One Fund – Plan summary & Terms and conditions

Corporate Health Cash Plan - Company paid

The Exeter

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Contents

May 2016

Plan summary

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This plan summary contains an outline of One Fund. This section should be read in conjunction with the benefit rules and tables as well as the terms and conditions.

One Fund is a corporate health cash plan for five or more employees, that gives money back on a range of everyday healthcare expenses and is provided by The Exeter.

Key features

- One Fund covers seven benefit categories
- Cover is provided without the need for the employee to take a medical
- 100% reimbursement for the employee on a range of benefits up to the plan limits subject to an excess on optical and dental benefit categories
- Pre-existing conditions are covered
- Option to take out an additional plan to cover employee partners
- Dependant children of a plan holder can be added at no additional cost and will be able to share the benefits of the plan holder or partner.

How much it costs

Your monthly premium will depend on the level of cover selected, and the number of employees and partners you choose to cover. All premiums will be paid by direct debit.

Key limitations and exclusions

- To be eligible to take out a plan the employee must reside within the United Kingdom and be aged 16 years or over at entry
- The employee must remain a UK Resident throughout the duration of the Plan
- The excess applies to optical and dental benefits only in each plan year and simply means that the first £50 of treatment costs cannot be claimed back (with the exception of eye tests where no excess applies)
- Where an additional plan has been taken for a partner, a separate excess must be paid for optical and dental benefit (with the exception of eye tests where no excess applies)
- We will not pay claims for any treatment required as a result of injuries sustained through participation in any hazardous pursuit, dangerous sport, professional sport, or through involvement in criminal activity
- Claims made for treatment administered, or for items purchased, outside of the UK, will not be paid
- Claims made for treatment needed as a result of abuse of, or dependency upon, drugs, alcohol, solvents or other addictive substances will not be paid
- Claims must be submitted within three months of the treatment date with the exception of those where the total cost is below the excess and the excess has not already been reached or exceeded by any previous claim/claims within the benefit period
- Each claim will be allocated against the benefit period in which treatment took place
- Children included on a plan will share the annual benefits of a plan holder and any claims will be allocated against the benefit of the plan holder
- Children are not eligible for health screening or counselling and advice helpline benefits
- You may pay more in premiums than is paid out in benefit
- Should an employee leave the company plan, the company will stop paying for the employee, and the cover for the employee their partner and any children will cease.

Duration of cover and cancellation rights

The plan will automatically be renewed on a monthly basis provided that you continue to pay premiums and comply with our terms and conditions.

If you wish to cancel the plan you can do so by giving notice, in writing, to:

The Exeter
Jewry House
Jewry Street
Winchester
Hampshire
SO23 8RZ

Making a claim

Full details of how to claim are in section 4 of the terms and conditions on page 15.

We'll make sure they have access to a printed claim form which is available as a download from our website, and we will also supply them to the company representative.

Feedback and complaints

We aim to provide our members with quality products complemented by a simple and efficient service.

When we exceed your expectations it's nice to receive that feedback, so please let us know.

Whilst we hope you won't ever have cause to complain, if for any reason you are unhappy with our products or service please contact us:

By email: cashplan@the-exeter.com

By telephone: 0300 123 3256

By post: The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, S023 8RZ

We will investigate your complaint and respond to you, and if you remain unhappy we will escalate your concerns to an impartial complaints handler.

If we remain unable to resolve your complaint to your satisfaction, or we do not respond within 8 weeks, you have the option of asking the independent Financial Ombudsman Service to investigate on your behalf. You can visit their website at www.financial-ombudsman.org.uk or you can contact them on **0800 023 4567** or **0300 123 9 123**.

Financial Services Compensation Scheme (FSCS)

The Exeter is covered by the FSCS, which was established under the Financial Services and Markets Act 2000. This means that you may be entitled to compensation if we become insolvent and are unable to meet our obligations.

Further details are available from the FSCS at www.fscs.org.uk or you can telephone them on **0800 678 1100** or **020 7741 4100**.

One Fund cover levels

Premiums are paid by Direct Debit. The amount paid each month will be calculated from the number of plans multiplied by the individual premiums which apply at the time. All employees and partners must be covered at the same premium level.

The total annual fund shown for each premium level is the maximum that can be claimed in each plan year.

Benefits with a tick can be claimed up to the fund limit. Benefits with individual limits can be claimed up to that limit within the annual fund.

Dental and optical benefits are subject to a £50 excess in each plan year, for each benefit (excluding eye tests).

Pay	**£11** p/m	**£14** p/m	**£16** p/m	**£18** p/m	**£21** p/m	**£23** p/m	**£30** p/m
For a total annual fund of	**£520**	**£625**	**£730**	**£830**	**£935**	**£1,040**	**£1,600**
Consultation & diagnostics **No excess**	✓	✓	✓	✓	✓	✓	✓
Counselling & advice helpline **No excess**	✓	✓	✓	✓	✓	✓	✓
Complementary therapies† **No excess**	✓	✓	✓	✓	✓	✓	✓
PMI excess cover **No excess**	£200 per year	£250 per year	£300 per year	£350 per year	£400 per year	£450 per year	£500 per year
Dental **£50 excess**	£260 per year	£315 per year	£365 per year	£415 per year	£470 per year	£520 per year	£800 per year
Optical* **£50 excess**	£120 per year	£140 per year	£165 per year	£200 per year	£235 per year	£260 per year	£350 per year
Health screening **No excess**	£120 per year	£140 per year	£165 per year	£200 per year	£235 per year	£260 per year	£350 per year

†Complementary therapies (Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy)

* Eye tests are not subject to the excess

Important:

- Any claim is subject to the amount of total Annual Fund remaining after payment of any other claim(s)
- The benefit limits for PMI excess cover, Dental, Optical and Health Screening are included in the total annual fund and are not in addition to it
- Partners can also be covered should you choose to pay a separate plan for them at the same premium level
- Children will share the allowance of the adult on whose plan they are named
- Children are not entitled to money towards health screening or the counselling and advice helpline
- Premiums inclusive of insurance premium tax. Premiums may increase if this rate increases.

Benefit rules and tables

Here's a list of what we do and don't pay for under this plan for each type of claim.

Partners can be provided with a separate plan at an equivalent premium with benefits that mirror your employees. Children can share the cover limits available to their named adult where applicable.

Dental cover

What's covered under the plan?
Plan holders can claim for the following up to the annual dental benefit limit for their premium:

- Check-ups
- Dental x-rays
- Hygienist fees
- Extractions
- Fillings
- Dentures, whether partial, or complete, plus denture repairs
- Dental operations including anaesthetic
- Crowns, bridges or inlays
- Dental braces for adults

All treatments to be carried out by a member of the General Dental Council. Each claim is paid subject to the claimant having paid the first £50 under this benefit in each plan year.

What's NOT covered?
Any other dental treatment or expense not listed in 'what's covered' above, including but not limited to:

- Teeth whitening or any other cosmetic treatment
- Dental veneers
- Dental braces for children
- Dental implants (other than attachments to implants such as a crown or bridge)
- Treatments for gum disease
- Mouth guards or mouth splints
- Prescription charges or anything which does not constitute treatment, such as missed appointment fees
- Dental consumables such as toothbrushes, mouthwash and dental floss
- Dental treatment where you cannot provide evidence of being clinically necessary.

Optical cover

What's covered under the plan?

Plan holders can claim for the following up to the annual optical benefit limit for their premium

Prescription glasses

Prescription contact lenses, including monthly prescribed

Repairs to, or replacement of, frames or prescription lenses

Sunglasses or goggles issued under prescription

Eye tests*

Laser eye treatment – subject to the employee's plan being held and paid for 2 years minimum

Other eye operations to improve eyesight, e.g. cataracts, stigmatisms

We only pay for treatment, goods and services received in the United Kingdom. Goods (eg spectacles or prescription contact lenses, including those purchased over the internet) must be provided by a UK based and UK registered company, and you must be invoiced in pounds sterling.

Each claim is paid subject to the claimant having paid the first £50 under this benefit in each plan year, *with exception of eye tests where no excess applies.

What's NOT covered?

Any other optical treatment or expense not listed above, including but not limited to

Any cosmetic eye treatment or operation

Non-prescription glasses, sunglasses, contact lenses or goggles

Charges for anything which does not directly improve eyesight, such as missed appointment fees

Optical consumables, such as contact lens/glasses cases, lens solutions or other cleaning agents.

Health screening

What's covered under the plan?

Plan holders can claim 100% of the receipt up to the maximum annual health screening benefit limits for their premium for the following:

A full health screen, well man or well woman screen with no requirement for a GP recommendation

- Heart, breast and bone density screening recommended by a GP as part of a general health check
- These should be carried out by medically qualified staff at a recognised hospital or clinic
- If the plan holder is unsure what qualifies as a health screen they can contact us in advance of their appointment.

What's NOT covered?

Any treatment or expense not listed above including but not limited to

Any other screenings for specific complaints, e.g. genetic disorders

Routine screenings requested by outside sources such as the employer, the courts or an insurance company

Any supplementary charges not directly linked to improved health, such as missed appointment fees

Children are not covered for this benefit.

Consultations & diagnostics

What's covered under the plan?

Plan holders can claim 100% of the receipt up to the maximum annual fund limits for their premium for the following:

Any fee for a diagnostic consultation with a Specialist Consultant, Consultant Physician or Surgeon which is referred by a GP

Medical tests, such as ECG, EEC and lung function tests undertaken as part of Consultant's diagnosis

Investigative tests, such as needle biopsies, audiograms and patch tests undertaken as part of the consultant's diagnosis

Blood tests undertaken as part of the Consultant's diagnosis

X-rays and diagnostic scans, such as mammograms, CT scans, ultrasounds, MRI scans undertaken as part of the Consultant's diagnosis.

What's NOT covered?

Medical or surgical treatment for any purpose other than to diagnose a condition

Consultations or treatments for obesity or eating disorders

Health screening – covered under separate allowance

Speech therapy and dyslexia services

Cosmetic treatments, surgery or advice other than consultations or tests needed in respect of reconstruction work to restore appearance after illness, injury or an accident

Vasectomy, sterilisation or other fertility/infertility treatments or family planning

Invasive investigative procedures such as colonoscopy or endoscopy

Costs associated with medical reports for work

Other charges for anything which does not directly improve the claimant's health, such as missed appointment fees or sundry fees for staffing or room hire passed on by a consultant.

Counselling & advice helpline

What's covered under the plan?

Plan holders have free access to a telephone advice helpline and can claim 100% of the amount paid up to the annual fund limits for face to face counselling where deemed clinically appropriate and referred by the helpline

- 24 hour access to fully trained providers of telephone counselling. This is provided free of charge and will not reduce the overall benefit pot
- Access to fully trained providers of face-to-face counselling sessions where deemed clinically appropriate and referred by the advice helpline, covered up to the annual limit for the premium being paid
- 24 hour telephone access to qualified advice on legal and financial matters. This is provided free of charge and will not reduce the overall benefit pot
- To access these services, please call **0800 027 7844**.

What's NOT covered?

Any treatment not listed above.

Children are not covered for this benefit.

PMI excess cover

What's covered under the plan?

We will pay a plan holder's private medical insurance excess up to the PMI excess cover limit for their premium

We can only pay the benefit if we receive a statement from the PMI provider showing the amount of excess deducted from the PMI claim

There is a limit of one excess payment per policy, per year

Excess payments will be refunded back to plan holders only.

What's NOT covered?

PMI claims that are unpaid for any reason other than deduction of excess.

Complementary therapies – physiotherapy, osteopathy, chiropractic, acupuncture and homeopathy

What's covered under the plan?

Plan holders can claim 100% of the receipt up to the maximum annual fund limits for their premium for the following:

Rehabilitation treatment paid for and received from registered practitioners of Physiotherapy, Osteopathy or Chiropractic. See Glossary for definitions of practitioners on pages 18 & 19

Treatments paid for and received from registered practitioners of Acupuncture and Homeopathy

Homeopathic medicines prescribed by a registered homeopath and purchased through him or her

All treatment paid up to the annual limit upon proof of purchase in the form of a receipted account. Appointments include initial assessment appointments and all treatments must be carried out by qualified practitioners.

What's NOT covered?

Any treatment or expense not listed above including but not limited to

Any medical appliances or pharmacy items

Scans or x-rays (these may be available under Consultations allowance)

Other charges for anything which does not directly improve the claimant's health, such as missed appointment fees or sundry fees for staffing or room hire passed on by the treatment provider

Treatment which falls outside of the named categories even if they are of a similar nature

Treatment administered by members not affiliated to bodies recognised by us as specified in the Glossary

Maintenance or Preventative Treatment paid for and received from registered practitioners of Physiotherapy, Osteopathy or Chiropractic

Spa treatments.

Full details of how to claim any of the benefits above and further details of exclusions can be found in section 4 of the terms and conditions on page 15.

Terms and conditions

Table of contents

1. Joining and upgrading

1.1 How to apply

The **Company Representative** will sign an application form for the One Fund Corporate Health Cash Plan **(Corporate Plan)** on behalf of the **Company**.

1.2 Who can be covered?

Provided an **Employee** is a **UK Resident**, they can be covered without the need for a medical.

You have the option to pay for an **Employee's Partner** on a separate **Plan** at double the cost, so if an employee's premium is £11.00 a month, it will cost £22.00 a month for an **Employee** and their **Partner**. A **Partner** must live with the **Employee** on a permanent basis and will be removed from cover if this ceases to be the case.

An **Employee** must be over the age of 16, as must be their **Partner**, to be eligible for a **Plan**.

We do, however, reserve the right not to accept **Employee's** or **Partners** if we feel they present an unreasonable risk to the **Corporate Plan**. This is to protect the benefits we offer to existing **Plan Holders**.

Dependant Children can be added at no additional cost and will share the adult cover benefits with the specified parent. Children will not, however, be able to claim under the health screening and counselling & advice helpline benefit types. There is no limit to the number of children that can be added to a **Plan**.

Children can stay on an adult's **Plan** until age 18 (21 if in full-time education) at which point, cover for them will cease. We may require proof that a child is still in full time education.

Children must be born to the **Employee** and/or their **Partner** or be legally adopted by one/both of them. If both the **Employee** and their **Partner** are covered, and they wish to also cover their children, it must be specified at the outset of the **Plan** which parent's allowance each child will share.

A Child can only move from one parent's **Plan** to the other in the event of the death of the **Plan Holder** whose benefit they were sharing originally.

1.3 Adding and removing employees

This **Corporate Plan** is designed for all your **Employees**. If you have new **Employees** joining the organisation, you may take a **Plan** out for them when they join.

Subject to your agreement as the employer, a **Partner** and/or any children living at the same address as the **Employee** can be added to the **Corporate Plan**.

Joiners and leavers will impact upon your direct debit payment so we will need to know by the 10th of the month of any changes. Any **Employee** you wish to

remove from cover will keep entitlement to claim for the remainder of the month for which you have paid. If you do not tell us promptly about an **Employee** leaving the scheme, we will only refund a maximum of one month of the overpaid premium for them.

The **Employee** must remain a **UK Resident** throughout the duration of the **Plan**. If an **Employee** ceases to become a **UK Resident** please let us know by the 10th of the month so they can be removed from cover.

Cover for new **Employees** will start on the date shown on an **Employee's Plan Schedule** provided the **Company** has paid the premium to cover the **Plan Holder's** entry.

1.4 Start dates and benefit periods

Cover will start on the date specified on the **Plan Schedule** and will run to the end of each month subject to us receiving your premium in advance.

Claims Entitlement will run on an annual basis from the date on the **Plan Schedule** so each **Employee** will get a new **Annual Entitlement** on each **Corporate Plan Anniversary**. Any benefit unclaimed at the end of the **Corporate Plan Year** will be lost and will not roll over into the next year.

1.5 Upgrading or downgrading your One Fund

You can elect to upgrade or downgrade the level of cover all **Plan Holders** get at your **Corporate Plan Anniversary** and therefore will be effective for a minimum of one year. An individual **Plan Holder** will not be able to pay to increase their own premium and cover on their **Plan**.

We reserve the right not to accept an application to upgrade or downgrade if we feel this represents an unreasonable risk. But in most circumstances your application will be processed automatically.

1.6 Annual review

The Exeter review premiums, benefit levels and **Excesses** on an annual basis. We may increase the premiums or change the benefit levels and **Excesses** at an annual review if, for example, claims across all policies similar to yours are significantly higher than expected, or due to fiscal changes such as a change in insurance premium tax.

We aim to apply the same rules to all **Companies** on the plan, however in order to protect the interests of all our customers we reserve the right to change the premiums, benefit levels and excesses of your **Corporate Plan** to more fairly reflect the level of claims made by the **Company**.

We will only do this if your **Corporate Plan** has a **Loss Ratio** which is greater than 130%.

2. Premiums

2.1 How premiums are collected

Premiums will be collected by Direct Debit. The amount paid each month will be calculated from the number of **Plans** multiplied by the individual premiums which apply at the time. All **Employees** and **Partners** must be covered at the same premium level.

2.2 Premium Rules

There are seven levels of premiums available; all premiums include Insurance Premium Tax (IPT). Changes in the rate of IPT may affect the amount that you pay, which may be outside any annual review.

We will not pay claims unless all premiums are paid up to date. If a payment is missed, we will let you know. A **Plan Holder** will lose their entitlement to claim until the payment is made in full.

If no premiums are paid for three consecutive months we will cancel the whole **Corporate Plan**. **Corporate Plans** may be reinstated providing all arrears are repaid.

We will take premiums in advance and cover will be purchased for one whole month for each premium paid.

3. Plan excess

A £50 **Excess** applies once per benefit for the dental and optical benefits (excluding eye tests) in each benefit period.

We will pay any amount above this, up to the maximum shown in the illustration against your chosen premium. The other benefits are not subject to an **Excess**.

4. Claiming

Each premium level entitles the **Employees** to a maximum level of cover which can be claimed in each **Corporate Plan Year.** Each claim made will reduce the maximum amount of cover available for further claims in that **Corporate Plan Year.**

Where a **Plan Holder** has paid for **Treatment** and wants to claim money back through their **Plan**, they will need to send us original, dated receipts, and let us have the address and telephone number of the **Treatment** provider.

The **Plan Holder** will need to complete our claim form. These are available by:

- Calling on **0300 123 3256**
- Downloading a copy from **www.the-exeter.com**
- E-mailing at **cashplan@the-exeter.com**

We will also leave a supply with your **Company Representative**.

The Exeter will never pay a **Treatment** provider directly. We will only reimburse a paid receipt.

When we receive a claim, we will do a number of checks.

- That the receipt tells us everything we need to know to pay the claim
- That the **Treatment** is covered under the **Plan**
- The claimed amount does not exceed the **Annual Limit** for this type of claim
- That the appropriate **Excess** has been paid.

We will keep hold of any receipts so the claimant should take a copy if for any reason they need a record of the details.

All receipts sent to The Exeter should clearly show full details (name, address and qualifications) of the **Treatment** provider, so we can contact them if required.

The receipt should also show details of the **Plan Holder's** name, or that of a covered family member, being the person who received the **Treatment**.

The receipt should be itemised, or if this is not possible, a separate breakdown should be provided by the practitioner.

If the initial claim(s) in a benefit period for any particular benefit is under, or equal to, the **Excess** the **Plan Holder** can:

Keep the receipt(s) and submit it/them within 3 months of the date of the **Treatment** which takes you above the £50 **Excess** for that benefit category

OR

Send the receipt(s) to The Exeter and the value will be applied against the **Excess** for that benefit for the **Corporate Plan Year** in which the initial receipts were dated.

If a claim in a benefit period for any particular benefit is greater than the **Excess**, or is a claim to which the **Excess** does not apply, you must submit the original receipt with a completed claim form within 3 months of the **Treatment date.**

The Exeter will pay the claim less the **Excess**, up to the benefit limit.

Claims will not be paid:

- if the **Treatment** is arranged before the start of the policy
- if the **Treatment** had begun before the start date of the policy
- if the claim form is incomplete and/or the original receipt is not provided
- for **Treatment** administered, or for items purchased, outside of the **United Kingdom**
- if the **Plan Holder** is not a **UK Resident** at time of **Treatment**
- for any amounts which have already been claimed from another source such as another insurance or optical/dental care scheme
- for injuries sustained through participation in any **Hazardous Pursuit**, **Dangerous Sport**, **Professional Sport** or through your involvement in criminal activity in which you are not an innocent victim
- if **Treatment** is needed as a result of abuse, or dependency upon, drugs, alcohol, solvents or other addictive substances
- where the claim is below, or equal to, the value of the **Excess**
- for any charges made by a **Hospital**, **GP** or other for filling in a claim form or for providing information we request relating to a claim form
- Fraudulent Claims will result in the immediate closure of the **Employee's Plan**.

All receipts must be original. We will not accept amended receipts, photocopies, credit or debit card receipts or estimated bills.

Receipts in respect of claims should be submitted within 3 months of the **Treatment** being administered.

The date **Treatment** was received will determine which **Corporate Plan** Year we use to calculate the benefit allowance to pay the claim.

We will always request the bank details of the claimant so we can pay money straight into their account, which will remove any need for them to bank a cheque. This will ensure that money reaches their account much quicker, usually within 3 working days of us paying it.

We will pay claims in accordance with the terms and conditions. Additional medical evidence may be required. We regret we cannot pay for fees incurred for doctor's referral or medical information to support a claim.

Completed claim forms should be sent to The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ.

5. Cancellations and termination of cover

5.1 Your rights to cancel

If you decide that this **Corporate Plan** is not suitable or does not meet your needs, let us know in writing and we will cancel it. If you cancel within 30 days of taking out a **Corporate Plan**, and providing no claims have been made, we will refund all of the premium that you have paid.

If you change your mind after electing to increase the premium for the **Corporate Plan**, and you do so within 30 days, we will refund any increased premium payment, but only if no claims have been made at the higher level.

You may cancel your **Corporate Plan** at any time. You must give us notification in writing or by telephone on **0300 123 3256**. We will cancel your **Corporate Plan** with effect from the last day of the month in which you notify us.

5.2 Our rights to cancel your Corporate Plan

We reserve the right to cancel your **Corporate Plan** or an individual **Employees Plan** at any time giving no less than 28 days written notice, in connection with this or any other **Corporate Plan** if a **Plan Holder**:

- is not eligible for cover
- provides false information with the aim of gaining money from us
- has not acted in a fair and reasonable way.

If we feel we have to cancel a **Plan**, we will first explain what will happen and a **Plan Holders** right to appeal. If a **Plan** is cancelled we reserve the right to recoup all reasonable expenses incurred.

If a **Plan Holder** dies, all cover will cease and their **Plan** will close.

6. Data protection

6.1 Data protection

Under the principles of the Data Protection Act 1988 we will endeavour to ensure that your personal information is correct and maintained securely in accordance with the Act.

We will treat all medical information we receive in the strictest confidence.

Under the Data Protection Act 1988 a **Plan Holder** may write and request a copy of the information we hold about them. If any inaccuracies are found the **Plan Holder** may ask to have them amended. We reserve the right to charge an administration fee for this service.

6.2 Data consent

By opening a **Corporate Plan**, you agree to us holding and processing medical and other personal details on our computer system and paper records.

We may share this data with other relevant organisations so that we can set up and run your **Corporate Plan**, validate claims and prevent fraud and money laundering. For the purposes of data protection law, The Exeter is the data controller.

7. Additional information

7.1 Where to get further information

If you have any questions about the **Corporate Plan** and would like further information, please call us on **0300 123 3256**. Lines open: Monday to Friday 9am to 5pm.

Alternatively, if you require advice about whether it is suitable for your **Company**, please contact your healthcare intermediary.

7.2 Applicable law

If there is a legal dispute, English law will apply.

7.3 Language

All correspondence will be in English.

7.4 Complaints

Complaints can be made in writing to The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ or by phoning **0300 123 3256**. If the complaint cannot be settled, it may be referred to the Financial Ombudsman Service. Making a complaint will not affect your right to take legal action.

7.5 How we protect you and your employees

The Exeter are authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). Our Financial Services Register number is 202311.

The Exeter is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet your obligations. This depends on the type of business and the circumstances of the claim. For claims in respect of death or incapacity due to injury, sickness or infirmity the level of cover is 100% of the claim and in all other cases the level of cover is 90% of the claim. Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

8. Glossary words and phrases explained

Acupuncture/chiropractic/homeopathy/osteopathy/physiotherapy
Treatment given by a practitioner who is qualified, and registered with an approved professional organisation recognised by us in the appropriate field.

Acupuncturist
A doctor who is also a Medical Member or an Accredited Member of the British Medical Acupuncturist Society and recognised by us as being fit to carry out such **Treatment**.

Annual entitlement/claims entitlement/annual limit/annual allowance
The maximum amount which can be claimed on a One Fund **Plan** in a **Corporate Plan Year**.

Chiropractor
A practitioner on the Register of Chiropractors kept by the General Chiropractic Council as required as part of the Chiropractors Act 1994, and recognised and agreed by us.

Company
The organisation which pays the premiums for the **Corporate Plan**.

Company representative
The person within the **Company** responsible for signing the application form on behalf of the **Company**, and acting as the named contact for the **Company's Corporate Plan**.

Consultation
A meeting with a medical **Specialist** to find out more about a medical condition and decide how to treat it.

Corporate plan
The contract of insurance with You to provide the **Plan** for the **Plan Holders**.

Corporate plan anniversary
The anniversary of the date on which the **Plan** started.

Corporate plan year
The annual period commencing on the start date, or the anniversary of the start date as shown on your **Employees' Plan Schedules**.

Cosmetic treatment
Treatment received to change appearance and not to cure or alleviate a medical condition.

Dangerous or hazardous sports/pursuits
Dangerous (hazardous) pursuits and sports include, but are not limited to, canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing and rock climbing.

Dependant children
Born to an **Employee** or their **Partner**, or legally adopted by one or both of them, and under the age of 18 years (21 if in full-time education) and residing with the **Employee**.

Employee(s)
Any person employed by, or working in some capacity for, the **Company** which pays the premiums for the One Fund Corporate **Plan**.

Excess(es)
A fixed contribution that must be paid by the **Plan Holder** in each **Corporate Plan Year** if a claim is made.

GP
A general medical practitioner (doctor) who has a Certificate of General Practice Training and is registered with the General Medical Council in the UK.

Homeopath
A practitioner whose name appears on the register of the Homeopathic Medical Association, The Society of Homeopathy, The Faculty of Homeopathy or The Alliance of Registered Homeopaths.

Hospital
Either a private hospital registered under the UK Care Standards Act 2000 or a hospital run by the National Health Service which provides specialist facilities for treatment.

Loss ratio
The amount claimed in a 12 month period divided by the premiums received in the same period net of Insurance Premium Tax.

Maintenance treatment
Treatment with the intent of stopping the original causes of an injury or illness from reoccurring. This is usually a monthly or periodic treatment.

Osteopath
A practitioner on the Register of Osteopaths kept by the General Osteopathic Council as required as part of the Osteopaths Act 1993, and recognised and agreed by us.

Our/us/we
The Exeter is a trading name of The Exeter Cash Plan, which is authorised by the Prudential Regulatory Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority.

Partner
A person who lives with an **Employee** on a permanent basis, as a domestic partner.

Physiotherapist
A physiotherapist regulated by and registered as practising with the Health Professions Council and recognised by us.

Plan
The benefits and **Annual Entitlement** available to a **Plan Holder**.

Plan holder(s)
The first named person on the **Plan schedule**, who will receive benefits paid under the **Corporate Plan**.

Plan schedule
The document containing details of an individual **Plan Holder's** limits of cover at the start of their plan. If the details change or are amended, we will issue an amended schedule.

Preventative treatment
Treatment to prevent an injury or illness from occurring. This is usually a monthly or periodic treatment.

Rehabilitation treatment
Treatment to help you recover from an injury or illness and is usually evidenced by multiple claims over a short period of time.

Specialist
A medical practitioner, who is registered under the Medical Acts and is a specialist in the **Treatment** referred for. Registered as a specialist under the General Medical Council. They will be or will have been, a National Health Service Consultant and must be recognised as a specialist by our claims team.

Treatment
Surgical or medical services (including diagnostic tests) to diagnose, relieve or cure a disease, illness or injury.

United kingdom
This means England, Scotland, Wales, and Northern Ireland, plus the Channel Islands and the Isle of Man.

UK resident
A person who is ordinarily resident in the UK.

You
The **Company** responsible for paying the premiums of this **Corporate Plan**.

Contact us

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Calls may be recorded and monitored.

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