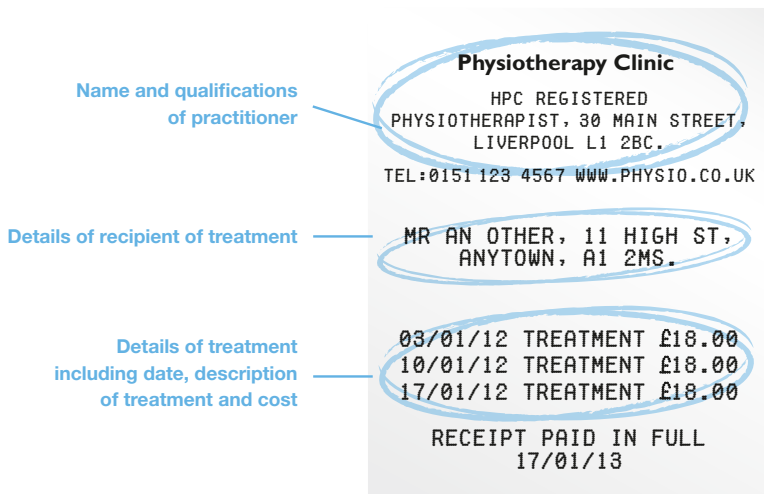
### 4. Refund of premiums

- 4.1 **We** will only refund **your premiums** if:
  - i **you** 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 not refund any overpayments of **premiums** for periods that are more than six years prior to the date of request.
- 4.5 **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](http://www.medicash.org) or **you** can request a claim form by phoning **us** on **0151 702 0265**.

- 5.2 **You** must give **us** the information or proof **we** need to support **your** claim, as explained in Sections 5, 10 and 11. **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 gift cards, vouchers (including vouchers from third party discount sites), or loyalty and reward points.
- 5.5 **We** will not pay **your** claim unless it is received within 26 weeks of the following:
- you** have fully paid for **your treatment**; this includes payment for optical **treatments**, spectacles, contact lenses, optical payment plans or dental capitation schemes;
  - you** received **treatment** or finished a course of **treatment**;
  - you** were discharged from hospital;
  - you** had an accident for which **you** want to make a claim.
- 5.6 All receipts must be fully paid originals and should show:
- the name, address and qualifications of the practitioner who provided **your treatment**;
  - the date of each individual **treatment**;
  - the name and address of the person who received the **treatment**; and
  - a 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:
- the date **you** had the **treatment**; or
  - the date of **your** accident.



- 5.8 **We** will not pay **your** claim:
- i if **you** received **treatment** within a **qualifying period**;
  - ii if the date of **your treatment** is after the date that **your policy** is paid up to;
  - iii for **treatment**, purchases or accidents which occur outside the UK;
  - iv for **treatment** provided by **your** immediate family;
  - v for **treatment** needed due to **dangerous activities and sports** or **self inflicted injuries**; or
  - vi 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, termination of **your policy** without refund, or, legal action.

#### Subrogation clauses

- 5.13 In the event of any payment under this **policy**, **we** reserve the right to be subrogated to **your** rights of recovery against any person or organisation and **you** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.
- 5.14 If **you** are claiming for **benefits** that relate to an injury or condition caused by another person (the 'third party') **you** should:
- i 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. **We** may then write to **you** or the third party if **we** require further information; and
  - ii **you** must include all monies paid by **us** in respect of the injuries (and interest on those monies) in **your** claim against the third party ('**our** outlay'); and
  - iii **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; and
  - iv **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);
  - v 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 claim against the third party settles in full, **you** must repay **our** outlay in full; or
    - if **you** recover only a percentage of **your** claim for damages **you** must repay the same percentage of **our** outlay to **us**; or
    - if **your** claim is repaid as a global settlement (where **our** outlay is not individually identified), **you** must repay **our** outlay in the same proportion as the global settlement bears to **your** total claim for damages against the third party.
- 5.15 If **you** do not repay to **us** such monies (and any interest recovered from the third party), **we** shall be entitled to recover the same from **you**.

- 5.16 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** 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 If **you** decide that this **policy** is not suitable or it does not meet **your** needs, let **us** know and **we** will cancel it. 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** have paid.
- 7.2 **You** may cancel **your policy** at any time. **You** must give **us** notice in writing or by phoning **0151 702 0203**. **We** will cancel **your policy** from the date **you** contact **us**. It is **your** responsibility to cancel future payments to us, however these are made.
- 7.3 **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 and may take legal action; notify **your** employer (where appropriate); or contact the police.
- 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; or
  - iv **you** are behind with **your premiums** by more than six weeks.

## 8. Your rights – data protection, complaints and compensation

### Data protection

- 8.1 For the purposes of the Data Protection Act 1998 (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 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 processed in accordance with the rights of data subjects under the Act;
  - vii kept secure; and
  - viii not transferred to other countries outside the European Economic Area (EEA) without adequate protection.
- 8.3 **We** will treat all sensitive and medical information **we** receive with the strictest confidence.
- 8.4 When **you** take out **your policy**, **you** must agree that the information **you** provide to **us** together with any further information concerning **your policy** will be used by **us** to provide **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. This information may be passed to selected service partners for claims and handling procedures; to provide **you** with the services included in the **policy**.
- 8.5 **We** may share information with other relevant organisations when **we** set up and run **your policy**, to check claims, to prevent fraud and to identify money laundering.
- 8.6 **We** may send **you** information on other products or services, unless **you** asked **us** not to on **your** application form. **You** may contact **us** at any time and ask **us** to stop sending **you** this information.
- 8.7 Under the Act, **you** have various rights of access regarding personal data **we** hold about **you** including the right to write to **us** and ask for a copy of any such personal data. If the information **we** have is not correct, **you** can ask **us** to amend it. **We** reserve the right to charge the prescribed fee payable for any subject access request under the terms of the Act.

#### Complaints (excluding Personal Accident cover)

- 8.8 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. **We** will endeavour to respond to **you** within five working days and detail **our** complaints procedure.
- 8.9 If **you** are not satisfied with **our** response, **you** can take **your** complaint to the Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Helpline; 0800 023 4 567 or 0330 123 9 123; Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

#### Compensation (excluding Personal Accident cover)

- 8.10 **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, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

## 9. Our rights – how we protect our policyholders

- 9.1 **You** must make sure that the **policy** and level of cover **you** have chosen are right for **you**. **We** do not provide any personal advice on how suitable **your policy** or the level of cover may be, but **we** will give **you** information to help **you** make **your** decision or understand what is involved.
- 9.2 The terms of this **policy** are governed by English Law and all communications will be made in English. **We** can provide communications in alternative formats upon request such as large print or audio.

- 9.3 **We** have the right to change **your policy** at any time. If **we** make changes, **we** will write to **you** and give **you** at least 28 days notice of any change.
- 9.4 **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**.
- 9.5 **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.
- 9.6 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.

## 10. Benefit rules

Please refer to **your benefit table** to find out which of the following **benefits** are included in **your** cover. On some plans certain **benefits** may be combined.

### 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.
- iii If **you** pay for **your** treatment using a dental care contract, **we** will pay up to the amount described in **your benefit table** where included. **You** must give **us** an original dated receipt from the dental care provider.

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 <b>treatments</b></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 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>✗ Fees for prescription charges</li> <li>✗ Fees for tablets or medicines, for example antibiotics</li> <li>✗ Registration, insurance and joining fees for a dental care contract</li> <li>✗ Premiums under a dental care contract paid for by <b>your</b> employer</li> <li>✗ Cost incurred for a <b>treatment</b> plan which has been started before <b>your policy</b> began. This does not include routine check-ups.</li> <li>✗ <b>Professional sports injuries</b>.</li> </ul>

## 10.2 Dental accidents and injuries

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. Please refer to **your policy schedule** and **benefit table** for details.
- 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 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 sporting **activities** 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 ingestion</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>✗ Injury caused other than by direct impact to the outside of the oral cavity</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><li>✗ Dental accidents and injuries for <b>Children</b></li><li>✗ <b>Professional sports 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.

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>✗ Consumables</li><li>✗ Costs incurred for items ordered before <b>your policy</b> began.</li><li>✗ <b>Professional sports injuries.</b></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>✗ 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 and investigative tests <b>benefit</b> within <b>your policy</b>)</li><li>✗ Health screening or examinations for a medical report or medical certificate</li><li>✗ Specialist consultations for <b>cosmetic treatments</b></li></ul>



What we cover <i>continued</i>	What we do not cover <i>continued</i>
	<ul style="list-style-type: none"> <li>✗ Pregnancy and fertility <b>treatments</b></li> <li>✗ Missed appointment fees</li> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.5 Diagnostic and investigative tests

- i **We** will pay the amount **you** have paid for diagnostic and investigative tests and 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
<ul style="list-style-type: none"> <li>✓ Diagnostic and investigative tests and procedures under the management of a <b>Specialist Consultant</b> or GP</li> <li>✓ Scans, for example CT, MRI, PET, etc.</li> </ul>	<ul style="list-style-type: none"> <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>✗ 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 GP</li> <li>✗ Pregnancy and fertility <b>treatments</b></li> <li>✗ Elective pregnancy scans</li> <li>✗ Preventative health screening including but not limited to screening required as a result of <b>your</b> personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks</li> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.6 Private Medical Insurance (PMI) excess cover

- i If **you** have selected a level of cover which included PMI excess cover then **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 **benefit table** or on **your policy schedule**.
- ii If **your benefit table** or **your policy schedule** does not include PMI excess cover 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>✗ Self-elected or <b>cosmetic treatments</b></li> <li>✗ Routine optical or dental check-ups and <b>treatments</b></li> <li>✗ Preventative health screening including but not limited to screening required as a result of <b>your</b> personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks</li> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.7 Complementary therapies

- i **We** will pay the amount **you** have paid to a qualified practitioner as determined by **us**, 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.
- iii **We** do not cover worksite based therapy **treatments** organised through **your** employer or employees.

**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> </ul>	<ul style="list-style-type: none"> <li>✗ General physical fitness sessions</li> <li>✗ Purchased items or consumables</li> <li>✗ Worksite <b>treatments</b> arranged through <b>your</b> employer or employees</li> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.8 Alternative therapies

- i **We** will pay the amount **you** have paid to a qualified practitioner as determined by **us**, 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.
- iii **We** do not cover worksite based therapy **treatments** organised through **your** employer or employees.

**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> </ul>	<ul style="list-style-type: none"> <li>✗ Beauty <b>treatments</b> or general physical fitness sessions</li> </ul>

What we cover <i>continued</i>	What we do not cover <i>continued</i>
<ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <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>✗ Worksite <b>treatments</b> arranged through <b>your</b> employer or employees</li> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.9 Chiropody

- i **We** will pay the amount **you** have paid to a qualified 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.
- iii **We** do not cover worksite based **treatments** organised through **your** employer or employees.

**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>✓ Chiropody <b>treatment</b> and assessments.</li> </ul>	<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>✗ Worksite <b>treatments</b> arranged through <b>your</b> employer or employees.</li> </ul>

### 10.10 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
<ul style="list-style-type: none"> <li>✓ Prescription charges.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Non-prescribed consumables.</li> </ul>

### 10.11 Inoculations and flu jabs

- i **We** will pay the amount **you** have paid for inoculations or vaccinations by a medical professional for **you** 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>✓ Prescription and/or other charges arising from the administration of inoculation or vaccination against the following conditions:<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></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></ul>

### 10.12 Health screening

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

#### Receipted benefits

- i **We** will pay the amount **you** have paid for a private health screen carried out by medically qualified 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 **We** do not cover worksite health screens organised through **your** employer or employees.
- 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>✓ A Well Man or Well Woman screen</li><li>✓ A full health screen.</li></ul>	<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>✗ Any health screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons</li><li>✗ Any other screening check or test not carried out as part of one of those listed above</li></ul>

What we cover <i>continued</i>	What we do not cover <i>continued</i>
	<ul style="list-style-type: none"> <li>✗ Worksite health screens arranged through <b>your</b> employer or employees</li> <li>✗ Diagnostic tests as set out in the PMI excess cover, specialist consultations or the diagnostic and investigative tests <b>benefits</b>.</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.	<ul style="list-style-type: none"> <li>✗ Any other health screens or tests</li> <li>✗ Worksite health screens arranged through <b>your</b> employer or employees.</li> </ul>

#### 10.13 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 three years from the start of **your policy** or at the higher rate for three years 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 form.
- 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	<ul style="list-style-type: none"> <li>✗ First night of an <b>inpatient</b> stay</li> <li>✗ <b>Pre-existing conditions</b> for three years from the start of <b>your policy</b> or at the higher rate for three years following an increase to <b>your</b> level of cover</li> </ul>

What we cover <i>continued</i>	What we do not cover <i>continued</i>
<ul style="list-style-type: none"> <li>✓ When one adult covered by the <b>policy</b> stays with a named <b>child</b> when they are admitted as an <b>inpatient</b> (if included in <b>your</b> plan).</li> </ul>	<ul style="list-style-type: none"> <li>✗ First 14 nights after the birth of a <b>child</b></li> <li>✗ Any period of home leave during the <b>inpatient</b> stay</li> <li>✗ Accommodation costs or stays that are for respite care or if <b>you</b> are a resident</li> <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> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.14 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 three years from the start of **your policy** or at the higher rate for three years 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 form.

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 <b>treatment</b> centre recognised by <b>us</b>.</li> </ul>	<ul style="list-style-type: none"> <li>✗ <b>Pre-existing conditions</b> for three years from the start of <b>your policy</b> or at the higher rate for three years 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> </ul>

What we cover <i>continued</i>	What we do not cover <i>continued</i>
	<ul style="list-style-type: none"> <li>✗ Ante-natal and post-natal appointments</li> <li>✗ <b>Cosmetic treatments</b></li> <li>✗ <b>Professional sports injuries.</b></li> </ul>

### 10.15 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 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>

### 10.16 Broken bones

- i **We** will pay an amount at the appropriate rate shown in **your benefit table** per bone when there has been a break or breaks of the radius, ulna, humerus, femur, tibia or fibula bone.
- ii When **you** tell **us** about the broken bone, **we** will send **you** a claim form which **your** GP or hospital doctor must sign.
- iii **We** do not cover broken bones for **children**.
- iv **We** do not cover broken bones as a result of osteoporosis.
- v **We** do not cover broken bones as a result of **self inflicted injuries, dangerous activities and sports** or **professional sports injuries**.
- vi If **we** need more information, **we** may ask to see **your** medical records.

### 10.17 Health and Stress Related Helplines

#### Telephone helplines

Please see page 3 for how to access this service.

- i These services are provided by **our** service partner, as explained in **your benefit table**. **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
- Debt Concerns
- Bereavement
- Money Management
- Stress
- Work/Life Balance
- Redundancy
- Career guidance
- Relationships
- Health and Wellbeing

### Online health support

Please see page 3 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 partners, as explained in **your benefit table**. **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.

### 10.18 Best Doctors® InterConsultation™

Please see page 3 for how to access this service.

- i This service is provided by Best Doctors UK Ltd and 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.
- ii **We** do not accept any legal responsibility for any information or advice **you** receive.

### 10.19 Medicash Extras discount portal

Please see page 2 for how to access this service.

- i This service is provided by **our** service partner, as explained in **your benefit table**.
- 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.

### 10.20 Discounted health club membership

- i **You** can download a voucher that on production will allow 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 arrangement you make with any of these clubs.
- ii To find out which health clubs are taking part, please visit [www.medicash.org/gymdiscount](http://www.medicash.org/gymdiscount)



## 11. Personal Accident cover

**Cover under this benefit will cease on your 66th birthday.**

The Personal Accident cover is underwritten by **Chubb** Insurance Company of Europe SE (Chubb) who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Therefore, **we** are not liable for any claims in respect of the Personal Accident cover under **your policy**.

**We** reserve the right to change the underwriter of the Personal Accident cover.

**We** are not liable for any decisions taken by **Chubb** in respect of the validity of claims.

**Chubb** will pay the **benefits** shown within **your** chosen premium level in the **benefit table** in the event of **you** sustaining **Bodily Injury**.

Where an Accident results initially in disability and subsequently death **Chubb** will pay the Accidental Death **benefit**.

On payment of a **benefit** in respect of any of Accidental Death, Permanent Total Disablement, Paraplegia or Quadriplegia **your** Personal Accident cover will cease.

### Additional Definitions

These definitions should be read in conjunction with those included on pages 4 to 5.

**Chubb** means Chubb Insurance Company of Europe SE, 106 Fenchurch Street, London EC3M 5NB. FSA Register Number: 481725. A European company registered in England and Wales, company number SE13.

**You** or **Your** is in reference to the persons named in the Medicash **policy** who are eligible for Personal Accident cover.

**Accident** means a sudden unforeseen and fortuitous identifiable event and the word accidental shall be construed accordingly.

**Adaption Costs** mean reasonable expenses necessarily incurred with Chubb's prior written consent for alterations which have to be made to **your** residence and/or vehicle as a result of **your** suffering **Permanent Total Disablement, Paraplegia** and **Quadriplegia** as a result of **Bodily Injury**.

**Bodily Injury** means injury which is caused solely by accidental means and which solely and independently of any other cause results directly in **your** death or disablement within twenty four calendar months from the date of the **Accident**.

**Loss of Hearing** means the total, permanent and irrecoverable loss of hearing.

**Loss of Limb** means:

- a) in the case of a leg by physical severance at or above the ankle or permanent and total loss of use of an entire leg or foot; or
- b) in the case of an arm by physical severance of all four fingers of one hand through or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or permanent total loss of use of an entire arm or hand.

**Loss of Sight** is deemed to have occurred:

- a) in both eyes once **your** name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and **Chubb** is satisfied that the condition is permanent and without expectation of recovery;

- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (meaning seeing at three feet that which **you** should see at sixty feet) and **Chubb** is satisfied the condition is permanent and without expectation of recovery.

**Paraplegia** means the permanent and total paralysis of both legs.

**Permanent Total Disablement** means:

- a) where **you** are gainfully employed disablement caused other than by **Loss of Limb, Loss of Sight** or **Loss of Hearing** which will entirely prevent **you** from engaging in **your** usual occupation for the remainder of **your** life; or
- b) where **you** are not gainfully employed shall mean disablement caused other than by **Loss of Limb, Loss of Sight** or **Loss of Hearing** which will entirely prevent **you** from engaging in any and every occupation for the remainder of **your** life.

**Quadriplegia** means the permanent and total paralysis of both legs and both arms.

**War** means armed conflict between nations, including forces acting for any international authority, whether War be declared or not, invasion, civil war, military action, any attempt to usurp power, or any activity arising out of an attempt to participate in any of these actions within **your** Country of Residence.

### Extensions

If **you** disappear and after a suitable period of time it is reasonable to believe that **you** have died as a result of **Bodily Injury**, the Accidental Death **benefit** shall become payable subject to **your** representative signing an undertaking that if the belief is subsequently found to be incorrect such death **benefit** shall be refunded.

**Your** death or disablement as a direct result of unavoidable exposure to the elements shall be deemed to have been caused by **Bodily Injury**.

If **you** have **children Chubb** will pay the **benefit** shown within **your** chosen premium level in the **benefit table** in the event of the **child** sustaining **Bodily Injury**.

### Exclusions

**Chubb** shall not be liable in respect of **Bodily Injury** directly consequent upon:

- a) **you** committing or attempting to commit suicide or intentionally inflicting self injury;
- b) **you** engaging in aviation as a pilot of fixed wing or rotary propelled aircraft;
- c) **you** participating in any sport as a professional;
- d) **you** engaging in active service in any of the Armed Forces of any nation;
- e) **war**, as defined;
- f) radioactive contamination;
- g) **you** engaging in or taking part in rock climbing or mountaineering normally involving ropes or guides, hang-gliding, parachuting, driving or riding in any kind of race or any other **dangerous activities and sports**;
- h) **you** being in a state of insanity (temporary or otherwise) or any psychiatric, mental, nervous or stress-related disorder or anxiety state;
- i) deliberate exposure to exceptional danger (except in an attempt to save a human life), **your** own criminal act or **you** engaging or taking part in civil commotion or riots of any kind;
- j) **your** pregnancy or childbirth;
- k) osteoporosis.

### Procedural conditions for claims

If **you** have a claim, **you** or **your** legal personal representative should let **us** know as soon as reasonably possible.

**We** will send **you** or **your** representative a claim form which should be completed and sent to **Chubb**.

Payment shall be subject to production of such evidence as **Chubb** may require in relation to:

- a) the happening of the event upon which the **benefit** is payable;
- b) the title of the person claiming payment.

In respect of a claim for Accidental Death **Chubb** may require a Coroner's certificate or report as proof of accident, and will require a death certificate and either grant of probate or letters of administration to support the claim.

In respect of all other claims **Chubb** may require a medical report from or medical examination by a doctor or **Specialist Consultant**.

Claims shall be payable to **you** or **your** legal personal representatives.

### Fraud

**You** must not act in a fraudulent manner. This includes:

- a) making a claim which **you** know to be false or exaggerated;
- b) submitting a forged or false document to support a claim;
- c) making a claim in respect of an injury that was not caused as the result of an **accident**.

In the event a fraudulent claim is made:

- a) **Chubb** will not pay the claim;
- b) **We** may terminate **your policy** as set out in 7.3 on page 10;
- c) **Chubb** are entitled to reclaim any monies paid under the **policy** where fraud has taken place;
- d) **Chubb** may contact the Police.

### Complaints Procedure (Personal Accident claims only)

**Chubb** aim to provide **you** with a high level of customer service at all times, but if **you** are not satisfied or have cause for complaint **you** should contact **Chubb** at the address below:

The Manager, Accident and Health Department, 106 Fenchurch Street, London EC3M 5NB  
Telephone: 0207 956 5000

If **you** are not satisfied with the outcome of **your** complaint **you** may be entitled to refer the matter to the Financial Ombudsman Service:

The Financial Ombudsman Service, Exchange Tower, London, E14 9SR  
Helpline: 0800 023 4 567 or 0330 123 9 123  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### Financial Services Compensation Scheme (Personal Accident claims only)

**Chubb** are covered by the Financial Services Compensation Scheme (FSCS). If **Chubb** cannot meet their 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, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU

## Useful Telephone Numbers

- **Claims**  
0151 702 0265
- **Customer Service**  
0151 702 0265
- **Recommend a friend**  
0151 702 0304



## Your Medicash Plan

This insurance is provided by Medicash Health Benefits Limited, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number: 258025).

Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Details of registration can be found at [www.fsa.gov.uk](http://www.fsa.gov.uk) or by calling the FSA on **0845 606 1234**.

Medicash is covered by the Financial Services Compensation Scheme and the Financial Ombudsman Service.

**+ medicash**  
A positive approach to health

Medicash, One Derby Square, Liverpool L2 1AB.  
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