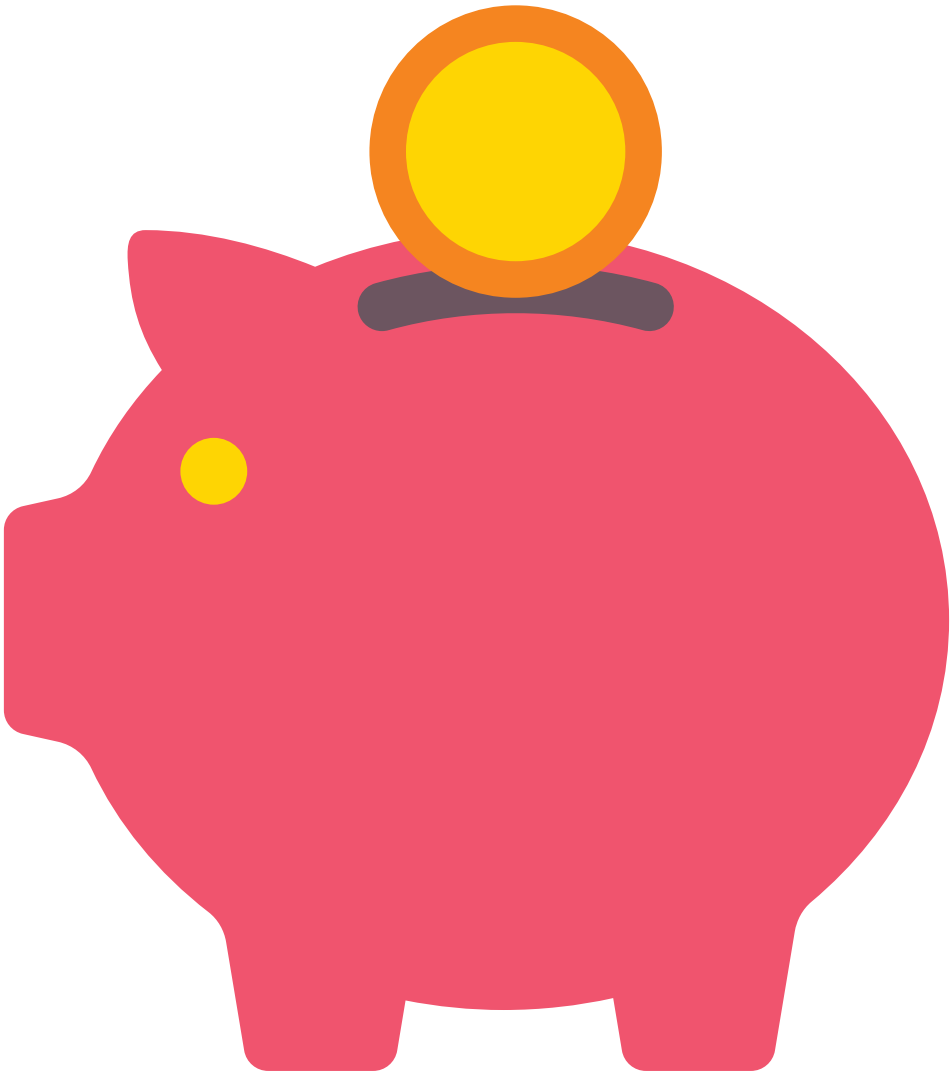
# **One Fund** – Plan summary & Terms and conditions

Corporate Health Cash Plan - Employee paid

**For Employees**



The Exeter

Protect tomorrow today.

# Contents



May 2016

# 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 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 £30 each year for dentistry and optical can't be claimed back.

## 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 on all services except health screening and the counselling and advice helpline. For more information, please see section 2.2 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 free telephone counselling and advice on legal and financial matters, 24 hours a day, without affecting your pot of money.

## 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 'guide to claiming' section on pages 9-14.**

# 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 7. 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 have an overall pot of money for the year that runs from the start date on your plan document. Every time you claim an amount, it's taken off the total. So, for example, if you pay £21 a month you will have an annual pot of £900. If you then put in a claim for £80 worth of homeopathic treatment, the pot will reduce by £80. At the beginning of each plan year your pot fills back up again to the total.

## Partners

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

## The 'excess'

The first £30 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.

## How to claim

To make a claim, simply complete a claim form and send it to us with your original receipts. 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 15 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 £18 per month. This gives her an annual pot of £800 to claim from during her 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.

There is no excess to pay on physiotherapy, so the full £500 is paid straight in to her bank account. Jenny still has £300 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 £16 per month, which gives him £700 a year to claim from.

When he next goes to the dentist for a check-up, he finds he needs £60 of treatment. So he pays as normal and sends his claim form and receipt to The Exeter. He knows that there's a £30 excess on dental treatment, so when the claim has been processed, he gets £30 cashback in his bank account (£60 minus the £30 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.

# Cover levels

The table shows you the annual pot of money you get with each of the monthly payment options. Just choose the cover level you want. You should be aware that you may pay more in premiums than you could receive back in benefits

| **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** | **£500** | **£600** | **£700** | **£800** | **£900** | **£1,000** | **£1,500** |
| 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 **£30 excess** | £100 per year | £120 per year | £140 per year | £160 per year | £180 per year | £200 per year | £250 per year |
| Optical* **£30 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
- You can take out a second plan for your partner at the same premium level
- You and your partner will each have separate benefits, excesses and plan limits
- Children will share the allowance of the adult on whose plan they are named. They aren't covered for health screening or the counselling and advice helpline.

# A guide to claiming

## 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 yours. Children can share the cover limits available to their named adult where applicable. See our general exclusions on page 14.

## 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 £30 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 £30 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

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

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

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.

# 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.

# 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 20-22

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

Spa treatments

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.

# 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.

## 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.

# Making a claim

## Three simple steps to making a claim

### Step 1

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

### Step 2

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

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

To save on postage you may wish to hold on to receipts that are equal to or below the excess amount on optical and dental. You can send these with your next claim. All claims should be submitted within three months of the treatment date.

### Step 3

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

**Sample receipt**

| | |
|---|---|
| | **Physiotherapy Clinic** |
| Name, address and qualifications of practitioner | HPC REGISTERED<br>7 ANY PLACE AVENUE,<br>ANYTOWN AN1 2BG |
| Details of recipient of treatment | MR JOHN SMITH, 11 HIGH STREET,<br>ANYTOWN, A1 2MS |
| Details of treatment including date, description of treatment and cost | 03/04/15 FULL DESCRIPTION £18.00<br>12/04/15 FULL DESCRIPTION £18.00<br>19/04/15 FULL DESCRIPTION £18.00 |
| Confirmation that the practitioner has been paid for the treatment | RECEIPT PAID IN FULL<br>19/04/15 |

## Where to find a claim form

Call **0300 123 3256**.

Lines open: Monday to Friday
9am to 5pm.

Download from
**www.the-exeter.com**

Email **cashplan@the-exeter.com**

## When we receive a claim

When we receive a claim, we check that:

- The receipt tells us everything we need to know to pay the claim, this includes:
  - Full details (name, address and qualifications) of the treatment provider, so we can contact them
  - The name of the person who received treatment
  - A receipt should be itemised, or if this is not possible, a separate breakdown should be provided by the practitioner
  - The treatment is covered under the plan
  - You have not exceeded your annual limit for this type of claim
  - The appropriate excess has been paid
  - We are not paying any amounts which have already been claimed from another source such as another insurance or optical/dental care scheme.

We will keep hold of any receipts. So you should take a copy if, for any reason, you need a record of the details. We will never pay a treatment provider directly. We will only reimburse a paid receipt.

We will be unable to pay any claim which does not have sufficient supporting evidence, as listed above.

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 three months of the treatment being administered.

Receipts relating to payment of the excess only can be submitted to support a claim at any time during the plan year – you may wish to hold on to these receipts until you make a claim, to save postage.

The date treatment was received will determine which plan year we use to calculate the benefit allowance to pay the claim.

You will need to complete your bank details so we can pay money straight into your account, which will remove any need for you to bank a cheque. This will ensure that money reaches your account much quicker, usually within three working days of us paying it.

## If you have any queries about how to make a claim, please call 0300 123 3256

We will pay claims in accordance with the terms outlined in this document.

We regret we cannot pay for charges incurred in claiming.

### When we won't pay

We will not pay a claim when:

- The treatment claimed for is not covered under the terms outlined in this document
- The cost of the claim falls within the excess
- The amount claimed causes you to exceed the annual limit of your plan. In this case we would reimburse you up to your annual limit.

### Integrity

We trust that you will operate within the spirit of the plan and will make claims for genuine dental, optical and medical benefits. Should we discover, upon checking with treatment providers, that you have made a claim which is fraudulent or otherwise lacks integrity, we reserve the right not only to decline the claim, but also to cancel the plan.

# Plan summary

## This plan summary contains an outline of the One Fund.

This section should be read in conjunction with the terms & conditions, benefit rules and benefit tables.

The One Fund provides cover that gives you money back on a range of everyday healthcare expenses and is provided by The Exeter.

### Key features

- Cover is provided without the need for a medical
- Seven benefit categories are available
- 100% reimbursement on a range of benefits up to your plan limit subject to the excess
- Pre-existing conditions are covered
- Individual cover for yourself
- Option to take out cover for your partner
- Dependant children of a plan holder can be added at no additional cost and will be able to share the plan holder's benefits.

### 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 16 years at entry
- The Employee must remain a UK Resident throughout the duration of the Plan
- The excess applies on dental and optical in each plan year and simply means that the first £30 of treatment costs cannot be claimed back
- 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 your 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 your 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
- You may pay more in premiums than you receive in benefits.

### How much it costs

The cost will depend on the premium that you select and whether you choose to cover a partner.

## Duration of cover and cancellation rights

Your plan will automatically be renewed on a monthly basis provided that you continue to pay premiums and comply with our Terms & Conditions.

If you wish to cancel your 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 on how to make a claim can be found in section 5 of the Terms & Conditions.

Claim forms can be downloaded online at www.the-exeter.com or can be obtained via your company representative or by calling **0300 123 3256**.

## We don't always get it right

If you are not satisfied with any aspect of the service we provide, please let us know and we will help you resolve your query:

**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**.

# Terms and conditions

## 1. Glossary

The following words and expressions used in these terms and conditions shall be in bold (other than personal terms such as '**you**' and '**we'**) and have the following meanings:

**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.

**Benefit**
There are seven **Benefit** categories:

- Dental
- Optical
- Consultations & diagnostics
- POCAH treatments: physiotherapy, osteopathy, chiropractic, acupuncture and homeopathy
- Health Screening
- Counselling & Advice Helpline
- PMI excess cover.

**Benefit period**
The annual period commencing on the **Start Date**, as shown on your **Plan Schedule**, and each subsequent **Plan Anniversary**.

**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/employer**
The organisation that has arranged to provide the **Plan** for us.

**Company representative**
The **Employer**'s named contact for the One Fund **Plan**.

**Consultation(s)**
A meeting with a medical specialist to find out more about a medical condition and decide how to treat it.

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

**Counselling & advice helpline**
Telephone and face-to-face counselling, and advice on legal and financial matters, as delivered by our selected partner.

**Dangerous sport or hazardous pursuits**
The following exclusions are contained within the definition of hazardous pursuit;

1. Engaging in flying or other aerial activity other than as a fare paying passenger.
2. Engaging in or taking part in a rock climbing or mountaineering normally involving ropes or guides, hang gliding, parachuting or driving or riding in any kind of race.
3. Deliberately exposing themselves to exceptional danger (except in an attempt to save a human life).

**Dependant children**
Born to you or your **Partner**, or legally adopted by you or your **Partner**, and under the age of 18 years, or 21 if in full time education and residing with you.

**Employee**
Any person employed by the **Company**.

**Excess**
The cost of the treatment which must be met by you for each **Benefit** category in each **Benefit Period** that cannot be claimed back under the **Plan**.

**Health screening**
A healthscreen undertaken for preventative reasons by qualified staff at a **Hospital**, registered health screening clinic or service.

**Homeopath**
A practitioner whose name appears on the register of The Homeopathic Medical Association, The Society of Homeopaths, 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(s)**
A person who lives with you on a permanent basis, as a domestic **Partner**.

**Partner plan**
The contract of insurance with the **Employee's Partner**.

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

**Plan**
The contract of insurance with the **Plan Holder**.

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

**Plan holder(s)**
The named individual covered under a **Plan**.

**Plan limit**
The maximum amount which can be claimed overall on a One Fund **Plan** in a **Benefit Period**.

**Plan schedule**
The document containing details of your One Fund **Plan**. We will give you a **Plan Schedule** when you join, and we will update it whenever your account or other details change.

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

**Professional sport**
Participation in sporting pursuits for monetary remuneration.

**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 (doctor) who holds or has held an NHS consultant post, is on the specialist register held by the General Medical Council and has a current licence to practice medicine.

**Start date**
The date the **Plan** starts as specified on the **Plan Schedule**.

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

**UK**
The United Kingdom of Great Britain and Northern Ireland.

**UK resident**
An individual who has lived in the **UK** for at least six months and spends the majority of their time in the **UK** during the year.

**You/your**
The **Plan Holder**.

# 2. Joining and upgrading

## 2.1 How to Apply

You can apply to join by completing an application form.

All information supplied must be complete, true and accurate.

You should notify us of any changes to the information that you provide to us, including change of address and name.

You do not need a medical to apply for cover.

We will accept applications under Power of Attorney.

We reserve the right to decline an application when we believe this would be detrimental to the scheme and/or a significant number of our **Plan Holders**.

## 2.2 Who can be covered?

To be eligible for this product you must:

- Be an **Employee** of the **Company**
- Reside within the **UK** for the duration of the **Plan**
- Be minimum age at entry of 16 years or over.

Where applicable, you can also apply to include your **Partner** on your plan at the same level of **Benefits** as you, as long as you pay the appropriate **Premium** and your partner is over the age of 16 and resides with you on a full time basis.

You and your **Partner** will each have separate **Benefits**, **Excesses** and **Plan Limits**.

**Dependant Children** can be added at no additional cost and will be able to share **Benefits** of either the **Plan Holder** or the **Partner**. A child can only be added to one persons benefit which must be specified at the outset of the **Plan**. **Dependant Children** will not, however, be able to claim under the **Health Screening** and **Counselling** benefit types. There is no limit to the number of children that can be added to a **Plan**.

A new born or newly adopted/step child can be added to your **Plan** any time, once you have specified whose **Benefit** the child will be covered by. In order to be covered the child must:

- Be your and/or your **Partner's** natural child or be legally adopted by one/both of you

- Be aged under 18 years or under 21 if in full time education at which point cover for them will cease. We may require proof that your child is still in full time education.

A Child can only move from one parents **Plan** to the other in the event of the death of the **Plan Holder** whose benefit they were sharing originally or if the **Partner** is no longer covered on the **Plan**.

### 2.3 Start Dates and Benefit Periods

Cover will start on the **Start Date** specified in your **Plan Schedule**.

The **Plan** is a monthly renewable policy. Renewals are automatic and binding and no renewal notices or documentation are issued.

The **Benefit Period** for all **Benefits** commences from the **Start Date** specified on your **Plan Schedule** and runs for one calendar year.

Any monetary **Benefit** unclaimed at the end of the **Benefit Period** will be lost and will not roll over into the next **Benefit Period**.

The **Benefit Period** will not be affected by any change in level of cover. Any **Benefits** paid during the **Benefit Period** will count towards the **Benefit** limits available to claim on the new level of cover.

### 2.4 Upgrading or Downgrading your One Fund

Upgrades to a higher level of cover are available and will take effect on the 1st day of the month following notification.

Please inform us of your intention to upgrade. Please also inform your **Employer** of your upgrade who will then make any amendments to your **Plan**.

- The upgrade will not affect the **Benefit Period**
- Any **Benefits** already claimed during the **Benefit Period** will count towards the **Benefit** limits allowable under the new **Plan**.

Downgrades to a lower level of cover are available and will take effect on the 1st day of the month following notification. Please inform us of your intention to downgrade. Please also inform your **Employer** of your downgrade who will then make any amendments to your **Plan**.

- The downgrade will not affect the **Benefit Period**
- Any **Benefits** already claimed during the **Benefit Period** will count towards the **Benefit** limits allowable under the altered **Plan**. This may mean that you cannot claim **Benefit** until your next **Benefit Period** begins.

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.

Any upgrade or downgrade will apply to all individuals covered on the plan.

## 3. Premiums

### 3.1 How premiums are collected

Payment of premiums is 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 your premiums via Direct Debit. This payment option will be available to you and your **Partner**, while the **Plan Holder** is in employment with the **Company**.

### 3.2 Premium Rules

There are seven levels of premium available. The level of premium paid determines the level of benefits that you will receive.

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 no premiums are paid for three consecutive months your **Plan**, will cease due to non- payment. **Plans** may be reinstated providing all arrears are repaid.

## 4. Plan Excess

A £30 **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**.

## 5. Claiming

Claim forms will be available from your **Employer** or can be downloaded from the website www.the-exeter.com

Claims must be submitted using one of our claim forms

If your initial claim(s) in a **Benefit Period** for any particular **Benefit** is under, or equal to, the **Excess** you can:

- keep the receipt(s) and submit it/them within three months of the date of the **Treatment** which takes you above the £30 **Excess** for that **Benefit** category

OR

- Send the receipt(s) to us and the value will be applied against the **Excess** for that **Benefit** for the **Benefit Period** in which the initial receipts were dated.

When your **Partner** is covered on your **Plan** claim(s) can only be made against the **Benefit** level of the person who the claim(s) is applicable to.

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 three months of the **Treatment** date. We will pay the claim less the **Excess**, up to the **Benefit** limit.

Claims must be submitted with the original receipt showing your full name and address details. Photocopies, faxes, credit card vouchers and till receipts will not be accepted.

Original receipts must be provided with the claim form and will be retained by us.

Receipts that have been altered will be rejected.

Fraudulent claims will result in immediate closure of your **Plan**.

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 claims form is incomplete and/or the original receipt is not provided
- For **Treatment** administered, or for items purchased, outside of the UK
- If the **Plan Holder** is not a **UK Resident** at time of **Treatment**
- If there are any premiums outstanding
- 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
- **Treatment** is needed as a result of abuse of, 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.

Where the most recent premium due has not been received, claims will still be paid providing the **Treatment** occurred within the period covered by the last premium.

Additional medical evidence may be required.

Fees incurred for doctor's referral or medical information to support a claim are the responsibility of the claimant.

Payments of claims will be made direct to the bank account details supplied on the claim form.

## 6. Cancellation and Termination of Cover

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

- The **Plan** is cancelled by the **Plan Holder**, giving notice in writing to us. If you pay via salary deductions please also inform your **Employer** of the cancellation who will then cancel your salary deductions
- The **Plan Holder** ceases employment with the **Company**. In this situation any **Partner Plan** would close at the same time
- The **Plan Holder** ceases to be resident within the **UK**.

If you cease employment with the **Company** we will provide you details of any alternative **Plans** that are available.

We reserve the right to cancel a **Plan** at any time by giving not less than 28 days written notice if:

- The **Plan Holder** is not eligible for cover
- The **Plan Holder** provides false information or fails to disclose all required information at application, or fails to disclose all required information at the time of application/upgrade

- The **Plan Holder** submits a fraudulent claim
- The **Plan Holder** fails to comply with these terms and conditions.

We reserve the right to periodically review and change the following in line with our claims experience and market position:

- Terms and conditions
- The cover that the policy provides
- Premiums
- The **Excess**.

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 **Company** to more fairly reflect the level of claims made.

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

Any changes to the product would take place on your **Plan Anniversary**. You will be made aware of any changes in writing at least 28 days before your **Plan Anniversary**.

We reserve the right to offer an alternative **Plan** giving you not less than 28 days written notice.

On notification of the death of a **Plan Holder**, we will close the **Plan** using the date of death to calculate any refund of premium to the estate unless a claim is in process for the period covered by this premium.

Any **Partner Benefits** would also cease at the end of the period covered by the most recent premium.

Your partner will be removed from your **Plan** if we are informed that the **Partner** no longer resides at the same address as the **Employee**. The partner benefits will cease at the end of the period covered by the most recent premium. The **Employee** or their **Partner** must inform the **Employer** of this eventuality. Premiums will be recalculated and the **Employee** will be notified of the closure in writing, where appropriate.

# 7. Data protection

## 7.1 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 you may write and request a copy of the information we hold about you. If any inaccuracies are found you may ask to have them amended. We reserve the right to charge an administration fee for this service.

## 7.2 Data consent

By opening a **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 **Plan**, validate claims and prevent fraud and money laundering. For the purposes of data protection law, The Exeter is the data controller.

# 8. Additional information

## 8.1 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.

## 8.2 Applicable law

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

## 8.3 Language

All correspondence will be in English.

## 8.4 Complaints

Complaints can be made in writing to the 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.

## 8.5 How we protect you

We 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.

## How to apply:

### Step 1

Please read the plan summary and terms and conditions, which can be found on pages 18-27 in this brochure. If there is anything that you don't understand, please contact us.

### Step 2

Complete your application form.

## Contact us


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

**Customers**
0300 123 3256

cashplan@the-exeter.com

**Financial Advisers**
0300 123 3257

cashplan.adviser@the-exeter.com

**www.the-exeter.com**





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