

Insurance Product Information Document

Company: BHSF Limited

Product: Benenden Health Cash Plan



This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions, and is not personalised to your specific individual needs in any way. Complete pre-contractual and contractual information on the product is provided in your policy documentation.

What is this type of insurance?

This product is a health cash plan and provides reimbursement for the cost of everyday health needs such as optical or dental treatment. Cover is provided without a medical, on a personal (policyholder only) or family (policyholder, partner and children aged under 18) basis and the persons covered are named in the Policy Schedule. For full details see the Policy Terms and Conditions.



What is insured?

This cash plan has five levels of cover. Depending on the level of cover you select, each benefit has a reimbursement rate and annual limit we will pay up to, for each person covered. For full details please refer to the benefit table within the Policy Terms and Conditions.

- ✓ Optical – the annual limits payable for this benefit range from £52.50 for level one to £250 for level five. We reimburse 100% of your receipt up to the annual limit.
- ✓ Dental – the annual limits payable for this benefit range from £50 for level one to £250 for level five. We reimburse 100% of your receipt up to the annual limit.
- ✓ Dental trauma – the annual limits payable for this benefit range from £100 for level one to £300 for level five. We reimburse 100% of your receipt up to the annual limit.
- ✓ Therapies (combined benefit including physiotherapy, osteopathy, chiropractic treatment, homeopathy, reflexology and acupuncture) – the annual limits payable for this benefit range from £75 for level one to £350 for level five. We reimburse 100% of your receipt up to the annual limit.
- ✓ Chiropody – the annual limits payable for this benefit range from £50 for level one to £250 for level five. We reimburse 50% of your receipt up to the annual limit.
- ✓ Hearing aids – the annual limits payable for this benefit range from £200 for level one to £600 for level five. We reimburse 50% of your receipt up to the annual limit.
- ✓ Hospital in-patient – the annual limit for this benefit is up to 30 nights per policy year ranging from £10 per night for level one to £50 per night for level five.
- ✓ Hospital day case – the annual limit for this benefit is up to 6 days per policy year ranging from £10 per day for level one to £40 per day for level five.
- ✓ New child/adoption benefit – single payment for each child that you or your partner give birth to or adopt, ranging from £75 for level one to £400 for level five.
- ✓ NHS prescription charges – the annual limit payable for this benefit is £25 for all levels of cover. We reimburse 100% of your receipt up to the annual limit.
- ✓ Personal accident cover – lump sum payments for paralysis, insanity, loss of sight, loss of hearing, loss of speech, loss of limbs, certain fractures and certain burns, as a result of an accident. Children are not covered under this benefit.



What is not insured?

- ✗ To be eligible for this policy you must live in the UK on a lawful, voluntary and settled basis. This excludes the Channel Islands and the Isle of Man.
- ✗ Each benefit has a number of exclusions, please refer to the Policy Terms and Conditions for full details.



Are there any restrictions on cover?

- ! Cover is available to persons aged 16 years and over.
- ! There is an annual limit for each benefit on this policy. For some benefits, we only pay part of each receipt you claim for. For example 50% reimbursement.
- ! Dependent children named on this policy must be under 18 and residing at the same address as the policyholder.
- ! Where benefit is provided for children the maximum benefit amount is shared among all children insured under the policy.
- ! Benefit is payable 13 weeks from the start date of the policy. Hospital in-patient benefit is not payable during the first 2 years of the policy for pre-existing conditions.
- ! If an insured adult was aged 75 or over at the start date of the policy then the personal accident benefits, hospital in-patient and hospital day case benefits are only payable at half the stated amounts.
- ! The cash plan must be in place for at least 10 months before making a New child/adoption claim.



Where am I covered?

You are covered in the United Kingdom. You are covered worldwide for emergency dental treatment, emergency purchase of prescription glasses, emergency admission to hospital which results in an overnight stay and personal accident cover, in accordance with the respective policy terms.



What are my obligations?

- You must:
- Give us honest, accurate and complete information at point of purchase and making a claim.
 - Claim according to the claims procedures set out in the Policy Terms and Conditions.
 - Let us know of any changes to your address.
 - Pay the monthly premium on time.
 - Be a member of the Benenden community at the time of application to be eligible for a cash plan.



When and how do I pay?

The premium to secure cover is payable by monthly Direct Debit.



When does the cover start and end?

Cover starts from the date shown on your Policy Schedule and is automatically renewed on a monthly basis. The policy ends when premiums cease to be paid.



How do I cancel the contract?

If you cancel within 14 days from receipt of your Policy Schedule we will refund the premium, providing a claim has not been made. Otherwise you can cancel the policy at any time by telephoning Benenden Health on 0800 414 8071, emailing us at benenden@bhsf.co.uk or writing to us at Benenden Health Cash Plan, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.