

Plan Summary & Terms and Conditions

ONE FUND

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Plan summary

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 cash plan arranged by your employer 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 to take a medical
- Reimbursement on a range of benefits up to the plan limits subject to an excess on optical and dental benefit categories
- Individual cover for yourself
- Option to take out an additional plan to cover your partner
- 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 cover level selected and whether you choose to cover a partner. All premiums will be paid by direct debit.

▶ Key limitations and exclusions

- To be eligible to take out a plan you must be employed by the company that is offering the plan, reside within the United Kingdom and be aged 18 years or over at entry
- You 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 only pay 60% of eligible costs for complementary therapies
- 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, with the exception of PMI excess cover. All claims will be subject to the overall annual fund 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 you leave the employer that is offering the plan, the cover for you and any partner or children will cease.

▶ Duration of cover and cancellation rights

The plan will continue until the next annual renewal date 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

Your employer should notify us if you leave their employment, at which point your cover will be cancelled.

▶ Making a claim

Full details of how to claim are in section 4 of the terms and conditions on [page 24](#).

You can download and print a claim form from our website, or obtain one from your company representative.

▶ Feedback and complaints

We aim to provide our customers 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:



Email us:

cashplan@the-exeter.com



Call us:

0300 123 3256



Write to us:

The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 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 9123**.

▶ 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**.

Welcome to One Fund

One Fund is a smart way to help cover the costs of some common healthcare services. It's innovative, more flexible than most and is only available through your employer.

So it's a great way to pay a regular monthly amount and claim cashback on some of your treatment costs when you need to.

The Exeter is different to most other organisations. We're part of a mutual healthcare and protection insurer with over 100 years of experience. This means we don't have shareholders like a PLC, instead we are owned by our members. This shared ownership has a positive impact on our ethos and what we are trying to achieve.

Whilst PLCs are judged ultimately on the financial returns they deliver to shareholders, success for us is paying claims and providing products that deliver for our customers.

► **Straightforward**

Using One Fund is straightforward. You pay a regular amount every month, then, if you need any of the healthcare services covered, you get treated, keep your receipts and claim back all, or some, of what you've paid.

Here are the seven healthcare services covered:

- Counselling & advice helpline
- Dentistry
- Consultations & diagnostics
- Optical services
- Health screening
- Complementary therapies
- PMI excess cover.

▶ **More flexible than most**

One of the best things about One Fund is that it's more flexible than most health cash plans. You have more choice in how you use your 'pot of money' as long as you don't claim more than the annual total. Unlike other health cash plans, that have a limit on every service covered; there is no separate cap on the counselling and advice helpline, complementary therapies or consultations. For example, you can choose to spend your whole pot on chiropractic treatment should you need to.

There is a limit on how much of your pot you can use for PMI excess cover, dentistry, optical and health screening for each year you're covered. The first £50 each year for dentistry and optical can't be claimed back.

We will only pay 60% of eligible costs for complementary therapies.

▶ **Cover your family**

You can start a second plan for your partner on the same level, which will give them their own pot of money to claim from.

You can choose to add your children to either your plan or your partner's plan at no extra cost. This means you can share your pot of money for most services. For more information, please see section 1.2 on [page 22](#) of the Terms and Conditions section of this document.

Healthcare services covered

One Fund covers you for seven different kinds of healthcare service.

▶ **Counselling & advice helpline**

If you want face-to-face sessions with trained counsellors about work or personal issues, they're covered. You also get 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 your annual limit.

▶ **Consultations & diagnostics**

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

▶ **Optical services**

Repairs and replacement for prescription glasses and contact lenses are covered, as are prescription sunglasses and some eye operations up to your annual limit.

▶ **Health screening**

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

▶ **Complementary therapies**

You can get cashback to pay for useful therapies such as physiotherapy for injuries, or osteopathy and chiropractic treatment for back and other problems. One Fund also covers acupuncture and homeopathic treatments.

▶ **PMI excess cover**

We will pay your private medical insurance excess up to the PMI excess cover limit for your premium.

If you want to know more information about any of these services, you'll find full details in the Benefit rules and tables section on [page 14](#).

Benefits for you

Cashback on common costs for healthcare services

Staying healthy is important, 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. Examples of how the plan works can be seen on [page 11](#). One Fund gives you the peace of mind that you can claim cashback on some of your treatment costs when you need to.

Money back on private treatment

You 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.

The flexibility to choose how you spend your pot of money

One Fund gives you more choice in how you spend your pot of money, up to the annual total amount. There's a limit on how much you can use for dentistry, optical and health screening services each year, but you can choose to spend your whole pot on something like physiotherapy treatment should you need to.

Add children to your plan at no extra cost

You can add your children to your plan and share your pot without paying anything extra, although children aren't covered for health screening or the counselling and advice helpline.

Your plan

▶ How it works

You will pay a monthly premium which entitles you to a maximum annual allowance that runs from the start date as shown on your plan schedule until the next Corporate Plan Anniversary. The corporate plan year runs from the date your company started this scheme and will be renewed each year on the anniversary of that date.

Every time you claim an amount, it's taken off the total. So, for example, if you pay £26 a month you will have an annual pot of £900. If you then put in a claim for an £80 consultation, the pot will reduce by £80. Your annual pot allowance will refresh at each corporate plan anniversary.

▶ Partners

Your partner can also take out their own plan, with their own annual pot for an additional premium.

▶ Excess and shared payments

The first £50 of treatment costs for both dental and optical cannot be claimed back. However, this only happens once per plan year and does not include eye tests.

We will only pay 60% of eligible costs for complementary therapies.

▶ How to claim

To make a claim simply submit it, together with your original receipts, either via our online claims portal or by post using our claim form. The money you've claimed back will then be paid directly into your bank account. Further details on the claim process can be found on [pages 20 and 24](#).

Examples

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



Claim example 1:

Jenny, Personal Assistant (PA)

Jenny, a PA, is offered One Fund at work. She decides to join and chooses to pay £22 per month. This gives her an annual pot of £800 to claim from during the corporate plan year.

Jenny's back sometimes flares up. The next time this happens she goes to see her physiotherapist. After a course of 10 weekly sessions, she feels much better.

Jenny pays £50 for each session and keeps all her receipts. She fills out a One Fund claim form and sends it to The Exeter with all 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. Jenny still has £500 left in her pot, which she can claim from later in the plan year.

Claim example 2:

Ross, Deputy Manager

Ross is a Deputy Manager at an electrical store. He's offered the chance to join One Fund and chooses to pay £19 per month, which gives him £700 to claim from in each corporate plan year.

When he next goes to the dentist for a check-up, he finds he needs £80 of treatment. So he pays as normal and sends his claim form and receipt to The Exeter. He knows that there's a £50 excess on dental treatment, so when the claim has been processed, he gets £30 cashback in his bank account (£80 minus the £50 excess).

Ross visits his dentist six months later and is charged £50. He pays the bill as normal and submits his claim. He's already paid the excess for this benefit in this plan year, so he gets the full £50 cashback straight into his account.

Ross has £620 left to claim, £60 of this can be used for dental which has an annual cap of £140.

One Fund cover levels

The table below shows the benefits available with each of the monthly premium options. You should be aware that you may pay more in premiums than you could receive in benefits.

The total annual fund shown for each cover 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). We will only pay 60% of eligible costs for complementary therapies.

Cover levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Pay	£13	£16.50	£19	£22	£26	£30	£44
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, 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 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.
-

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.

Your partner can be provided with a separate plan for an identical additional premium with benefits that mirror yours. 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.

► 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, astigmatisms.

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 lenses/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 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.**

► 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 the 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 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 or by a GP. These sessions are covered up to the annual limit for the relevant cover level.
- To access these services, please call 01753 440366

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.

► PMI excess cover

What's covered under the plan?

We will pay the private medical insurance (PMI) 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, acupuncture and homeopathy

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. See Glossary for definitions of practitioners on [page 28](#)
- Treatments paid for and received from registered practitioners of Acupuncture and Homeopathy
- Homeopathic medicines prescribed by a registered homeopath and purchased through them
- 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
- 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 24](#).

Making a claim

Three simple steps to making a claim

Step 1

Pay for your treatment and keep your receipt(s).

Step 2

Either:

Login to the claim portal at www.the-exeter.com/claim with your reference number to hand and simply attach a picture or scan of your receipt(s).

Or:

Send your completed claim form and original receipt(s) to:

The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

Step 3

The money will be paid directly into your bank account (less any applicable excess), usually within three days of the claim being assessed.



Sample receipt

Physiotherapy Clinic

HPC REGISTERED
7 ANY PLACE AVENUE,
ANYTOWN AN1 2BG

MR JOHN SMITH, 11 HIGH STREET,
ANYTOWN, A1 2MS

03/04/17 FULL DESCRIPTION £45.00
12/04/17 FULL DESCRIPTION £45.00
19/04/17 FULL DESCRIPTION £45.00

RECEIPT PAID IN FULL
19/04/17

**Name, address and
qualifications of practitioner**

**Details of recipient
of treatment**

**Details of treatment
including date, description
of treatment and cost**

**Confirmation that the
practitioner has been paid
for the treatment**

Full details of how to claim are in section 4 of the terms and conditions on [page 24](#).

If you have any queries about how to make a claim, please call [0300 123 3256](tel:03001233256).

Terms and conditions

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▶ 1. Joining and upgrading

1.1 How to apply

Your **Employer** will provide you with an application form for completion. Please complete the application and return it to your **Employer**, who will in turn forward it to us. You should notify us of any changes to the information that you provide, including change of address or name.

1.2 Who can be covered?

Provided you are an **Employee** of the **Company** and a **UK Resident**, you can be covered without the need for a medical.

You have the option to pay an identical additional premium to cover an **Employee's Partner** on a separate **Plan**. 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 18, as must be their **Partner**, to be eligible for a **Plan**.

We reserve the right to decline an application where we believe this would be detrimental to the scheme or to our other **Plan Holders**.

Dependant Children can be added at no additional cost and will share the adult cover benefits with the specified parent, except for PMI excess cover where a separate benefit is available for each child. 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**.

A new born or newly adopted child can be added to your **Plan** at any time. You must specify which adult's **Plan** the child will be covered by. 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 Start dates and benefit periods

Cover will start on the date specified on the **Plan Schedule** and will run to the next **Corporate Plan Anniversary**. Your **plan** renewal date is shown on your **plan schedule**. You will be provided with renewal documents at each **Corporate Plan Anniversary**.

Claims Entitlement will run on an annual basis from the date on the **Plan Schedule** so each **Plan Holder** 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.

1.4 Upgrading or downgrading your One Fund

You can elect to upgrade or downgrade your level of cover at each **Corporate Plan Anniversary** and therefore will be effective for a minimum of one year. Any changes to cover will take effect at the Corporate Plan Anniversary date.

Please inform us of your intention to upgrade or downgrade. Please also inform your **Employer** who will then make the necessary amendments to your **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.

1.5 Annual review

The Exeter reviews its plans on a regular basis and we may change the premiums, benefit levels and **Excesses** that apply to your policy at each annual review. We also reserve the right to not offer cover following an annual review. We will always give you notice of any such changes.

▶ 2. Premiums

2.1 How premiums are collected

Payment of premiums may be made through your **Employer** who will arrange to deduct the premium from your salary. Premiums will then be sent to us by your **Employer**.

If salary deduction is not available, we may offer **Plan Holders** the facility to pay their premiums via Direct Debit, provided the **Plan Holder** is an **Employee** of the **Company**, or their **Partner**.

2.2 Premium Rules

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 your **Plan**. **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 and shared payment

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 cover level. The other benefits are not subject to an **Excess**.

We will only pay 60% of eligible costs for complementary therapies

▶ 4. Claiming

Each cover 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 dated receipts, and let us have the address and telephone number of the **Treatment** provider.

The **Plan Holder** will need to submit the claim details to us. We offer an online portal for submission of claim details, together with scans or photos of the original, dated receipts, at www.the-exeter.com/claim.

Alternatively, the **Plan Holder** may complete a claim form and send it to us together with the original, dated receipts. Claim forms are available by:



Calling us:

0300 123 3256



Downloading a copy from:

www.the-exeter.com



Emailing us:

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

Please always advise your **Employer** of your wish to cancel as they may need to cancel your salary deductions.

5.2 Our rights to cancel your Plan

All cover and benefits will automatically cease for the named person(s) under the **Plan** if:

The **Plan Holder** ceases to be an **Employee** of the **Company** or a **Partner** of an **Employee**

- The **Plan Holder** ceases to be resident in the UK.

We reserve the right to cancel your **Plan** at any time giving no less than 28 days' written notice 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 Holder's** 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

For information on how we use and safeguard your personal information, please refer to our Privacy Policy.

To find out more, go to our website www.the-exeter.com/privacy-policy or contact us and we will send you a copy.

▶ 7. Additional information

7.1 Where to get further information

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

You must satisfy yourself that this **Plan** and the level of cover you decide to apply for are right for you. We will not provide any advice in this regard.

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

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 our 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.

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.

Member

One Fund **Plan Holders** will automatically be **members** of The Exeter unless they have refused the offer of membership.

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**.



You matter more.

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 legal blurb

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 (Financial Services Register No. 202311). Registered in England, Company No. 00515058 with its registered office at Lakeside House, Emperor Way, Exeter EX1 3FD.