

This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions, and is not personalised to your specific individual needs in any way. Complete pre-contractual and contractual information on the product is provided in your policy documentation.

## What is this type of insurance?

This product is a health cash plan and provides reimbursement for the cost of everyday health needs such as Optical or Dental treatment. Cover is provided without a medical, on a personal (policyholder only) or family (policyholder, partner and children aged under 24) basis and the persons covered are named in the Policy Schedule. For full details see the Policy Terms and Conditions.



### What is insured?

This cash plan has four levels of cover. Depending on the level of cover you select, each benefit has a reimbursement rate and annual limit we will pay up to, for each policy. For full details please refer to the benefit table within the Policy Terms and Conditions.

- ✓ Optical – the annual limits payable for this benefit range from £50 to £370 depending on the level chosen. We reimburse 100% of your receipt up to the annual limit.
- ✓ Dental – the annual limits payable for this benefit range from £55 for level one to £370 depending on the level chosen. We reimburse 100% of your receipt up to the annual limit.
- ✓ Therapies (combined benefit including osteopathy, chiropractic treatment, homeopathy and acupuncture) – the annual limits payable for this benefit range from £100 to £1000 depending on the level chosen. We reimburse 100% of your receipt up to the annual limit.
- ✓ Maternity/paternity/adoption – (level 2 upwards) – single payment for each child that you or your partner give birth to or adopt, ranging from £150 for level two to £600 for level four. No benefit is payable under level one.
- ✓ Hospital in-patient – (level 3 upwards) – the annual limit for this benefit is up to 16 nights for the personal plan and 35 nights for the family plan per policy year ranging from £25 per night for level three to £40 per night for level four. No benefit is payable under level one and two.
- ✓ Hospital day case – (level 3 upwards) – the annual limit for this benefit is up to 8 days for the personal plan and 20 days for the family plan per policy year ranging from £25 per day for level three to £40 per day for level four. No benefit is payable under level one and two.
- ✓ Personal accident cover – lump sum payments for paralysis, insanity, loss of sight, loss of hearing, loss of speech, loss of limbs, certain fractures and certain burns, as a result of an accident. Children are not covered under this benefit.



### What is not insured?

- ✗ To be eligible for this policy you must live in the UK on a lawful, voluntary and settled basis. This excludes the Channel Islands and the Isle of Man.
- ✗ Each benefit has a number of exclusions, please refer to the Policy Terms and Conditions for full details.



### Are there any restrictions on cover?

- ! Cover is available to persons aged 16 years and over.
- ! There is an annual limit for each benefit on this policy.
- ! Dependent children named on this policy must be under 24 and residing at the same address as the policyholder.
- ! In family policies dental, optical and therapies benefit is shared amongst all family members and is not an amount per individual.
- ! Hospital related benefit is not payable during the first 2 years of the policy for pre-existing conditions.
- ! If an insured adult was aged 75 or over at the start date of the policy then the personal accident benefits are only available at half the stated amounts.
- ! The cash plan must be in place for at least 10 months before making a Maternity/paternity/adoption claim.



### Where am I covered?

You are covered in the United Kingdom. You are covered worldwide for emergency dental treatment, emergency purchase of prescription glasses, emergency admission to hospital which results in an overnight stay and personal accident cover in accordance with the respective policy terms.



### What are my obligations?

You must:

- Give us honest, accurate and complete information at point of purchase and making a claim.
- Claim according to the claims procedures set out in the Policy Terms and Conditions.
- Pay the monthly premium on time.
- Let us know of any changes to your address.



### When and how do I pay?

The premium to secure cover is payable by monthly Direct Debit.



### When does the cover start and end?

Cover starts from the date shown on your Policy Schedule and is automatically renewed on a monthly basis. The policy ends when premiums cease to be paid.



### How do I cancel the contract?

If you cancel within 14 days from receipt of your Policy Schedule we will refund your premium, providing a claim has not been made. Otherwise you can cancel the policy at any time by telephoning Benenden on 0800 414 8071, emailing us at benenden@bhsf.co.uk or writing to us at Benenden Health Cash Plan, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.