

Health Choices Plan



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Fills the gaps other insurance leaves behind

HELPUCOVER

HEALTH CHOICES PLAN



This policy summary does not contain the full terms and conditions of the contract. Full details are contained within the policy document GP02386.

Who is the Insurer?

The insurer of this policy is Pinnacle Insurance plc. helpucover is a trading style of Pinnacle Insurance plc. Pinnacle Insurance plc is authorised and regulated by the Financial Services Authority.

What is Health Choices Plan?

This policy provides cash benefits towards the cost of dental, optical and a range of other medical fees, subject to certain terms and conditions being met. There is no set premium review period. However if we intend to increase the premium we will give you 30 days notice.

To be eligible for cover under this policy:

- you (and your partner if applicable) must be at least 18 and less than 75 years of age at the start date;
- you must apply for and be accepted by us for insurance cover under this policy;
- you must pay the premium and comply with the other terms and conditions of this policy;
- you must permanently reside in the United Kingdom, the Channel Islands or the Isle of Man; and
- you must not be covered under any other similar policy with us.

In addition, for your children to become insured under this policy, they must satisfy the definition of 'eligible children' as set out in Section 1 of the policy document. They must:

- be your natural or legally adopted children and named in the insurance schedule;
- not be covered under any other similar policy with us;
- be over 6 months old and under 18 years of age and permanently living with you;
- be over 18 and under 22 years of age, provided they are neither married nor registered as a civil partner, in full time education and living with you, except during term time; and
- continue to satisfy this definition on the date they become entitled to make a claim in order to claim benefit. No more than 4 eligible children will be covered under this policy.

What are the Main Benefits of Health Choices Plan?

Health Choices Plan provides cover tailored to suit your needs. For example, if you are looking to cover your family with up to 4 children or just yourself, there is an option to suit you.

Benefits are payable at the rates shown in the table of benefits. For full details please refer to Section 7 of your policy document.

What am I NOT covered for under the Health Choices Plan?

Main instances when you will not be covered under this policy:

- any condition which you knew about (or ought reasonably to have known about) at the commencement date or during the qualifying period or for which you sought or received advice, treatment or counselling from any doctor during the 12 months immediately before the commencement date (this exclusion only applies to hospital care and loss of sight benefits);
- self-inflicted injury;
- being under the influence of alcohol or drugs;
- deliberate exposure to exceptional danger;
- riding on a motorcycle as a rider or a passenger;
- any condition directly or indirectly related to Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); and
- being outside the United Kingdom, the Channel Islands, the Isle of Man, USA, Canada or the European Union for more than 6 months in any policy year.

In addition, in respect of a dental accident claim, no benefit will be payable for:

- injury incurred whilst participating in any contact sport when the appropriate mouthguard was not being worn;
- laboratory fees;
- costs which we reasonably consider are not reasonable and necessarily incurred;
- damage to dentures;
- implants, orthodontic treatment or any elective surgical procedure; or
- prescription charges, mouthguards, gum shields or any dental appliances.

In respect of a health check claim, no benefit will be payable for any:

- health screening check, medical check, consultation or report conducted for employment, legal or insurance purposes; or
- missed appointment fees.

You will not be entitled to claim for any treatment received in the 30 days immediately following the policy start date (please see Section 4 of your policy document).

For full details of the exclusions and limitations please see Section 8 of your policy document.

HEALTH CHOICES - TABLE OF BENEFITS		Bronze	Silver	Gold	Platinum	
(i)	Hospital Care*					
	(a) Hospital Cash (per day)	£10	£20	£30	£40	
	(b) Day Case Admission (per admission)	£10	£20	£30	£40	
	(c) Joint In-patient (per day)	£30	£60	£90	£120	
	(d) Hospital Parental Stay (per day)	£10	£20	£30	£40	
(ii)	Optical Fees	100% of costs covered up to:	£80	£110	£140	£170
(iii)	Dental Fees					
(iv)	Consultation	75% of costs covered up to:	£100	£200	£300	£400
(v)	Complementary Treatments					
(vi)	Health Check	50% of costs covered up to:	N/A	N/A	£100	£100
(vii)	Loss of Sight	per eye	£5,000	£5,000	£5,000	£5,000
(viii)	Dental Accident	We will reimburse you up to £2,500 for treatment costs arising from a dental accident, subject to a maximum of 4 claims per policy year.				
*Aggregate maximum payment of 21 days benefit per person per policy year						

How long does the Health Choices Plan contract run for?

Cover under this policy will end if you die, if your premium falls in to arrears, if we advise you in writing that your insurance cover has ended, or if you advise us in writing that you no longer wish to be covered under the policy. You may cancel the policy by giving us 30 days written notice.

IMPORTANT:

You may consider it appropriate to review the level of benefit provided by your Health Choices Plan policy on a regular basis, to check whether it is sufficient to meet the cost of your everyday health care.

Premiums

The amount you pay for cover may change during the time you have this policy. This may be because of changes to our expected future costs. We will only change your premium for this reason where there is a change to the specific factors we have set out in your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set. This may include changes to our expected future claims costs due to changes on the cost of providing medical treatments (e.g. dental, optical and physiotherapy).

We will review your premium at least annually and you will be given at least 30 days' written notice of any alteration to the premium rates under this policy unless the change is due to legislative, tax or regulatory requirements.

We may review your premium more frequently than annually if it becomes necessary due to significant changes in any of the specific factors referred to above. Except where your premium is changed due to legislative, tax or regulatory requirements, the minimum period between consecutive changes will be 180 days.

As a result of the premium review, your monthly premium may go up, stay the same or go down, and there is no limit to the amount of any change. If a review results in an increase to your premium and you do not wish to pay the increase you can contact us to discuss your options or cancel.

Terms and Conditions

We may vary or waive the terms and conditions of this policy. This may be to:

- vary the cover provided under this policy because of changes to our expected future costs. We will only change your terms and conditions for this reason where there is a change to the specific factors we have set out in Section 3 of your policy,

and that change results in our expected future costs being higher or lower than assumed when the premium was set. This may include changes to our expected future claims costs due to changes on the cost of providing medical treatments (e.g. dental, optical and physiotherapy);

- improve your cover;
- comply with any applicable laws or regulations;
- reflect any changes to taxation; or
- correct any typographical or formatting errors that may occur.

You will be given at least 30 days' written notice of any alteration to the terms and conditions of cover under this policy unless the change is due to legislative, tax or regulatory requirements.

Except where the terms and conditions of cover under this policy are changed due to legislative, tax or regulatory changes, the minimum period between consecutive changes will be 180 days.

Such changes may have the effect of increasing or reducing the cover previously provided under this policy. If you do not wish to continue your cover you can contact us to discuss your options or cancel.

Your Right to Cancel

You can cancel your policy at any time. If you cancel the policy within 14 days of receiving the policy documents you will receive a full refund of any premium you have paid, provided you have not made a claim. If you cancel your cover after this period, no refund will be payable.

To cancel please contact:

Customer Services Department, helpucover
Pinnacle House, A1 Barnet Way
Borehamwood, Hertfordshire WD6 2XX
Telephone: 0845 121 2435

Our Right to Cancel

We may cancel your insurance cover immediately where there is evidence of dishonest or exaggerated behaviour or where you have misrepresented or failed to disclose something at the time of application which would have caused us to decline you for cover.

We may cancel your insurance cover by giving not less than 90 days' written notice. We will only do this in the circumstances set out in Section 12 of your policy.

How do I make a claim under Health Choices Plan?

Please contact the Claims Department:

by calling: [0845 121 2435](tel:08451212435)

by writing: [Claims Department, helpucover
Pinnacle House, A1 Barnet Way
Borehamwood, Hertfordshire WD6 2XX](mailto:Claims.Department@helpucover.com)

on-line: www.supportcardifpinnacle.com

How do I make a complaint about helpucover or my Health Choices Plan policy?

If you have a problem with the service you receive, you can write to the Customer Relations Manager, helpucover, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

If we cannot resolve your complaint to your satisfaction you may be entitled to complain to the Financial Ombudsman Service.

Would I receive compensation if Pinnacle Insurance plc were unable to meet its liabilities?

Pinnacle Insurance plc is covered by the Financial Services Compensation Scheme (FSCS). If Pinnacle Insurance plc is unable to meet its liabilities, you may be entitled to compensation from the FSCS. Further information is available from their website: www.fscs.org.uk

HELPUCOVER

HEALTH CHOICES PLAN

UNDERWRITTEN BY : PINNACLE INSURANCE PLC
Head and Registered Office : Pinnacle House, A1 Barnet Way, Borehamwood
Hertfordshire WD6 2XX, United Kingdom
Company Registered No. : 1007798
Policy No. : 02386
Date of Policy : 1st May 2004

This **policy** provides **you** with the Health Choices Plan as described in this booklet, provided **you** meet the eligibility requirements in Section 2 and **you** have paid the **premium** for this insurance.

Please read this **policy** carefully and make sure **you** understand it. If **you** have any questions about this insurance please telephone or write to **us** at:

Customer Services, helpucover*
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX
Telephone: 0845 121 2435

Please inform **us** immediately of any change in **your** address or any other change affecting **you** which requires an alteration to the **schedule**.

All benefits will be paid directly to **you**.

1. DEFINITIONS

The words which appear in bold in this **policy** have specific meanings which are explained below:

“**accident**” means a sudden and unexpected bodily injury resulting from external violent and visible means (which does not include any sickness, disease or any naturally occurring **condition** or degenerative process);

“**condition**” means any sickness, disease or injury (or symptoms of any of these) whether or not it results in a diagnosis;

“**day**” means an overnight stay requiring the use of a **hospital** bed or nursing home bed and subsequent periods of 24 hours involving an overnight stay;

“**dental accident**” means a sudden and unexpected injury to the mouth resulting from direct external violent means, which causes damage to teeth and/or gums;

“**dentist**” means, within the **United Kingdom**, the Channel Islands or the Isle of Man, a dental practitioner who is currently registered with the General Dental Council and engaged in general dental practice;

“**doctor**” means a qualified medical practitioner registered with the General Medical Council and working in the **United Kingdom**, the Channel Islands or the Isle of Man. A doctor who confirms **your** disability when **you** are making a claim cannot be **you**, a relative or close friend;

“**elective surgical procedure**” means a procedure which is not medically necessary to sustain or maintain **your** quality of life and is undertaken solely at **your** request;

“**eligible children**” means **your** natural or legally adopted children who are named in the **schedule** and:

- (i) are not covered under any other similar policy with **us**, and are either:
 - (a) over 6 months old and under 18 years of age and permanently living with **you**; or
 - (b) over 18 and under 22 years of age, provided they are neither married nor registered as a civil partner, in full-time education and living with **you**, except during term-time;
- (ii) they must continue to satisfy this definition on the date they become entitled to make a claim in order to claim benefit;

“**end date**” means the date cover ends under this **policy** which will be the earliest of the following:

- (i) the date of **your** death;
- (ii) the date **we** advise **you** in writing that **your** insurance cover has ended;
- (iii) the date **you** advise **us** in writing that **you** no longer wish to be covered under the **policy**; or
- (iv) the date **your** **premium** falls into arrears;

“**hospital**” means a lawfully operated establishment which has accommodation for residential patients with organised facilities for diagnosis and surgery which provides 24 hours a day nursing services by registered nurses and will not be, other than incidentally, an institution for the care of mental or nervous illness or convalescence; and “**hospitalised**” will be construed accordingly;

“**loss of sight**” means total, permanent and irrecoverable loss of sight in one or both eyes as the direct result of an **accident**;

“**oral cavity**” means the hard and soft palate; accessory, salivary, lymph and other gland tissue in the mucosal lining of the oral cavity, but excluding the tonsils;

“**partner**” means a spouse, civil partner, partner of the same or opposite sex whom **you** currently live;

“**period of insurance**” means the period between the **start date** and the **end date** during which **you** have paid the **premium**;

“**permanent contact lenses**” means permanent prescription contact lenses that are designed to have an expected usable life of at least 6 months;

“**policy**” means the insurance policy terms and conditions set out in this document;

“**policy year**” means the 12 month period immediately following the **start date** and each subsequent period of 12 months thereafter;

“**premium**” means the monthly sum **you** pay **us** for each month’s insurance cover under this **policy**;

“**schedule**” means the letter **we** send **you** which shows the details of **your** cover, including **your** chosen level of benefit, the Table of Benefits and who is covered under this **policy**;

“**start date**” means the date **your** application for insurance is accepted by **us** as shown in the **schedule**;

“**United Kingdom**” means England, Scotland, Wales and Northern Ireland;

“**we/us/our**” means Pinnacle Insurance plc;

“**you/your**” means the person(s) named on the **schedule** which may include **your partner** and/or **eligible children** as named.

The singular will include the plural and vice versa. The headings are for convenience only and will not affect the construction of the **policy**.

2. ELIGIBILITY

To become insured under this **policy**:

- (i) **you** (and **your partner** if applicable) must be at least 18 and less than 75 years of age at the **start date**;
- (ii) **you** must apply for and be accepted by **us** for insurance cover under this **policy**;
- (iii) **you** must pay the **premium** and comply with the other terms and conditions of this **policy**;
- (iv) **you** must permanently reside in the **United Kingdom**, the Channel Islands or the Isle of Man; and
- (v) **you** must not be covered under any other similar policy with **us**.

In addition, for **your** children to become insured under this **policy**, they must be **eligible children** as defined in Section 1 and no more than 4 **eligible children** will be covered under this **policy**.

3. PREMIUMS

- (i) The **premium** is shown in the **schedule** and is based on the level of benefit chosen by **you**. It will change if the level of benefit changes. Each **premium** covers **you** for one month. At the start of **your** insurance cover more than one **premium** may be collected to ensure **you** are covered for the correct period.
- (ii) If **you** live in the **United Kingdom** the **premium** quoted includes insurance premium tax. If there is any change in the rate of insurance premium tax the **premium** will be automatically adjusted. Any alteration in the rate of tax will be announced publicly.
- (iii) This **policy** has reviewable premiums, which means that **your premium** may change subject to **us** giving **you** 30 days’ notice. When reviewing **your** premiums, **we** will only consider any future impact of one or more of the following:
 - (a) changes due to new information arising from **our** own experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This information includes changes to the number of claims **we** expect to pay, changes to the average expected duration of **our** claims payments or changes to the average expected amount paid per claim;
 - (b) changes due to new information arising from external sources such as general industry, population or reinsurer experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This includes information on the cost of providing medical treatments (e.g. dental, optical and physiotherapy);
 - (c) relevant changes to **our** previous assumptions in relation to:
 - (i) expenses related to providing the insurance;

- (ii) policy lapse rates which means the average time policies are held;
 - (iii) interest rates;
 - (iv) tax rates;
 - (v) the cost of any legal or regulatory requirements.
- (iv) Any changes to **your** premium **we** make will not:
- (a) be made as a result of any reason other than changes in the assumptions mentioned above;
 - (b) be based on whether **you** have made a claim; or
 - (c) be made to recover any previous losses.
- (v) **We** will review **your** premium at least annually and **you** will be given at least 30 days' written notice, at **your** last known address, of any alteration to the premium rates under this **policy** unless the change is due to legislative, tax or regulatory requirements. If **your** premium is changed due to legislative, tax or regulatory requirements which are outside **our** control, then **we** may not be able to give **you** 30 days' notice.
- (vi) **We** may review **your** premium more frequently than annually if it becomes necessary due to significant changes in any of the assumptions referred to above. Except where **your** premium is changed due to legislative, tax or regulatory requirements, the minimum period between consecutive premium changes will be 180 days.
- (vii) As a result of the premium review, **your** premium may go up, stay the same or go down, and there is no limit to the amount of any change.
- (viii) If **we** change **your** premium and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Alternatively **you** can cancel as set out in Section 11.
- (ix) **You** must continue to pay **your** premium while **you** are making a claim under this **policy** to ensure that cover can continue after **your** claim has ended. If, during a claim, **you** cancel **your** policy or fail to pay the premium when due **we** will continue to pay the benefit provided that the claim was made prior to the date on which **you** cancelled or first failed to pay the premium when due. **You** will not, however, be covered for any new claim made on or after that date.

4. TERMS AND CONDITIONS

- (i) **We** may vary or waive the terms and conditions of this **policy** to reflect changes in the assumptions set out in Section 3 (ii) (c) (i), (ii), (iii), (iv) and (v) above which **we** use to design and price **your** insurance cover. Such changes may have the effect of increasing or reducing the cover previously provided under this **policy**.
- (ii) When changing **your** terms and conditions **we** will only consider any future impact of changes in one or more assumptions due to the reasons set out in Section 3 (ii) (c) (i), (ii), (iii), (iv) and (v) above.
- (iii) In addition, **we** may also vary or waive **your** terms and conditions to:
- (a) improve **your** cover;
 - (b) comply with any applicable laws or regulations;
 - (c) reflect any changes to taxation;
 - (d) correct any typographical or formatting errors that may occur.
- (iv) **You** will be given at least 30 days' written notice to **your** last known address of any alteration to the terms and conditions of cover under this **policy** unless the change is due to legislative, tax or regulatory requirements. If **your** cover is changed due to legislative, tax or regulatory changes which are outside **our** control, then **we** may not be able to give **you** 30 days' notice.
- (v) Except where the terms and conditions of cover under this **policy** are changed due to legislative, tax or regulatory changes, the minimum period between consecutive changes will be 180 days.
- (vi) Any changes to **your** terms and conditions **we** make will not:
- (a) be made as a result of any reason other than changes in the assumptions mentioned in Section 3 (ii) (c) (i), (ii), (iii), (iv) and (v) or for the reasons set out in Section 4 (iii) (a), (b), (c) and (d) above;
 - (b) be based on whether **you** have made a claim; or
 - (c) be made to recover any previous losses.
- (vii) If **we** vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Alternatively **you** can cancel as set out in Section 11.

5. QUALIFICATION PERIOD

- (i) **You** will not be entitled to claim for any treatment received in the 30 days immediately following the **start date**.
- (ii) This initial qualifying period is waived in the following circumstances only:
- (a) for admissions to **hospital** within the European Union, the Channel Islands or the Isle of Man when an immediate casualty admission, as a result of an **accident**, is certified by the **hospital** concerned;

- (b) for any treatment received in respect of a **dental accident**; or
- (c) for any **loss of sight** claim.

6. BENEFITS

- (i) **You** will be entitled to the benefits shown in the Table of Benefits provided that:
 - (a) the insured event occurs and **you** make a claim during the **period of insurance**;
 - (b) **you** have complied with the other terms and conditions of this **policy**; and
 - (c) **you** comply with **our** requests to provide evidence to **our** reasonable satisfaction of the circumstances surrounding the claim. This could be, but is not limited to, written confirmation of **hospital** admission or by way of original receipts.
- (ii) The level of benefit applicable to **you** is shown in the **schedule**.

HEALTH CHOICES - TABLE OF BENEFITS		Bronze	Silver	Gold	Platinum	
(i)	Hospital Care*					
	(a) Hospital Cash (per day)					
	(i) In-patient in the European Union, the Channel Islands and the Isle of Man					
	(ii) Emergency admission in the European Union, the Channel Islands, the Isle of Man, USA and Canada	£10	£20	£30	£40	
	(iii) Accident casualty admission					
	(b) Day Case Admission (per admission)	£10	£20	£30	£40	
	(c) Joint In-patient (per day) (Joint and Family Cover only)	£30	£60	£90	£120	
	(d) Hospital Parental Stay** (per day) (Single Cover - With Children and Family Cover only)	£10	£20	£30	£40	
(ii)	Optical Fees	100% of costs covered up to:	£80	£110	£140	£170
(iii)	Dental Fees					
(iv)	Consultation	75% of costs covered up to:	£100	£200	£300	£400
(v)	Complementary Treatments Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody					
(vi)	Health Check (one available for every 2 year period)**	50% of costs covered up to:	N/A	N/A	£100	£100
(vii)	Loss of Sight	per eye	£5,000	£5,000	£5,000	£5,000
(viii)	Dental Accident	We will reimburse you up to £2,500 for treatment costs arising from a dental accident, subject to a maximum of 4 claims per policy year.				
* Aggregate maximum payment of 21 days benefit per person per policy year						
** No cover for eligible children						

Note: It is important that **you** refer to Section 7 - Notes on the Table of Benefits in **your policy** when reading this table.

7. NOTES TO THE TABLE OF BENEFITS

- (i) HOSPITAL CARE
 - (a) HOSPITAL CASH
 - A benefit at the daily rate shown in the Table of Benefits is payable for:
 - (i) IN-PATIENT ADMISSION IN THE EUROPEAN UNION, THE CHANNEL ISLANDS AND THE ISLE OF MAN - the period **you** are admitted for in-patient treatment in a **hospital**;

- (ii) EMERGENCY ADMISSION IN THE EUROPEAN UNION, THE CHANNEL ISLANDS, THE ISLE OF MAN, USA AND CANADA - the period **you** are admitted to a **hospital** for emergency in-patient treatment whilst on a business trip or holiday abroad lasting up to 28 days.
- (iii) **ACCIDENT CASUALTY ADMISSION:**
 - (a) IN THE EUROPEAN UNION, THE CHANNEL ISLANDS AND THE ISLE OF MAN - the period **you** are admitted as an in-patient in a **hospital** as a casualty admission immediately following an **accident**, even if the qualifying period of 30 days specified in Section 5 (i) has not been completed;
 - (b) OUTSIDE THE EUROPEAN UNION, THE CHANNEL ISLANDS AND THE ISLE OF MAN - the period **you** are admitted as an in-patient in a **hospital** as a casualty admission immediately following an **accident** during business or holiday visits abroad of up to 28 days. No other benefit is payable for services supplied outside the European Union, the Channel Islands, the Isle of Man, USA and Canada. The 30 days qualifying period specified in Section 5 (i) applies to this benefit.

Claims submitted are subject to the other terms and conditions of the **policy** and must be supported where necessary, at **your** expense, with a translation into English of the details of the claim.

Intensive Care Admissions

The benefit shown in the Table of Benefits will be doubled if **you** are admitted to **hospital** as an intensive care in-patient.

(b) DAY CASE ADMISSION

A benefit at the rate shown in the Table of Benefits is payable for each day case admission **you** have for investigations, treatment or diagnosis in a **hospital** or registered nursing home, subject to a maximum of 10 admissions in any **policy year**.

Benefit is not payable in respect of out-patient attendance. Maternity care, psychiatric and hospice day care or respite care are excluded from this benefit. No benefit will be payable for Day Case Admission if **we** make any benefit payment for Hospital Cash in respect of the same day.

(c) JOINT IN-PATIENT (if applicable)

A benefit at the daily rate shown in the Table of Benefits is payable whenever **you** and **your partner** are in-patients at the same time in a recognised **hospital** or registered nursing home and are both eligible for benefits.

(d) HOSPITAL PARENTAL STAY (if applicable)

A benefit at the daily rate shown in the Table of Benefits is payable, if **you** have stayed overnight in a **hospital** with an **eligible child** who has been admitted as an in-patient overnight.

Note:

Hospital Cash, Hospital Parental Stay and Joint In-patient benefits have an aggregate maximum payment of 21 days benefit per person in any **policy year** and will be paid weekly in arrears.

Hospital Cash, Hospital Parental Stay and Joint In-patient benefits are not payable in respect of any **eligible children**.

(ii) OPTICAL FEES

Subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits, **we** will reimburse **you** the treatment costs shown in the Table of Benefits paid to an optician whenever a pair of prescription glasses or **permanent contact lenses** is supplied. Benefit is only payable for the supply of **permanent contact lenses** and not for disposable contact lenses, lenses purchased under an optical care contract scheme or for medical examination fees, fitting fees or sundries.

(iii) DENTAL FEES

We will reimburse **you** the treatment costs shown in the Table of Benefits paid to a **dentist** for treatment or check-up charges or orthodontic and periodontal treatment. Benefit is not payable for charges incurred under dental care contract schemes, subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits.

(iv) CONSULTATION

We will reimburse **you** the costs shown in the Table of Benefits paid to a specialist physician or surgeon for an out-patient consultation, subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits.

X-rays, blood tests or other diagnostic tests directly connected with the consultation are included within this benefit. This benefit does not include treatment charges, medical examinations and reports, health screening services, visits to clinics or general practitioners.

- (v) COMPLEMENTARY TREATMENTS: physiotherapy, osteopathy, chiropractic, acupuncture homeopathy and chiropody.

We will reimburse **you** the treatment costs shown in the Table of Benefits paid to a physiotherapist, osteopath, chiropractor, acupuncturist, homeopath or chiropodist, subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits.

Claims will only be accepted in respect of treatment given by a physiotherapist, osteopath, chiropractor, acupuncturist, homeopath or chiropodist who is qualified and registered with an appropriate professional organisation within the **United Kingdom**, the Channel Islands or the Isle of Man.

- (vi) HEALTH CHECK (only applicable to Gold and Platinum levels)

We will pay **you** the benefit described in the Table of Benefits for a health screening check that is carried out by medically qualified staff. This includes full health screening, well-woman screening, well-man screening, breast screening (mammogram), heart disease screening or bone density screening (only if specifically recommended by your General Practitioner).

We will reimburse **you** 50% of the cost of a health check subject to:

- (a) a maximum of £100 per claim; and
- (b) one claim per two **policy years**.

- (vii) LOSS OF SIGHT

We will pay **you** the benefit described in the Table of Benefits, if **you** (**your partner** or **eligible children**, if applicable) suffer **loss of sight**.

8. EXCLUSIONS

In addition to the specific exclusions set out in Section 7 - Notes to the Table of Benefits, the following main exclusions will apply to the **policy**.

- (i) In respect of all claims, no benefits will be payable for any claim which is directly or indirectly the consequence of the following:

- (a) any **condition**:
 - (i) which **you** knew about, or ought reasonably to have known about, before the **start date** or during the qualifying period; or
 - (ii) for which **you** sought or received advice, treatment or counselling from any **doctor** during the 12 months immediately before the **start date**.

This exclusion only applies to hospital care and **loss of sight** benefits;

- (b) any injury intentionally self-inflicted whilst sane or insane;
- (c) the consumption of alcohol or the taking of drugs other than under qualified medical advice or supervision;
- (d) ionising radiation, contamination or the radioactive effect of any nuclear fuel or component thereof;
- (e) the commission of or the attempt to commit a criminal offence or being engaged in any illegal occupation;
- (f) deliberate exposure to exceptional danger (except in an attempt to save human life), including participation in extreme sports or working in dangerous occupations;
- (g) riding on a motorcycle as a rider or a passenger;
- (h) any **condition** directly or indirectly related to Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) as recognised by the World Health Organisation or any syndrome or **condition** of a similar kind including any related **condition** unless contracted during any investigation, test or course of treatment or as a complication of another medical **condition** except where such investigation, test or course of treatment has been carried out as a result of drug abuse or sexually transmitted disease;
- (i) working or training as a paid professional sports person;
- (j) being outside the **United Kingdom**, the Channel Islands, the Isle of Man, USA, Canada or the European Union for more than 6 months in aggregate in any **policy year**;
- (k) any motor accident not reported to the Police;
- (l) any **accident** resulting from driving a vehicle for hire or payment, for courier and/or messenger services, for motor racing competitions, rallies, trials or speed testing;
- (m) any motor accident which results in **your** conviction for dangerous or drink driving; or
- (n) civil commotion, terrorism, riot or insurrection, war or any act incidental to war (whether declared or not) or whilst **you** are on naval, military or air force duty, service or any type of operations.

- (ii) In respect of a **dental accident** claim, no benefit will be payable for:
 - (a) any treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn;
 - (b) laboratory fees, except those arising as a direct consequence of a **dental accident** which is covered by this **policy**;
 - (c) costs which **we** reasonably consider are not reasonable and necessarily incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the treatment received. The charges must not be excessive, as reasonably decided by **our** dental advisor;
 - (d) any dental treatment which was prescribed, planned or was taking place at the **start date**;
 - (e) damage to dentures;
 - (f) implants, orthodontic treatment or any **elective surgical procedure**;
 - (g) prescription charges, mouthguards, gum shields or any dental appliances;
 - (h) reimbursement for travelling expenses or telephone calls in connection with any treatments; or
 - (i) any treatment received for injuries not apparent within 30 days from the date of the original cause of the claim.
- (iii) In respect of a health check claim, no benefit will be payable for any:
 - (a) health screening check, medical check, consultation or report conducted for employment, legal or insurance purposes;
 - (b) missed appointment fees; or
 - (c) exclusions listed in Section 8 (i).

9. HOW TO MAKE A CLAIM

- (i) If **you** wish to make a claim under this **policy**, please contact **us** using the address or telephone number below. **We** will send **you** a claim form which should be returned to **us** as quickly as possible and within 90 days after the date of discharge from **hospital** or the date the service was supplied.
- (ii) **We** will require proof to **our** reasonable satisfaction of all facts relevant to the claim, which will include the following:
 - (a) claims for Hospital Cash, Hospital Parental Stay and Day Case Admission will require the claim form to be fully completed by the **hospital** authority or registered nursing home that provided the treatment;
 - (b) claims for Optical Fees, Dental Fees, Complementary Treatments and Consultation fees and in respect of a **Dental Accident** will require the relevant section on the claim form to be fully completed and the original dated receipts from the service provider;
 - (c) claims for **Loss of Sight** will require written confirmation from the appropriate specialist that the **loss of sight** is total, permanent and irrecoverable;
 - (d) in the event that **we** request receipts, these must be the original dated receipts from the service provider. Copies of receipts will not be acceptable.
- (iii) **We** may require **you** to be examined by a **doctor** or other medical specialist at **our** expense. If **you** fail to keep the appointment, **we** may not pay the claim.
- (iv) Benefits will be paid direct to **you**.
- (v) **We** have a regulatory obligation to prevent fraud. Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim, will be provided to the register.
- (vi) **We** have the right to make any enquiries and/or request any information which **we** feel is necessary to ascertain the validity of **your** claim.
- (vii) If **you** are claiming benefit and that benefit is covered by another insurance policy, **we** reserve the right to reduce the amount payable so that the combined benefit paid does not exceed the total amount shown in the Table of Benefits.
- (viii) **Our** address is: Claims Department
helpucover*
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX
Telephone: 0845 121 2435

10. INVALID BENEFIT PAYMENTS

If **we** make any payments as a result of **your** dishonest or exaggerated behaviour (or the dishonest or exaggerated behaviour of someone acting on **your** behalf) **you** will no longer be entitled to any benefits under this **policy** and **we** may demand that any payments made by **us** are paid back. **We** may take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any investigation costs reasonably incurred.

11. YOUR RIGHT TO CANCEL

- (i) Within the "cooling off period" - **you** may cancel **your** cover under this **policy** and not be charged the **premium** providing **you** notify **us** in writing within 14 days of the **start date** and **you** have not made a claim.
- (ii) Outside the "cooling off period" - after the first 14 days **you** may cancel **your** cover at any time by giving **us** 30 days notice in writing, however **you** will not be entitled to any refund of any **premiums** paid.
- (iii) If **we** change **your premium** and/or vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of **policy** **you** have, **you** may be able to change **your** benefit or change **your** type of cover. Alternatively **you** can cancel without notice and without penalty. Any cancellation will take effect at the end of the period for which **you** have already paid **your** premium.
- (iv) All cancellation requests should be made to:
Customer Services
helpucover
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX
Telephone: 0845 121 2435

12. OUR RIGHT TO CANCEL

- (i) **We** may cancel **your** **policy** immediately:
 - (a) where there is evidence of **your** dishonest or exaggerated behaviour (or dishonest or exaggerated behaviour by someone acting on **your** behalf) in relation to the cover provided under this **policy**;
 - (b) where **you** have failed to disclose a material fact which, if disclosed at the time of application, would have caused **us** to decline **you** for cover;
 - (c) where **you** have misrepresented a material fact which, if correctly represented at the time of application, would have caused **us** to decline **you** for cover; or
 - (d) where necessary to comply with any applicable laws or regulations.
- (ii) **We** may cancel **your** insurance cover by giving not less than 90 days' written notice:
 - (a) in the unlikely event that for any of the reasons listed in Section 3 **we** expect to experience unsustainable losses for the particular country or market sector that applies to **your** **policy**; or
 - (b) if **we** decide for reasons of strategy or cost that it is no longer viable for **us** to continue to provide cover within the particular country or market sector that applies to **your** **policy**.
- (iii) Except in cases of dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact, any decision to cancel **your** **policy** will not be made at an individual level and will not be based on whether **you** have made a claim.
- (iv) Except in cases of dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact, cancellation of **your** **policy** will not affect **your** entitlement to claim for any event occurring before the date of cancellation.
- (v) **We** may, by giving **you** 30 days written notice, refuse to accept the renewal of **your** insurance under this **policy**.

13. CHANGING THE LEVEL OF BENEFIT

- (i) **You** may only change the level of benefit on the anniversary of **your** **policy**.
 - (ii) If **you** want to change **your** level of benefit, **you** must ask **us** in writing. If **we** agree to change **your** level of benefit, **we** will change the **policy** **start date** to the date **we** accept the change.
 - (iii) If **you** increase **your** level of benefit, **you** will not be eligible to claim benefit at the new increased level until the qualifying period stated in Section 4 (i) has elapsed. If **you** need to claim during the qualifying period, **you** will be eligible to the benefit but the claim will be paid at the original lower level of benefit.
 - (iv) If **you** decrease **your** level of benefit, **you** will be eligible to claim benefit without waiting for the qualifying period stated in Section 4 to elapse.
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14. GENERAL CONDITIONS

- (i) The **policy**, the **schedule** and any endorsement are to be read as one document. **You** are subject to their terms and failure to comply may mean that **you** will not be able to claim under the **policy**.
- (ii) This **policy** is governed by English law. The parties to this **policy** agree to irrevocably submit to the jurisdiction of the courts of England and Wales unless **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case **you** will be entitled to commence legal proceedings in **your** local courts.
- (iii) This **policy** does not acquire a surrender value, and cannot be assigned or charged in any way whatsoever.
- (iv) **We** are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** liabilities, **you** may be entitled to compensation from the FSCS. Further information is available from their website: www.fscs.org.uk
- (v) To improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.

15. ENQUIRIES AND COMPLAINTS

STEP 1

While it is always **our** intention to provide a first class standard of service, if **you** do have any concerns regarding **your** insurance cover, please address them to:

Customer Relations Manager, helpucover*
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

STEP 2

Should **you** remain dissatisfied with the outcome of any internal enquiries, **you** have the right to refer **your** complaint to:

The Financial Ombudsman Service (FOS)
South Quay Plaza, 183 Marsh Wall, London E14 9SR

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the FOS cannot consider complaints.

A leaflet detailing **our** full complaints/appeals process is available from **us** on request.

*helpucover is a trading style of Pinnacle Insurance plc. Pinnacle Insurance plc is authorised and regulated by the Financial Services Authority.
