A Guide for Employers
ONE FUND

The Exeter

You matter more.

Contents

Welcome to One Fund

One Fund is a Corporate Health Cash Plan you can offer your employees which enables them to claim cashback on the cost of some common healthcare services.

It's flexible, innovative and gives your staff access to a plan they couldn't get as a direct customer.

One of the best things about One Fund is that it's more flexible than most health cash plans. Employees have more choice in how they use their 'pot of money,' without the limitations of some other plans.

There is a limit on how much of their pot they can use for dentistry, optical and health screening each year. The first £50 for dentistry and optical can't be claimed back. Also, we will only pay 60% of amounts paid for complementary therapies. But, they can, for example, choose to spend their whole pot on chiropractic treatment, should they need to, or save some in case they need counselling.

Counselling and advice helpline

Employees can claim for face-to-face sessions with trained counsellors about work or personal issues.

In addition, they will have access to a free of charge mental health support telephone service between 08:00 – 19:00, Monday - Friday.

Dentistry

Most NHS or private non-cosmetic dental treatments are covered, including x-rays, hygienist sessions, extractions and fillings, up to an annual limit, depending on the plan.

Optical services

One Fund covers repairs and replacement for prescription glasses and contact lenses, as well as prescription sunglasses and some eye operations, up to an annual limit, depending on the plan.

Complementary therapies

Employees can get cashback to pay for useful therapies such as physiotherapy, osteopathy, chiropractic treatment and acupuncture.

Health screening

If your employee's GP recommends tests for things like bone density, they're covered too.

Consultations & diagnostics

Appointments with a specialist consultant are covered, as are medical tests and scans needed to make a diagnosis.

PMI excess cover

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

"On average, employees lose 38 working days due to physical and mental health related absence and presenteeism."

Mercer, 2019

Benefits to you

This could include:

Better absence management

Giving your employees access to a health cash plan can encourage them to have regular check-ups. Spotting problems early and getting treatment could help reduce time off work and help make them more productive when they're at work.

Improved recruitment

Being able to offer attractive benefits can help you recruit good quality people. The employee paid One Fund gives prospective employees access to the One Fund Health Cash Plan.

Improved retention

Providing the employee paid One Fund shows your staff that you care about their health and well-being.

Helping to control the cost of Private Medical Insurance (PMI)

If you have a PMI policy in place, claims, medical inflation and the increasing age of your staff can make costs rise every year. Introducing One Fund can take some of the smaller claims away (e.g. consultations and therapies). This could have a positive effect on your PMI renewal premium.

Help towards fulfilment of statutory duty of care obligations

By providing your staff with access to a corporate health cash plan, you're showing concern for their health and welfare, both physical and mental. Even if an employee uses their full pot of money within a year, they can still access free telephone counselling to discuss any personal or work-related issue.

Benefits to your employees

This could include:

Cashback on common costs for healthcare services

Staying healthy is important to everyone but can end up being costly. Regular trips to the dentist and optician are expensive enough, but more complex health problems can sometimes be unaffordable. One Fund gives your staff the peace of mind that they can claim cashback on some of their treatment costs when they need to.

Money back on private treatment

With One Fund, employees may choose to go private rather than waiting for NHS treatment, which can sometimes take weeks or (in the case of NHS dentists) be hard to find.

Simple and straightforward claims process

Providing the employee paid One Fund shows your staff that you care about their health and well-being.

The flexibility to choose how they spend their pot of money

One Fund gives employees more choice in how they spend their pot of money, up to the annual total amount. There's a limit on how much can be used for dentistry, optical and health screening services each year, and we will only pay 60% of eligible costs for complementary therapies, but employees can choose to spend their whole pot on something like physiotherapy treatment should they need to.

Add children at no extra cost

Employees can add their kids to their plan and share their pot with them without paying anything extra, although children aren't covered for health screening or the counselling and advice helpline.

Feeling valued

You're giving your employees access to One Fund Health Cash Plan they couldn't get as a direct customer. It shows that you care about their health and well-being and have taken proactive steps to support them.

How does it work?

Setting it up

You get to choose how your employees pay for their One Fund plan. They can either pay by payroll deduction or Direct Debit. When an employee decides to take a One Fund plan, they simply fill in an application and hand it initially to you.

If you allow payment by payroll deduction then you will need to set that up, but in all cases, you should then send the applications to The Exeter so we can set up the plans and Direct Debits from you or your employees. We'll then send them a welcome pack, which will outline full details of their plan.

Adding a partner

Employees can choose to take out a plan for their partner as well by starting a second plan on the same level, which will give them their own pot of money to claim from. They need to add their partner's details to the application form and pay the additional premium.

Making a claim

When an employee needs treatment they pay for it themselves, keep the receipts and claim cashback from us. So you don't have to get involved in any paperwork. When claiming for optical or dental treatment, there's a £50 excess for each benefit per plan year (excluding eye tests), but for all other benefits there is no excess. We will only pay 60% of eligible costs for complementary therapies.

Claim example:

Jenny, Personal Assistant (PA)

Jenny chooses the Level 4 One Fund Corporate Health Cash Plan, which gives her a pot of £800 to claim from each plan year. She starts suffering from back pain, so she goes to see a physiotherapist, who recommends a course of 10 weekly sessions. Jenny goes to these sessions and feels much better. She pays £50 for each session and keeps all her receipts.

Jenny now fills out a claim form and sends it into The Exeter, together with her receipts. We pay 60% of eligible physiotherapy costs, so we will pay £300 of the £500 total costs straight into Jenny's bank account.

Later in the year, she visits her dentist and finds out she needs a filling. This costs her £80, which she pays in full. There is a £50 excess on dental cover, so when her claim is paid, she receives £30 (£80 minus £50 excess). After these two claims, Jenny still has a pot of £470 that she can dip into if she needs.

One Fund cover levels

Seven different choices of employee paid cover.

The table below shows the benefits available with each of the monthly premium options.

Cover levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Pay	**£14**	**£17.50**	**£20.50**	**£23.50**	**£28**	**£32**	**£47**
For a total annual fund of	£500	£600	£700	£800	£900	£1,000	£1,500
Consultation & diagnostics **No excess**	✓	✓	✓	✓	✓	✓	✓
Counselling & advice helpline **No excess**	✓	✓	✓	✓	✓	✓	✓
Complementary therapies† **60% refund**	✓	✓	✓	✓	✓	✓	✓
PMI excess cover **No excess**	**£200** per person per year	**£250** per person per year	**£300** per person per year	**£350** per person per year	**£400** per person per year	**£450** per person per year	**£500** per person per year
Dental **£50 excess**	**£100** per year	**£120** per year	**£140** per year	**£160** per year	**£180** per year	**£200** per year	**£250** per year
Optical* **£50 excess**	**£100** per year	**£120** per year	**£140** per year	**£160** per year	**£180** per year	**£200** per year	**£250** per year
Health screening **No excess**	**£120** per year	**£140** per year	**£160** per year	**£180** per year	**£200** per year	**£220** per year	**£280** per year

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

* 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 cover level
- With the exception of PMI excess cover, children will share the allowance of the adult on whose plan they are named. Children have a separate allowance for PMI excess cover, but they remain subject to the Annual Fund shared with the plan holder
- 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.

Examples

These examples of how One Fund could be used are not real cases and are used for illustrative purposes only.

Claim example 1:
Sally and daughter Matilda

When Sally found out she could apply for One Fund via salary deduction, she took the plan and added her daughter, Matilda, too. Sally claimed for dental work she needed. When Matilda had a fall in the playground, Sally was able to use the remainder of the fund on physio for her daughter.

Claim example 2:
Michael

Michael was confident about his smile and visited the dentist every 6 months. He'd never needed treatment before so it was a surprise to him when he developed an unexpected abscess. Luckily, Michael was able to claim cashback through the One Fund plan for the associated x-ray and extraction costs that followed.

Claim example 3:
Charlotte

Charlotte started to feel discomfort in her back when working at her desk. Rather than let the symptoms worsen, Charlotte took the opportunity to visit an osteopath. She knew that by having One Fund, she could claim cashback for her osteopath sessions and even choose to use the whole allowance on this one treatment if she needed to.

FAQs

What is a corporate health cash plan?

A corporate health cash plan is an insurance policy that gives your employees cashback on healthcare costs, like dental treatment or physiotherapy for back pain.

Why is a corporate health cash plan a good idea?

A corporate health cash plan could help you to manage absence and improve productivity. If employees know they can claim money back, they may be more likely to seek treatment for common healthcare complaints and spend less time absent from work.

How will the employee paid scheme be funded?

You can make a deduction from each employee's salary and forward the premiums to The Exeter via Direct Debit. Alternatively, employees can make their own Direct Debit arrangements.

What support will we be given to communicate the scheme to employees?

We'll help you during the roll-out period to ensure you have what you need to communicate the benefits of One Fund with your staff.

How do I measure my return on investment?

To measure the effect of One Fund you need to know where you are now. Absence management information, attrition rates and staff surveys will all help. With these benchmarks in place you can gauge the impact of One Fund more effectively. As well as measuring absence figures, we'd also suggest measuring staff perceptions of the benefits after 6, 12 and 18 months.

Can employees with existing medical conditions join the scheme?

Absolutely. We don't ask any medical questions. Pre-existing conditions will be covered providing the treatment takes place after the cover start date and any appointment or treatment course required hadn't been booked before cover was in place.

How do employees make a claim?

They simply complete a claim form and return it to The Exeter, along with their receipts. A claim form is included in each employee's policy pack and they can get more forms online, or they can submit a claim to us directly via our online portal. You don't need to worry about any paperwork yourself.

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 cover level:

- **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**
- **Dental care contract or membership scheme costs.**

Optical cover

What's covered under the plan?

Plan holders can claim for the following up to the annual optical benefit limit for their cover level:

- **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 (e.g. 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 in 'what's covered' 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.**

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 cover level 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
- Prescription charges or anything which does not constitute diagnostic consultations or tests.

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 cover level 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.**

PMI excess cover

What's covered under the plan?

We will pay the private medical insurance excess for anyone covered by this plan up to the PMI excess cover limit for their cover level.

- **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**
- **The PMI claim must be in respect of someone covered by this plan**
- **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 and acupuncture

What's covered under the plan?

Plan holders can claim 60% of the receipt up to the maximum annual fund limits for their cover level for the following:

- **Rehabilitation treatment paid for and received from registered practitioners of Physiotherapy, Osteopathy or Chiropractic**
- **Treatments paid for and received from registered practitioners of Acupuncture**
- **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**
- **After six sessions of treatment we may request medical evidence to check that treatment is for Rehabilitation and not Maintenance or Prevention.**

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 in the Terms and Conditions document**
- **Maintenance or Preventative Treatment paid for and received from registered practitioners of Physiotherapy, Osteopathy or Chiropractic**
- **Sports therapy, massages or spa treatments.**

Counselling & advice helpline

What's covered under the plan?

Plan holders have free access to a mental health support telephone service and can claim 100% of the amount paid up to the annual fund limit for face-to-face counselling where deemed clinically appropriate and referred by the helpline or by a GP.

- **Free of charge access to a mental health support telephone service between 08:00 – 19:00, Monday - Friday. Plan holders using the telephone service will be booked in with a trained mental health expert who can assess and treat a range of mental health conditions including anxiety and depression, as well as offering emotional and behavioural support. Using this member benefits helpline does not reduce the overall benefit pot.**
- **Access to BACP accredited counsellors for face-to-face sessions where deemed clinically appropriate and referred by the advice helpline. These sessions are covered up to the annual limit for the relevant cover level.**
- **To access these services, please call 03308221776**

This member benefits service is provided by Square Health. Member benefits don't form part of the policy terms and may be varied or withdrawn, without notice, by us.

What's NOT covered?

- **Any treatment not listed above**
- **Children are not covered for this benefit.**

General exclusions

- **We won't pay a claim for treatment administered, or for items purchased, outside of the United Kingdom**
- **We won't pay a claim if you arrange treatment before the start of the policy**
- **We won't pay a claim if the treatment was undertaken before the start date of the policy**
- **We won't pay a claim if treatment is needed as a result of abuse of, or dependency upon, drugs, alcohol, solvents or other addictive substances**
- **We won't pay a claim for injuries sustained as a result of reckless endangerment either through participation in dangerous sports, professional sports (in which the claimant is being paid or compensated for playing) or through their involvement in criminal activity in which they are not an innocent victim**
- **We won't pay a claim if we don't receive the information we ask for**
- **We won't pay a claim if plan holder ceases to be a UK resident. We won't pay a claim until after the first payment has been received for your plan or if the company has unpaid premiums outstanding**
- **We won't pay any amounts which have already been claimed from another source such as another insurance plan, a dental/optical cover scheme or dental practice premiums.**

The friendly specialists in income protection, life cover, health insurance and cash plans.

Contact us

Members:
Enquiries and claims:
0300 123 3256
cashplan@the-exeter.com

Financial Advisers:
Enquiries: 0300 123 3257
cashplan.adviser@the-exeter.com

Opening times:
Monday to Friday 9am – 5pm

Calls may be recorded and monitored.

Postal address:
The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

Website:
the-exeter.com

The Exeter

You matter more.