

Healthcare Cash Plan

Insurance Product Information Document

Company: WHA Healthcare is a trading name of Welsh Hospitals and Health Services Association, a limited Company Registered in Wales. No. 515135. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. No 202605.



Product: WHA Healthcare

This document provides a summary of the key information relating to the WHA Healthcare Cash Plans.

Complete individual pre-contractual and contractual information is provided in your policy documentation which, we encourage you to review thoroughly.

What is this type of insurance?

Healthcare cash plans pay cash benefits towards the cost of a wide range of services and treatments, including: Optical, Dental, Physiotherapy, Osteopathy, Chiropractic, Chiropody, Specialist Consultation, Hospital Inpatient, Hospital Outpatient, Acupuncture, Maternity and Personal Accident.



What is insured?

The benefit table within your Benefit & General Conditions document, details the maximum benefit which can be claimed over a two-year period for the specific scheme you choose

Who is covered?

The policy covers you, your partner and limited cover for children under 18 years of age (partners are covered if a Partner scheme is selected).

What is covered?

A payment up to the maximum benefit could be made for fees incurred and paid by you or your partner (if you choose one of our Partner schemes).

You and your partner will be covered for:

- ✓ **Optical** – for new spectacles, lenses or contact lenses prescribed by a qualified optical practitioner registered with the General Optical Council. Up to £175.00.
- ✓ **Dental** - for treatment by a qualified dental practitioner registered with the General Dental Council. Up to £175.00.
- ✓ **Physiotherapy** – a payment of 75% of the fees incurred for treatment by a duly qualified and registered physiotherapist. Up to £250.00.
- ✓ **Osteopathy** - a payment of 75% of the fees incurred for treatment by a duly qualified and registered osteopath. Up to £250.00.
- ✓ **Acupuncture** - a payment of 75% of the fees incurred for treatment by a duly qualified and registered acupuncturist. Up to £250.00.
- ✓ **Chiropractic** - a payment of 75% of the fees incurred for treatment by a duly qualified and registered chiropractor. Up to £250.00.
- ✓ **Chiropody** - a payment of 75% of the fees incurred for treatment by a duly qualified and registered chiropodist/podiatrist. Up to £125.00.
- ✓ **Specialist Consultation** - for a consultation for a medical or surgical condition with a specialist holding consultant status in the NHS. Up to £400.00.
- ✓ **Hospital Inpatient** - A payment for each 24-hour period spent in a recognised hospital as a formally admitted inpatient. Up to £3,150.
- ✓ **Hospital Outpatient** - A payment when the patient has attended as a National Health Service outpatient or day patient on at least four occasions in a continuous period of six months. Up to £90.00.
- ✓ **Maternity** - A payment to one parent when their child is born either in hospital or at home. Doubled if twins – a payment per child. Up to £225.00.
- ✓ **Personal Accident Benefit** - A payment made for death, disablement or for certain injuries suffered as a result of an accident Up to £10,000 for death as a result of an accident. This benefit is not covered on Personal 145 or Partners 29-schemes.
For Children under 18 years of age cover consists of:
- ✓ **Hospital Inpatient child** - A payment for each 24-hour period spent in a recognised hospital as a formally admitted inpatient. Up to £1,170.
- ✓ **Hospital Outpatient child** - A payment when the patient has attended as a National Health Service outpatient or day patient on at least four occasions in a continuous period of six months. Up to £90.00.
- ✓ **Specialist Consultation child** - for a consultation for a medical or surgical condition with a specialist holding consultant status in the National Health Service. Up to £200.00.



What is not insured?

- ✗ Claims arising out of any medical condition which existed before your enrolment date.
- ✗ **Optical** – optical care plans, contact lens solutions, repairs or for the supply of new spectacle frames only, non-prescription glasses.
- ✗ **Dental** - regular payments made for any dental maintenance plans.
- ✗ **Hospital Outpatient** – if attendance is required because of pregnancy or if related to psychiatric or geriatric conditions.
- ✗ **Specialist Consultation** – benefit is not payable for:
 - follow up consultations, consultations for pension, insurance or emigration matters, legal or industrial actions, medical examinations, pregnancy, family planning, cosmetic surgery or health screening,
 - fees for injections or any treatment,
 - hospital outpatient benefit for appointments which qualify for specialist consultation benefit.
- ✗ Prescription charges.
- ✗ Surgical appliances.
- ✗ Illness or injury which may be self-inflicted or arising out of riot, civil commotion, terrorism or act of war.
- ✗ Fees incurred for private hospital treatment.



Are there any restrictions on cover?

- ! You can only claim the maximum benefit once over a two-year period which is calculated from your claim date.
- ! Benefit is not payable for events which arise during the first three months of your membership (except if hospital admission/attendance is required as a result of an accident), which occurred after enrolment, unless special arrangements have been made.
- ! **Optical** – we may deduct the value of any NHS vouchers from the total fees incurred when calculating the benefit payable.
- ! **Dental** – we will not pay benefit for payments made directly to a dental technician.
- ! **Hospital inpatient** – If admitted for psychiatric or geriatric treatment, the maximum benefit payable is restricted to one half of the maximum benefit shown in the table of benefits.
- ! **Maternity** – Qualifying period for maternity benefit is 12 months.
- ! **Physiotherapy, Osteopathy, Chiropractic, Chiropody, Acupuncture** - Will only pay benefit for treatment received because of illness or injury or to relieve pain.



Where am I covered?

- ✓ You are covered throughout the United Kingdom.
- ✓ Hospital inpatient and hospital outpatient benefits are applicable for emergency treatment during temporary absence abroad.
- ✓ Personal accident benefit is applicable during temporary absence abroad.
- ✓ No other benefits are applicable during temporary absence abroad.



What are my obligations?

- The information you provide is correct and true.
- Your subscriptions must be paid continuously at the valid rate.
- Your subscriptions must be paid up to the date before a claim can be considered.
- You must submit your claims on a properly completed and certified benefit claim form.
- The claim form should be certified by your company representative, unless this has been waived by WHA.
- Where fees have been incurred and paid, you must submit the original, dated receipt, showing the name of the patient and the total fee incurred and paid.
- Claims should be submitted within six months of the date of: the treatment or service received, the date of your hospital discharge or the forth hospital attendance.
- You must not attempt to claim for reimbursement from other sources.



When and how do I pay?

Payments are made through your salary via your company payroll or direct debit.

For company payroll arrangements, your company payroll will make the agreed salary deductions at the relevant pay period ie weekly, fortnightly, four weekly or monthly.



When does the cover start and end?

Cover begins from the date that your Enrolment Form and Payroll Deduction Form has been signed by you and handed to your Pay Office.

Once you have enrolled as a member, your membership is continuous until cancelled either by you or by Welsh Hospitals & Health Services Association.



How do I cancel the contract?

You can cancel your membership by giving us one week's notice, in writing or via the telephone.