



# Your little guide to health cover with big benefits

Westfield Mosaic Health Cash Plan



# Hello

A warm welcome to your health cover from Westfield Health. We're dedicated to making a healthy difference to the quality of life of our customers and the communities in which they live and work.



## A little bit about us

We are Westfield Health. From humble beginnings, we've evolved to become a leading health and wellbeing provider.

We encourage positive changes in the wellbeing of our customers and the wider population across the UK. Together, we can help everyone to live healthier lives through better choices, ongoing support and a more proactive approach to healthcare.

We reinvest our surplus in products and services that directly benefit our customers. Through our charitable donations, we support causes that align to our purpose to make a healthy difference to quality of life.

## Getting started

This handy guide provides details of all the benefits and services available on the Westfield Mosaic Health Cash Plan. Take a look at your welcome letter or email and policy schedule to see which benefits and services have been chosen for you, from the full range available. We recommend that you register for a My Westfield account at [westfieldhealth.com](https://westfieldhealth.com) where you'll be able to view your plan guide, change your details, check benefit balances and make a claim. If you have any questions at all, just give our friendly UK based Customer Care Team a call on 0114 250 2000.

**Don't forget to read the full Terms and Conditions at the back of this guide.**

A century on and we still have the same beliefs, vision and values we've always had – to support you throughout your working life and beyond with innovative, best in class health cover. And we've got some good news. You can start to enjoy the benefits of your cover straight away (with the exception of Maternity/Paternity/Adoption if this benefit has been chosen for you).

# Introducing your cover

Congratulations. Like thousands of others, you're about to discover why so many of our customers are happy with their cover.



## Taking better care of you

No one knows what's around the corner where our health is concerned. With your cover, you can be sure that we will work harder on your behalf to help you pay for those essential health bills.

## Money back and cash payouts

We aim to ensure that as many of your health costs are covered as possible. From dental appointments to optical check ups, therapy treatments and more, you can rest assured that the cover chosen for you will help with your bills.

Remember your employer has chosen your benefits and services from the full list available. Check your welcome letter or email and policy schedule to see what you're covered for.

You can claim back 100% of the money you spend straight away, up to the maximum allowance provided by your cover.

## Enjoy even more cover

Your employer or your partner's employer may have chosen to provide an option for you to purchase additional cover. Your welcome letter or email tells you if this option is available to you.

If so, for just a little extra, you can choose to upgrade your corporate paid cover and/or arrange separate cover for one additional adult. Details of premiums, benefits and how to apply for additional cover are detailed in your welcome letter or email (if this option has been chosen for you).



### Customer Testimonial

"I have used Westfield Health for the last 20 years across a variety of physio, chiropractic and other medical issues without any problems whatsoever. They are extremely competent and always a pleasure to deal with."



# Your cover: a few useful pointers

Here's some useful guidance to help you make the most of your cover. Please feel free to contact us if there's anything else you need to know.



## Making the most of your benefit periods

Your money back benefits have a one year benefit period, which starts on your company's anniversary date.

You can keep sending in claims for a benefit until you reach the maximum allowance for that benefit.

Your maximum benefit allowances will renew on your company's renewal date every year, but remember, any unused balance will not be carried forward from one year to the next.

## You have 26 weeks to make a claim

Please submit your claim within 26 weeks. Those 26 weeks start from the date you make each payment for treatment, goods or services.

If they're included in your cover, the 26 weeks start from the date you were discharged as an in-patient, or the date you attended for day surgery. In the case of the Maternity/Paternity/Adoption benefit, it is 26 weeks from the date of birth or adoption placement.

## Make sure you use a qualified practitioner

One simple rule. Your practitioner must be registered with, or a member of an approved professional organisation. Just click on the 'Find an approved practitioner' link on the **My Westfield** area of our website or refer to the Definitions section of this guide to locate the required qualifications for each practitioner.

**Full details on how to claim and benefit periods can be found in the Terms and Conditions at the back of this guide.**



## When submitting your claim, make sure your receipt has all the right details.

Include your name, full practitioner details, date and payment amounts, details of treatment, goods or services and a list of any sundry items purchased.

# Your cover: a few useful pointers

Here's some useful guidance to help you make the most of your cover. Please feel free to contact us if there's anything else you need to know.



## Did you know you're covered for emergencies worldwide?

You can even use some of your cover for emergencies when abroad. For example, if your plan includes optical benefit and you damage your glasses whilst overseas, you can still claim towards the optician's costs, up to the limits of your plan.

We ask that all relevant documentation relating to your claim is in English.

## Get your claims paid directly into your bank account

Direct Credit is the easiest and fastest way to reclaim your payments. We recommend that you register for a My Westfield account at [westfieldhealth.com](https://westfieldhealth.com) where you can add your bank details. Alternatively, you can contact us on 0114 250 2000 to set this up.

## Change of circumstances?

If your circumstances change and you are no longer eligible for cover under this plan, don't worry – your cover with Westfield Health can continue on an alternative plan.

Simply call our Customer Care Team today: **0114 250 2000**

## Monitoring and confidentiality

To keep improving our service, we record and monitor all calls. This includes recording and monitoring information relating to health and medical conditions.

We will not discuss policy details with anyone other than the policyholder, unless you have given us specific approval for a relative or friend to obtain account information on your behalf. If you need to access our service in this way, we can explain how you need to provide this authority.

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**It's easy to check your benefit balance**

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**0114 250 2000**

8:30am-5:30pm, Mon-Fri (except  
Christmas Eve and public holidays)



**[westfieldhealth.com](https://westfieldhealth.com)**

# Cover that puts you in control

Your cover puts you in control by enabling you to budget for your healthcare as never before. And claiming is easy too. Some people say you only find out how good our cover is when you make a claim, which is why we make it so simple.



## Making life simple

For money back and cash payout benefits, we aim to process 100% of correctly presented claims within four working days and pay the money directly into your bank or building society account. If we hold your email address, we'll also send confirmation straight to your inbox.

For our fastest service, you can submit claims for all benefits on our My Westfield mobile app (available on Apple & Android), or online at [www.westfieldhealth.com/my-westfield](http://www.westfieldhealth.com/my-westfield). Alternatively, you can use a Westfield Mosaic Health Cash Plan claim form, which is available on your My Westfield account or contact us for a paper claim form.

## Personal Accident claims

We understand that it is likely to be in difficult circumstances that you or a family member will be considering making a Personal Accident claim. If Personal Accident is included in your cover, you or the person acting on your behalf should contact us on **0114 250 2000**. We will send out a Personal Accident claim form, which should be completed and returned to us. We will then start to assess your claim and contact you to discuss it.

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### Claim money back in three easy steps

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1. Receive and pay for your healthcare treatment as normal
  2. Submit your claim online, through our mobile app or by using a claim form and sending it to us by post, together with your receipt, within 26 weeks of the date of each payment
  3. Receive payment directly into your bank or building society account
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# We're here for you

If there's anything you need to know about your health cover, your account or your claim, just get in touch. With our help, it's easy to start accessing the treatment you need to keep you at your healthy best.



## Managing your account

We are here to make things easy for you.

## My Westfield

We want you to make the most of your cover. That's why My Westfield makes life simple. Think of it as your personal online account manager - a secure area on our website that's totally devoted to you as a customer, where you can view and manage your account online. Just visit [westfieldhealth.com](https://westfieldhealth.com) and you can register or log in to change your details, view your plan guide, check benefit balances and make a claim.

## Email

You can email us at [enquiries@westfieldhealth.com](mailto:enquiries@westfieldhealth.com) – we're only a click away.

## Phone

An easy and convenient way to access your account details. Simply call our Customer Care Team on 0114 250 2000.

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### Contact us

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[enquiries@westfieldhealth.com](mailto:enquiries@westfieldhealth.com)



[westfieldhealth.com](https://westfieldhealth.com)



0114 250 2000

8:30am-5:30pm, Mon-Fri (except Christmas Eve and public holidays)

# Our Privacy Promise

We are committed to protecting the privacy of our users and customers whilst improving people's quality of life by enabling them to make healthier choices.

We believe in being open and up front with users and customers and have developed our Privacy Promise, a quick and simple summary explaining how we manage, share and look after your personal data.



We promise to collect, process, store and share your data safely and securely.

- **You're always in control:** Your privacy will be respected at all times and we will put you in control of your privacy with easy-to-use tools and clear choices.
- **We work transparently:** We will be transparent about the data we collect and how we use that data so that you can make fully informed choices and decisions.
- **We operate securely:** We have achieved ISO27001 certification and we will protect the data that you entrust to us via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.
- **For your benefit:** When we do process your data, we will use it to benefit you and to make your experience better and to improve our products and services.

If you'd like to know more, please read our detailed Privacy Policy available on our website and page 27 in this plan guide.

If you need to speak to us in relation to how your personal data is processed please feel free to contact our Data Protection Officer, whose details are provided below:

**Email:** [dpo@westfieldhealth.com](mailto:dpo@westfieldhealth.com)

**Post:** Data Protection Officer  
Westfield Health  
PO Box 340  
Sheffield  
S98 1XB



# Everything you need to know

This section contains important information about your cover, so please read it carefully. If you have any questions, please get in touch.

Benefit Rules	page 9
General Terms and Conditions	page 20
Definitions	page 26
Our Privacy Policy	page 27



## Benefit Rules

The employer has chosen to provide cover for eligible employees and, where applicable **your dependent children**, with the benefits detailed on **your Policy Schedule**, from the full range of benefits available.

The employer decides whether employee upgrades/**additional adult** cover will be available, and they also choose the benefits on cover. An employee's **additional adult** who decides to take out the **plan** will hold their own policy.

Where cover is included for **your dependent children** the benefit allowance shown on **your Policy Schedule** is the maximum amount available. The **Policy Schedule** will state if the benefit allowance is to be shared between all **your dependent children** or if the amount is per **dependent child**.

Please check **your Policy Schedule** carefully to confirm your cover before receiving treatment or paying for goods and services for which you intend to claim.

Full details of each benefit are listed on the following pages. Cover is subject to the General Terms and Conditions specified on pages 20 to 26.

Where words or phrases appear in **bold type**, they have the special

meaning for the purposes of the **plan** as detailed in the Definitions section. Information on how to claim benefits is given in section 7 and **benefit periods** in section 6 of the General Terms and Conditions.



If there is anything about these general terms and conditions that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

**Benefits are listed in alphabetical order except for Personal Accident as it appears last.**

**24 Hour Advice and Information Line, including access to the My Healthy Advantage smartphone app**

The 24 Hour Advice and Information Line and My Healthy Advantage smartphone app are provided by Health Assured Ltd.

The telephone service can be used by you, **your partner** and **dependent children** who are 16 to 24 years old, in full-time education and living with you, this includes children living away

from home during term time. There is a scheme number in **your** welcome pack that **you** and **your** family must use when **you** call the 24 Hour Advice and Information Line and when **you** access the My Healthy Advantage app. The scheme number doesn't identify individual users and any usage statistics given to an employer don't include any personal information.

**The scheme number can also be found on your My Westfield account.**

**To access the 24 Hour Advice and Information Line:**

**Phone 0800 092 0987**

Available 24 hours a day, 365 days a year. Call charges may apply. Calls are not recorded. This is a confidential service; the content of your call will only be divulged if you or someone else is at risk of serious harm.

**Please have your scheme number ready when you call.**

**My Healthy Advantage mobile app and online wellbeing portal**

**You**, the **policy holder** has access to online tools including online health and wellbeing portal and mobile app – My Healthy Advantage. With the My Healthy Advantage app you are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. These include weekly mood trackers, four week plans that can be worked

through by you using the app, mini health checks and webinars. In addition, you are also able to dial through to the helpline, request a call back or LiveAgent instant chat function with one of the team. The wellbeing portal is a website which has most of the content that is on the app, but the content is not personalised.

#### To access My Healthy Advantage:

Only the **policyholder** can register to use this service. There is a one-time access code used when registering for My Healthy Advantage app.

Please use **your** 24 Hour Advice and Information Line scheme number.

**You** create **your** own username and password. **Download: My Healthy Advantage** available on **iOS** and **Android**

**You** can also find information on the website on the wellbeing portal.

**Visit:** [www.healthassured.eap.co.uk](http://www.healthassured.eap.co.uk)

**You** don't register, **you** don't create **your** own username and password. Use 33563 as the username and password each time you want to access the site.

#### What's covered...

- Unlimited use of **our** 24/7/365 confidential telephone service, giving you and your family support from a team of qualified professionals
- Telephone support from a qualified counsellor on issues such as: stress; anxiety; family problems; bereavement; money management; depression; relationships; problems at work; substance misuse. You can speak to a counsellor on the telephone but as it is a new call each time you won't be able to speak to the same counsellor. There is no element of structured counselling
- Free telephone legal information from a qualified legal professional on a wide range of issues e.g. consumer disputes; property; motoring; landlord/tenancy; debt; welfare benefits; matrimonial; family; wills and probate
- A sympathetic professional at the end of the phone giving you the time you need to talk about your health and wellbeing available Monday to Friday 9am to 5pm. The team of qualified nurses will give you easy to understand expert guidance and information on a wide range of health and lifestyle issues including: medical symptoms and conditions, medical and surgical treatments; hospital tests and procedures; childhood

illnesses; caring for the elderly; diet and exercise; reducing alcohol consumption; stopping smoking

- For **you**, the **policyholder** access to online resources via the My Healthy Advantage app and wellbeing portal to help overcome life's mental and financial wellbeing challenges with a large library of wellbeing resources, giving you access to videos, guides, webinars, factsheets, self-help programmes, interactive tools and educational resources. My Healthy Advantage app users are able to specify preferences and topics to populate a personalised newsfeed and account with tailored resources, tools and learning materials. The features for My Healthy Advantage include weekly mood trackers, four week plans that can be worked through by the user using the app, mini health checks, webinars.

#### What's not covered...

- Structured Counselling Sessions delivered face-to-face, as structured telephone calls or online
- Crisis care: this is not an emergency service. At busy times, it may be necessary to take your details and arrange a convenient time for the most appropriate counsellor, legal advisor or health professional to call you back
- Access for **your** family to the online tools: only the **policyholder** can use the online health and wellbeing portal and My Healthy Advantage
- Counselling won't be offered if it's clinically inappropriate for the service to take your case e.g. if it would be more beneficial for you to seek long-term counselling or medical care
- Diagnosis of a medical condition or issuing a prescription: the service gives general guidance only and isn't intended to replace your normal personal medical care
- Legal advice or information about employment disputes
- Exclusions (see section 5, General Terms and Conditions)

### Chiropody

The maximum benefit allowance is available over a one year **benefit period**.

#### When...

- **you** receive and pay for treatment from a registered Chiropodist/ Podiatrist, who must be a fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC) **and**



- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see **your Policy Schedule**

#### For...

- chiropody and podiatry consultations, assessments and treatment

#### We will not cover...

- any treatment that is not chiropody or podiatry
- pedicures or cosmetic treatments
- surgical footwear or appliances (e.g. corrective footwear)
- exclusions (see section 5, General Terms and Conditions)

### Day Surgery

**Your** benefit is payable for a maximum of 10 days in a one year **benefit period**.

#### When...

- **you** are admitted to an **NHS** or private **hospital/treatment centre** as a day case patient **and**
- **you** are required to sign a consent form and are allocated a bed, or similar facility e.g. a reclining chair that the treatment provider classifies as a bed – the use of which is normally for a period of supervised recovery **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- **you** at the daily rate for **your** level of cover, see **your Policy Schedule**

#### For...

- a **surgical procedure** involving the use of theatre facilities. When **you** submit **your** claim, we need a copy of **your** discharge letter as evidence of your admission. If **you** do not

Continued overleaf

have **your** discharge letter, you will need to get written confirmation of **your** hospital stay (e.g. headed letter from the hospital)

#### We will not cover...

- out-patient attendances, including procedures carried out in an out-patient setting. An out-patient is a person attending a **hospital/treatment centre** for advice, consultation and/or treatment, but who does not receive admitted patient care.
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes only
- treatment and/or pain relief administered by injection
- cardioversion
- out-patient visits for chemotherapy, radiotherapy or kidney dialysis
- attendances at a GP or Dental surgery
- attendances immediately prior to or following an overnight stay (for which a claim would be payable under In-patient benefit if applicable to **your** cover)
- exclusions (see section 5, General Terms and Conditions)

#### Dental

The maximum benefit allowance is available over a one year **benefit** period.

#### When...

- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see **your Policy Schedule**

#### For...

- dental treatment, full or partial dentures and dental check-ups
- hygienist
- x-rays
- braces and implants

#### We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- teeth whitening
- prescription charges
- non-prescribed gum shields
- exclusions (see section 5, General Terms and Conditions)

- dental treatment as a result of an accident but only if you have Dental Accident benefit, (see Dental Accident benefit)

#### Dental Accident

The maximum benefit allowance is available over a one year **benefit** period.

#### When...

- **you** pay a Dentist, who must be a fully qualified dental practitioner holding current registration with the General Dental Council, for treatment carried out as a result of accidental injury to teeth, caused by direct external impact to the head e.g. sports injuries, falls, or other accidents that cause injury by external force **and**
- the dentist's receipt specifically confirms treatment is a consequence of an accidental injury **and**
- **you** give **us** details of the accident **and**
- if there has been a dental emergency appointment within 30 days of the accident or injury **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see **your Policy Schedule**

#### For...

- dental treatment directly related to the accidental injury

#### We will not cover...

- any accidental injury that has not been caused by direct external impact to the head e.g. **we** will not cover injury caused by eating/drinking
- any payment made more than 24 months after the date of the accident
- any insurance or dental care scheme premiums/payments
- prescription charges
- exclusions (see section 5, General Terms and Conditions)

#### DoctorLine

For **you**, **your partner** and **your** dependent children under the age of 18.

Round the clock advice from a **GP**.

Phone **0345 612 3861** or **0203 858 9094**

24 hours a day, every day. Call charges may apply.

The DoctorLine web app can be used to book appointments. The web address is <https://doctorline.onlinegp.co>

Webcam appointments are available between 8am-10pm UK time; 7 days a week, except on Christmas Day. All consultations are confidential but calls and any visual images will be recorded for your protection.

**Please have the Westfield Health policy number ready when you call to arrange a telephone or webcam consultation or when using the app.**

Our DoctorLine service is provided by an experienced external provider. DoctorLine is a registered trademark of Westfield Health.

**You and your partner** can call DoctorLine from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back with a GP at a time that suits you. During surgery hours you can choose to have a virtual consultation, if you've access to a webcam and broadband. **You and your partner** can call on behalf of **dependent children** under the age of 18.

It's reassuring to know that your consultation will be with a qualified practising **GP**, who'll give you advice and in most cases a diagnosis. You can discuss anything that you'd usually ask your own **GP** about, from common ailments to sensitive or confidential concerns. You might want to talk about travel inoculations, side effects from your medication, or a health story you've seen in the news. DoctorLine is the closest thing to a surgery appointment, but without the wait.

If you need to consult with a medical professional regarding a long-term medical condition including managing your symptoms and medication, then you have the option to speak to an experienced Clinical Pharmacist. They can support you with a wide range of medication queries including:

- Reviewing your medication if you have multiple prescriptions; you may have been given new medications separately and require an expert Clinical Pharmacist to ensure your medications are working effectively
- Reassuring you that you are taking your medication correctly
- Side effects from existing

- medication
- Over the counter medication that works with your existing medication
- Alternative medication options

### Private Prescription service

If the DoctorLine GP thinks that prescription medicine would be appropriate, you may choose from the following options:

- The DoctorLine GP may offer to send a private prescription electronically to a registered online pharmacy service from where the medication will be sent directly to you. When the prescription is issued before 4pm during weekdays, it is usually delivered the next working day. They will not charge you for processing your prescription, but you will be charged for the cost of the medication and delivery. The online pharmacy service will call you to take your payment by credit card or debit card. Simply confirm your payment details and delivery address and they'll arrange delivery of the medication to your home or place of work
- You can also collect your medication from a nominated local pharmacy. The DoctorLine GP will send your prescription directly to the pharmacy and you will be contacted when your medication is ready to be collected
- You may be offered a digitally secure electronic prescription to present at a nominated local pharmacy. An email will be sent to you with your prescription and instructions on how to collect your medication. You must present this to your nominated pharmacy at collection. This service is unable to prescribe any controlled medications outside of the UK electronically

### DoctorLine web app

You can save the website as an icon on your mobile phones' home page. You can access the service through a computer. After you have created an account, booking future appointments is easier as it uses the stored information. The web app also includes access to articles on health:

- Information on medicines, treatments and conditions
- Health & Wellbeing articles, tips and information to help you make the best choices for your body and mind
- Search your local area for clinic services including GPs, dentists,

pharmacies and more

### What's covered...

- Telephone consultations with a qualified practising GP or Clinical Pharmacist
- A call back at the time of your appointment. You don't pay for the call whether you're at home, work, or travelling anywhere in the world
- Virtual consultations using state of the art webcam technology so that you can show the GP your symptoms to help with a diagnosis
- An electronic private prescription service, that delivers the medication that you buy to your home or place of work, or a local nominated pharmacy
- DoctorLine may offer to update your own GP about your consultation; this is particularly important if you've been prescribed medicine

### What's not covered...

- Emergencies or urgent consultations; DoctorLine isn't intended to replace your own GP or the emergency services
- Any charges for receiving a call to your mobile e.g. while you're outside the UK
- Face to face consultations at a doctor's surgery
- Private prescriptions can't be sent directly to you via post
- Electronic prescriptions are not available to send outside the UK
- DoctorLine can't prescribe controlled drugs
- You can't use a recommendation from a DoctorLine GP to claim any other plan benefits
- Exclusions (see section 5, General Terms and Conditions)

## Expert Medical Opinion/Best Doctors

Expert second medical opinion

For **you, your partner and your dependent children** under the age of 18.

Phone **0800 085 2088** or **0203 608 9377**

24 hours a day, every day. Call charges may apply. Calls may be recorded.

**Please have the Westfield Health policy number ready when you call.**

Our expert medical opinion service is provided by Best Doctors UK Limited. Best Doctors is a registered trademark of Teladoc, Inc. in the United States and other countries. If you have a serious or worrying



medical condition you may have questions about your diagnosis or treatment. If you want a second medical opinion, the service has a unique worldwide database of around 53,000 doctors who've all been chosen because their colleagues think they are the top experts in their medical speciality. The service will arrange a review of your case and send you a full report. Having a second opinion from a world-renowned expert can help the doctor who's treating you, so you may want to show them the report. Any tests or treatment recommended in the report can usually be provided by the NHS. You can use the Expert Medical Opinion service as often as you need to.

### What's covered

- Any illness or condition that's been diagnosed or investigated by your GP or hospital specialist and: is serious; goes on for a long time; is getting worse; affects your daily life.
- A case coordinator to support you, guide you through the process and gather all your relevant medical information. They'll also keep you up to date with how your case is progressing.
- A free review of your case by one of the service's leading medical specialists.
- Re-testing of biological samples, if required.
- A confidential report from the specialist, sent directly to you.
- Help from the team to go through your report, so that you understand the diagnosis and any treatment recommendations.

### What's not covered

- An illness that only lasts for a very short time.
- A condition that hasn't already been investigated. Best Doctors will need your case notes and test results so that they can get you a second opinion.
- Urgent cases. It can take a few weeks to get your medical information and for the report to be done, so please don't postpone urgent or necessary treatment.
- Psychiatric conditions; dental problems; a second opinion while you're an in-patient

- Face to face consultations; new tests and investigations; treatment
- A second opinion to support a complaint or legal action.
- Exclusions (see section 5, General Terms and Conditions)

## Face to Face Counselling Sessions/Structured Counselling Sessions

Just for **you**, the **policyholder** only

Accessed through the 24 Hour Advice and Information Line

### What's covered...

- For **you**, the **policyholder**, up to six structured counselling sessions. Your telephone counsellor will arrange the sessions if they think that it would benefit **you**. This **plan** covers the cost of up to 6 sessions in a 12-month period. These sessions can be delivered face-to-face, as structured telephone calls or online and may be Cognitive Behavioural Therapy (CBT) technique sessions.

### What's not covered...

- Sessions for **your** family: only the **policyholder** is covered for structured counselling sessions. Your family can speak to a counsellor via the helpline, but it is a new call each time, so they won't be able to speak to the same counsellor. There is no element of structured counselling
- Counselling won't be offered if it's clinically inappropriate for the service to take **your** case e.g. if it would be more beneficial for **you** to seek long-term counselling or medical care
- The cost of travelling to **your** face-to-face sessions. **You'll** need to travel to the nearest available Health Assured associate counsellor/therapist. **You** may have to go further to access counselling for any special requirements
- Exclusions (see section 5, General Terms and Conditions)

## Flu Jab & Vaccinations

Your maximum benefit allowance is available over a one year **benefit** period.

### When...

- **you** pay a medical professional, who holds an appropriate qualification **and**

- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see your Policy Schedule

### For...

- prescription and/or other charges arising from the administration of inoculation or vaccinations against the following conditions: Influenza (flu jab), Cholera, Diphtheria, Hepatitis A or B, Malaria, Poliomyelitis, Rabies, Tetanus, Tuberculosis (TB), Typhoid fever, Yellow Fever

### We will not cover...

- non-prescribed consumables
- inoculation or vaccination against any condition other than those listed
- any treatment arranged, paid or facilitated through **your** employer or another employee
- exclusions (see section 5, General Terms and Conditions)

## Health Club Concession/Gym Discounts

Just for **you**, the **policyholder** only

Helping you to get fit and keep active, for less.

Go to [www.westfieldhealth.com](http://www.westfieldhealth.com) to log onto your account, or to register for My Westfield access; then choose Gym Discounts from there you gain access to the gym discount offers.

Your cover has been designed to help keep you in the best possible shape. We believe in well beings and are therefore pleased to provide you with access to discounted gym and digital fitness memberships, along with active lifestyle discounts in order to support your journey to your best health.

### What's covered...

**You** can save up to 30% on a membership at your chosen health club, closest to wherever you live or work. Choose from a wide range of options at over 3,700 gyms, leisure centres, yoga or Pilates studios and bootcamps across the UK.

If the gym isn't for you – don't worry! There are also discounted subscriptions to online workout programmes so you can kickstart your fitness regime from the comfort of your home.

Alternatively, if you enjoy getting out and about then why not select a multi-activity membership meaning you can

pick and choose from thousands of activities and classes at your leisure.

Frequently Asked Questions are within My Westfield and within the gym discount website

If you have any queries on the offers you can call **0345 123 5327**

Available 9am-5pm, Monday to Friday except public holidays. Calls may be recorded.

### What's not covered...

- Some deals aren't available to existing health club members
- Whilst the gym network is hugely extensive there are some gyms who do not wish to participate, you can however recommend gyms for inclusion via the gym discounts website
- Only available online through My Westfield, no copies of vouchers by post
- Exclusions (see section 5, General Terms and Conditions)

## Health Screening/Assessment

This benefit is to help towards the costs of a detailed assessment of **your** health.

Your maximum benefit allowance is available over a one year **benefit** period.

### When...

- **you** pay for and receive a health screening check **and**
- the screening check is carried out by medically qualified staff **and**
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

### We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your** Policy Schedule

### For...

- tests which **you** have to assess **your** general health. The tests must be carried out within one appointment:
  - by a registered doctor, nurse or pharmacist at a registered establishment
  - as a minimum the health assessment must include all of the following:
    - body composition measurement including height, weight (BMI) and body fat percentage
    - blood pressure measurement
    - cholesterol or diabetes check **and**
    - kidney or liver function test

Please note: Health assessments

must be carried out:

- by a doctor registered with the General Medical Council (GMC) or
- by a nurse registered with the Nursing and Midwifery Council (NMC) or
- by a pharmacist registered with the General Pharmaceutical Council (GPhC)
- and in each case at an establishment registered with the General Pharmaceutical Council (GPhC) or Care Quality Commission (CQC), or the equivalent regulatory body where the assessment is carried out. These could include, for example, a hospital, GP practice, pharmacy or health screening unit

#### We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- exclusions (see section 5, General Terms and Conditions)

### In-patient

Your benefit is payable for a maximum of 30 nights in a one year **benefit period**.

#### When...

- you are admitted as an **in-patient** to an NHS or private **hospital/treatment centre** or **hospice** **and**
- you submit your claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- you at the nightly rate for your level of cover, see **your Policy Schedule**

#### For...

- overnight **in-patient** admissions for treatment, tests or investigations
- maternity related **in-patient** admissions, from the 11th night that you have been an **in-patient**. You must give us evidence of the first 10 nights that you have spent in **hospital/treatment centre** (these nights do not have to be consecutive)
- claims submitted when you are discharged as an **in-patient**. When you submit your claim, we need a copy of your discharge letter as evidence of your admission. If you do not have your discharge letter, you will need to get written confirmation of your hospital stay (e.g. a headed letter from the hospital)

#### We will not cover...

- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital/treatment**

**centre** could be regarded as your permanent residence

- admissions for rehabilitation, domestic reasons or respite care
- exclusions (see section 5, General Terms and Conditions)

### Maternity/Paternity/Adoption

Benefit(s) are payable once in a one year **benefit period**.

#### When...

- you are named as mother or father on the child's full birth certificate, or you are named as the child's adopter **and**
- you submit your claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- you at the rate for your level of cover, see **your Policy Schedule**

#### For...

- single or multiple births – benefit is payable per child
- adoptions when the child is placed with you before their 16th birthday
- stillbirths when you send us the stillbirth certificate

#### We will not cover...

- exclusions (see section 5, General Terms and Conditions)

### Optical

The maximum benefit allowance is available over a one year **benefit period**.

#### When...

- you pay an Optician who must be a fully qualified Optical practitioner holding current registration with the General Optical Council, who works in a general optical practice **and**
- you submit your claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see **your Policy Schedule**

#### For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- prescription lenses to an existing frame
- prescription goggles/safety goggles
- solutions for use with your prescribed contact lenses
- repairs to prescription spectacles

- payments that you make for prescription contact lenses supplied under a monthly scheme when you obtain an itemised receipt

#### We will not cover...

- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- any insurance or peace of mind guarantee
- exclusions (see section 5, General Terms and Conditions)

### Prescription Charges

Your maximum benefit allowance is available over a one year **benefit period**.

#### When...

- you are not exempt from paying NHS prescription charges **and**
- you receive and pay a charge for an NHS prescription item or private prescription item, or you provide us with evidence that you have purchased an NHS prescription pre-payment certificate to pay for your prescription charges **and**
- you submit your claim in accordance with section 7, General Terms and Conditions

#### We will cover...

- the maximum number of prescription items for your level of cover, see **your Policy Schedule**

#### For...

- the cost of NHS prescription charges at the current standard for an item in England. This means if the claim is for a private prescription the amount reimbursed is the equivalent cost of an NHS prescription item in England and the number of items for your plan level

#### We will not cover...

- any prescription item if you are exempt from paying prescription charges or a prescription charge does not apply
- exclusions (see section 5, General Terms and Conditions)

### Scanning Service MRI, CT and PET scans

Just for you, the **policyholder** only.

Phone **0345 345 4556** 8:30am-5:30pm, Monday to Friday except public holidays. Calls may be recorded.

Please have your Westfield Health policy number ready when you call.



Our Scanning Service is provided by Alliance Medical Limited. **You** must contact the Westfield Health scanning team at Alliance Medical so that they can arrange the scan for **you**. They'll need a detailed referral from **your** consultant physician or consultant surgeon before they can book **your** scan appointment. **You** must travel to one of the Alliance Medical scanning sites. **You** may need to travel further for a CT, PET or specialised scan because they're only available at certain sites. The scanning service doesn't cover every type of MRI, CT and PET scan.

#### What's covered...

- Unlimited MRI scans, at any Alliance Medical scanning site
- Unlimited CT scans, at selected Alliance Medical scanning sites
- One combined PET/CT scan in any consecutive 12 months, at selected Alliance Medical sites
- A copy of **your** PET scan images on a disc and a written report from a nuclear medicine consultant appointed by Alliance Medical, sent directly to **your** consultant

#### What's not covered...

- Any scan that hasn't been arranged and supplied by Alliance Medical: the scan must not be booked by **you** or **your** consultant.
- Out of pocket expenses e.g. travel costs, meals or accommodation
- Urgent scans: this isn't an emergency service
- MRI scans if **you** have a metal object anywhere in **your** body e.g. a heart pacemaker; surgical clip; metal heart valve; cochlear implant; metal fragments in **your** eyes
- Heart scans; dental scans; virtual colonoscopy; interventional MRI scans; arthroscopy; CT calcium score; liver imaging with ferrous contrast agents e.g. Ferumoxides or Endorem
- Oncology scans, but **you** can be scanned if **you've** symptoms and cancer is suspected but hasn't been diagnosed
- Scans that need sedation or a general anaesthetic
- Scans if **you're** pregnant; weigh more than 133kg/21 stones; take Metformin (for diabetes)
- Scans while **you're** an in-patient or day case patient
- Complex scans. Scans that aren't covered by the scanning service include: arthrograms; scans that require the injection of a contrast medium; scans that need specialised scanning equipment; scans that need the assistance

of an on-site radiologist for the scan or scan report. Although complex scans aren't included on **your** policy, if they have a suitable facility, Alliance Medical may agree to offer **you** free use of one of their scanners. This isn't guaranteed; they'll tell **you** if they've a suitable scanner that **you** can use. **You** must travel to the scanning site offered and pay Alliance Medical any extra costs e.g. the charge for the contrast medium and/or an on-site radiologist. Alliance Medical will explain how much **you'll** need to pay.

- Health screening; monitoring of medical condition
- X-rays; ultrasound scans
- Scans outside the UK, Channel Islands or Isle of Man
- Exclusions (see section 5, General Terms and Conditions)

#### How do I ask for a scan?

Our scanning service is not a cash benefit: **you** must follow these simple steps so that the scanning team can arrange **your** scan.

#### Step 1

Ring the scanning helpline. **You'll** need **your** Westfield Health policy number. The scanning team will explain how the scanning service works and they'll email **you** a request form for **your** consultant to complete.

#### Step 2

**You'll** need to see a consultant so that they can decide whether **you** need a scan.

Before they can arrange **your** scan, the scanning team need all the necessary details from **your** consultant. The request form is the easiest way for **your** consultant to provide all the information needed to arrange **your** scan quickly.

Instead of using the request form, **your** consultant can send the scanning team a referral letter.

To avoid any delays the letter must include all of these:

- The consultant's General Medical Council registration number
- The consultant's full address so that Alliance Medical can send them **your** scan images and report
- **Your** name, address and date of birth
- All **your** relevant clinical history
- Full details of the scan that **you** need

**Your** consultant must sign the request form or referral letter.

#### Step 3

**Your** consultant sends the scanning team the request form (or referral letter).

Email: [nawestfield@alliance.co.uk](mailto:nawestfield@alliance.co.uk) (to ensure that a valid practitioner has made the request, referrals by email must be sent from the consultant's business email address)

Fax: 0207 535 1984

Post: Alliance Medical National Accounts Bookings Team, 10-11 Bulstrode Place, London W1U 2HX

#### What happens next?

- When the scanning team receive the request form (or referral letter) from **your** consultant they check it to make sure that they've all the information they need to book an appointment for **you** at one of their scanning sites. Sometimes they need to contact **you** or **your** consultant for more details
- Next, they'll give **you** a call and ask **you** some questions to make sure it's safe for **you** to have the scan. They'll also discuss the location and date of **your** appointment. **You'll** usually be able to have **your** scan within two weeks of Alliance Medical receiving a complete and valid referral from **your** consultant
- Once the scanning team has booked **your** scan they'll send **you** an email or letter confirming **your** appointment, with directions to the scanning site. **You** must fill in the full safety questionnaire and take it with **you** when **you** go for **your** scan

#### Your scan images and report

- The images from **your** MRI or CT scan will be reviewed by a radiologist appointed by Alliance Medical. PET scans are reviewed by a nuclear medicine consultant
- **Your** consultant is sent a written report and a copy of **your** scan images on a disc, usually within 10 working days of **your** scan appointment. To safeguard confidential information the disc can only be opened with a password. **Your** consultant must contact Alliance Medical to get the password on 0845 454 0024; full instructions and the Alliance Medical opening times are supplied with the disc
- Before **you** make any follow up appointment with **your** consultant, please check that they've received the report and opened the disc. Let the scanning team know if **you**, or **your** consultant, need any further help

## Specialist Consultations and Diagnostics

The maximum benefit allowance is available over a one year **benefit period**.

### When...

- **your Medical Professional** recommends referral to a **Consultant Physician** or **Consultant Surgeon** and
- **you** pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification or a **GP** (see Definitions section) and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see **your Policy Schedule**

### For...

- diagnostic consultations from a **Consultant Physician** or **Consultant Surgeon**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopy, test on body tissue samples, blood tests, ECGs, required to aid the diagnosis under the management of a **Consultant Physician** or **Consultant Surgeon**
- diagnostic and investigative tests and scans carried out in a **hospital/treatment centre**, including but not limited to x-rays, scans, endoscopy, test on body tissue samples, blood tests, ECGs required to aid the diagnosis under the management of a **GP**
- treatment from a **Consultant Physician** or **Consultant Surgeon**, but only towards payment that **you** have made for a private medical insurance policy excess

### We will not cover...

- treatment (except for any treatment charges that **you** pay as part of a private medical insurance policy excess)
- room fees, nursing charges, prescription items/charges or sundry items
- the **policyholder** for MRI, CT or PET scans or the associated Radiologist's/Nuclear Medicine Consultant's report, if **you** have Scanning Services already in **your** plan. Please note this exclusion does not apply to **your dependent children**.

- exclusions (see section 5, General Terms and Conditions)

## Therapy Treatments

### Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy

The maximum benefit allowance is available over a one year **benefit period** and represents the total for any one or combination of treatment types.

### When...

- **you** receive and pay for treatment\* from a registered Physiotherapist, Chiropractor or Osteopath, or an Acupuncturist or Homeopath who is a member of an approved professional organisation. Registration/membership must be relevant to the treatment that they are providing (see below) and
- **you** submit **your** claim in accordance with section 7, General Terms and Conditions

### We will cover...

- 100% of the cost, up to the maximum for your level of cover, see **your Policy Schedule**

### For...

- physiotherapy, acupuncture, chiropractic, osteopathy, homeopathy treatment
- homeopathic prescriptions supplied by a Homeopath as part of a consultation

### We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic, osteopathy or homeopathy
- group sessions or classes
- separate scans e.g. MRI, ultrasound, x-rays unless they are diagnostic scans or x-rays when they are performed by the therapist at the same time as their therapeutic assessment
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your Physiotherapist, Acupuncturist, Chiropractor, Homeopath or Osteopath
- exclusions (see section 5, General Terms and Conditions)

\*To ensure that you choose the most appropriate treatment we strongly recommend that you take advice from your **GP** or **Consultant Physician/Consultant Surgeon**.

Please note:

- Physiotherapists must be a fully qualified practitioner who is



registered in the UK with the Health and Care Professions Council (HCPC)

- Osteopaths must be a fully qualified practitioner who is registered in the UK with the General Osteopathic Council
- Chiropractors must be a fully qualified practitioner who is registered in the UK with the General Chiropractic Council
- A fully qualified Homeopath is a member of one of the following professional bodies:
  - Member of the Faculty of Homeopathy
  - Licensed or Registered Member of the Society of Homeopaths
  - Registered Member of the UK Homeopathic Medical Association (UKHMA)
  - Member of the Alliance of Registered Homeopaths
- A fully qualified Acupuncturist who is a:
  - Member of the British Acupuncture Council (BAcC)
  - Fully Accredited Member of the British Medical Acupuncture Society (BMAS)
  - Fully Accredited Member of an association under British Acupuncture Federation (BAF)

## Togetherall

For **you**, the policyholder only

This service is provided by Togetherall.

If you are worried, stressed, anxious, feeling low or not coping Togetherall is a safe online space for you to explore things that are troubling you and get support in confidence. Togetherall provides safe, 24/7 anonymous support. You can share experiences with other members of the online community, express yourself in words or images, browse a library of information and follow courses on topics including managing anxiety, positive thinking and problem solving.

You can also assess yourself using a

range of tests on emotional health, and issues surrounding healthy lifestyles, recording your results over time. Trained counsellors (called Wall Guides) are on hand at all times to provide extra support. The service is easy to use and completely anonymous, so no one will know you are using it unless you tell them.

Togetherall membership gives you access to their Support Network, which includes:

- Online community support: you are able to start or join forums on topics ranging from depression and anxiety to relationship issues, work stress, abuse, self-harm, eating disorders and more;
- Peer groups: you can start 'invitation-only' forums and talk to a selected group;
- Peer support networks: you can make 'friends' and create a support network to get useful information, motivation and a means to improve self-awareness;
- Creative therapies: employing art and writing therapies, you are able to express yourself on 'bricks' that are posted to Togetherall where you can choose to share and discuss the underlying 'story'.

Self-directed learning gives you access to a wide range of information on wellbeing as well as self-assessment tools and self-help exercises.

In addition to the community, members have the safety and accessibility of our Wall Guides who are all trained mental health professionals and are there to make sure everyone remains safe and supported. They are available 24/7/365.

Courses - members have access to self-guided support courses, based on the principles of CBT, covering all mental health and lifestyle topics from 'Coping with Grief and Loss, to Problem Solving, Health Anxiety and 'How to stop Procrastinating'.

To access Togetherall please log onto your My Westfield account, then choose Togetherall.

## Wellbeing & Alternative Therapies

Your maximum benefit allowance is available over a one year **benefit period** and represents the total for any one or combination of the treatment/service types.

Westfield Health is not advocating

the effectiveness of any of these wellbeing and alternative therapies and cannot accept any liability for any loss or damage that may arise as a result of **your** use of the services of any Healthcare Professional. We strongly recommend that **you** keep **your GP** informed of any treatment that **you** are receiving.

### When...

- **you** receive and pay for treatment, advice or a service from a Healthcare Professional who is registered with/a member of one of the professional organisations recognised by Westfield Health. The list of recognised Healthcare Professionals is held at [www.westfieldhealth.com/approved-practitioners](http://www.westfieldhealth.com/approved-practitioners). This is also on your My Westfield account. This list will be reviewed at appropriate periods in time, we will not publicise changes. The practitioner's qualifications, registration or membership must be relevant to the treatment that they are providing. Whilst these professional organisations aim to ensure best practice, there is no statutory regulation of these therapies/ services. We therefore strongly recommend that **you** also check whether **your** chosen Healthcare Professional is adequately trained and holds any necessary liability insurance.
- **you** submit **your** claim in accordance with the instructions below and section 7, General Terms and Conditions

### We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

### For...

- Acupressure; Allergy/Food Intolerance Testing; Aromatherapy; Hypnotherapy; Indian Head Massage; Nutritional Therapy; Reflexology; Reiki; Sports Massage

### We will not cover...

- any treatment/service that is not specifically listed above, even if these have been provided by **your** Healthcare Professional
- missed appointment fees
- scans e.g. MRI, ultrasound (see Scanning Facilities and/ or Consultation benefit, if these benefits are included in your cover)
- homeopathic remedies (see Therapy Treatments, if this benefit is included in your cover)
- home testing kits
- mail order or internet based

services, except for laboratory tests that have been specifically arranged by and reported to your Healthcare Professional

- Vega testing
- Kinesiology
- group classes or sessions
- tuition, study groups or training courses
- Reiki training and/or attunements
- Essential oils, creams, oils or any preparations for home use
- meal replacements, supplements or vitamins even if these have been recommended or supplied by your Healthcare Professional
- lumbar supports, mobility aids, surgical appliances e.g. surgical supports
- sundry items
- exclusions (see section 5, General Terms and Conditions)

## Westfield Rewards

Just for **you**, the **policyholder**.

Westfield Rewards is provided by Reward Gateway.

**Website** [www.westfieldrewards.co.uk](http://www.westfieldrewards.co.uk) to register for Westfield Rewards.

**Helpdesk** 0345 299 4194 or 0203 583 7020 Available 24 hours a day, 7 days a week, 365 days a year. Calls may be monitored or recorded to confirm that your instructions have been carried out and to help improve the quality of the service.

To activate **your Westfield Rewards registration, you'll need your Westfield Health policy number and your email address.**

Once **you** have registered **you** can download the SmartSpending app from the iOS App Store or Google Play for Android. **You** cannot register for Westfield Rewards on the app, **you** must first register via the website, then use the same details to login to the app.

**You'll** get a discount when **you** buy Reloadable Cards to spend in some high street stores and supermarkets. Please allow time for the card to be sent to you and be activated if **you** want to use it by a specific date. **You** can top-up **your** card's balance at any time online, or by calling the helpdesk. If **you** change **your** mind within 14 days **you** can ask Westfield Rewards for a refund if **you** haven't activated the card. Top-ups aren't refundable. Reloadable Cards are just like cash, so keep them safe and if **your** card is lost or stolen tell the Westfield Rewards helpdesk straightaway.

Cashback is another easy way to save **you** money. Simply check out the Cashback rate for a participating retailer and then connect to their online store via the Westfield Rewards link. Cashback is credited to **your** Cashback account when **your** purchase has been confirmed. Cashback isn't payable if **you** cancel, return the goods, or don't use the Westfield Rewards link. When **you** want to withdraw your Cashback just follow the online instructions. If **your** Westfield Health cover ends **you** must claim **your** Cashback within 30 days.

**You** simply manage **your** Westfield Rewards account online. Full terms of use are on the Westfield Rewards website. Reward Gateway are always happy to help if **you** have any questions.

#### What's covered...

- offers on a wide range of goods and services
- cashback when **you** buy online through a link on the Westfield Rewards website
- discounts when **you** buy Reloadable Cards to spend in participating high street stores and supermarkets
- instant vouchers are a quick and easy way to save. Order the amount **you** want and then download the voucher from **your** account to use in store or online for an instant discount. Instant vouchers can be downloaded to the SmartSpending app whilst in a shop

#### What's not covered...

- cashback won't be paid if **you** get a refund for anything that **you've** bought
- cashback won't be paid if **you** don't complete **your** purchase online through the link on the Westfield Rewards website
- any money spent on a Reloadable card that's been lost or stolen: report **your** loss to Westfield Rewards as soon as possible so that they can cancel the card
- exclusions (see section 5, General Terms and Conditions)

## Personal Accident Cover

Just for **you**, the policyholder

We underwrite and administer the Personal Accident cover provided by **your** plan.

#### Conditions of your cover

Please read this summary together with the full terms and conditions of **your** personal accident cover.

- If you suffer **bodily injury** as a direct result of an **accident** which within 24 months of the **accident** results in **death** or disablement, benefit will be paid in accordance with the scale outlined on page 20
- The maximum amount of benefit that will be paid for one accident is equivalent to the amount for **permanent total disablement**, item 2 in the scale on page 20
- If **we** pay the benefit for loss of limb **we** won't also pay for parts of that limb
- If **you** already had a disability or condition before your accident **we** will take this into account and it may reduce the amount of permanent disability benefit that **you** get
- Please submit **your** personal accident claim within 60 days, or as soon as reasonably possible, after the time of the accident

#### What's covered...

- **Accidental bodily injury** that causes **your** death within 24 months of the time of **your** accident
- **Accidental bodily injury** that causes **your** permanent total disablement within 24 months of the time of **your** accident
- **Accidental bodily injury** that causes **your** permanent disability within 24 months of the time of **your** accident

#### What's not covered...

- Any **accident** that happened before **your** personal **accident** cover started or after **your** personal **accident** cover ended
- **Permanent total disablement** benefit if **you** are 75 or older at the date of accident: we will assess **your** claim based on the degree of **your** permanent disability instead
- Bodily injury caused or contributed to in any way
  - by **you** committing an illegal act
  - while **you** were under the influence of drugs or excessive alcohol
  - by a deliberate or reckless exposure to danger
  - by participation in dangerous activities and sports – this includes but is not limited to canyoning, gorge walking, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race
  - by **you** engaging in any form of **air sports** or taking part in air travel, unless travelling as a fare paying passenger in an aircraft which is provided and operated by an airline or air charter



company that is licensed for this

- by war: except when war is declared in the country that **you** are travelling to after **you've** already left the country where **you** live
- because **you** are: a full time member of the armed forces of any nation or international authority; **you** are on active service as a member of any reserved forces
- by **your** suicide, attempted suicide or deliberate self-inflicted injury, regardless of the state of **your** mental health
- Illness or disease not directly caused by **bodily injury**, including but not limited to a medical or surgical procedure or childbirth
- Repetitive stress (strain) injury or syndrome, or any gradually operating cause
- Post-traumatic stress disorder or related syndromes, or any psychological or psychiatric condition
- Bacterial or viral infection, except where it is the direct result of **accidental bodily injury**
- This benefit does not provide cover in the event of death caused by illness or disease

#### When will my personal accident cover start?

**Your** personal accident cover always starts on the date **we** receive the application for **your** cover. This is regardless of **your** plan's registration date. **We** won't pay any benefit if the time of the accident was before **we** received **your** application for a policy.

If **your** plan level changes **your** level of personal accident cover changes on the date that **we** receive the application, not on the registration date for **your** new plan level.



### When will my personal accident cover end?

Your personal accident cover will end on the date that **your** plan cover finishes.

### How do I make a claim?

We understand that it's likely to be a difficult time if **you've** had an **accident**. **You**, or someone acting on **your** behalf, should contact the Westfield Health Customer Care Team within 60 days or as soon as reasonably possible after the **accident**. We'll send out a personal accident claim form for you to fill in and return to **us**. We'll then contact you to explain what happens next. If there's any delay in you notifying a claim to **us** it could be detrimental to **us** investigating and assessing the claim: this may impact the claim being paid at all, or the amount of the claim that's paid.

Sometimes it may be necessary to wait up to 24 months to establish the full extent of your injury and whether a **permanent total disablement** or **permanent disability** claim is payable. We cannot carry out a medical assessment while **you** are still having treatment for that injury

## Personal Accident Definitions

We've put some words or phrases in '**bold type**' like this, so that **you'll** know that we have given them these special

meanings for **your** personal accident cover. The definitions of other words and phrases in '**bold type**' are in the General Terms and Conditions section on pages 26 to 27.

### Accident/Accidental

A sudden, identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

### Air sports

Airborne leisure activities, for example

- ballooning
- bungee-jumping
- gliding
- hang-gliding
- micro lighting
- parachuting
- paragliding
- parascending

### Bodily injury

- Injury to **you** which happens whilst the personal accident cover is in force **and**
- which is caused only by an **accident** **and**
- on its own, within 24 months of the **accident** leads to **permanent disability** or death and results in a claim covered under this policy.

### Loss of hearing

Permanent profound deafness, which means the quietest sound **you** can hear

is louder than 90 decibels when **you're** tested by a qualified audiologist.

### Loss or loss of use

Amputation or permanent loss of all functional use.

### Loss of sight - both eyes

Permanent blindness, which based on medical evidence **you** will never recover from, and which results in **your** name being added (on the authority of a qualified ophthalmic specialist) to the Register of Blind Persons maintained by the government.

### Loss of sight - one eye

Permanent blindness, which based on medical evidence **you** will never recover from, in an eye to the degree that, after correction using spectacles, lenses or surgery, objects that should be clear from 60 feet away can only be seen from 3 feet away or less.

### Loss of speech

Permanent and total loss of speech as confirmed by a **GP** or **Consultant Physician**.

### Permanent disability

Any form of functional disability which has lasted for at least 12 months and from which, based on medical evidence, **you** will never recover.

### Permanent total disablement

If **you** were in gainful employment at the date of the **accident**: A **permanent disability** which stops **you** from carrying out gainful employment for which **you** are fitted by way of training, education or experience.

or

If **you** were not in gainful employment at the date of the **accident**:

A form of **permanent disability** calculated on a medical assessment by us or an independent medical expert appointed by us, which results in **your** inability to perform, without assistance from another person, at least two of the following activities of daily living:

- eating
- getting in and out of bed
- dressing and undressing
- toileting
- walking 200 metres on level ground

### Time

The Standard Local Time where **you** permanently live.

### War

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised military force

Scale of Benefits

Personal Accident	Percentage of Accidental Death amount in Policy Schedule
1. Death as a result of an Accident	100%
2. Permanent Total Disablement	100%
Permanent disability benefits	
3. Loss of Sight – both eyes	100%
4. Loss of Speech	100%
5. Loss of Sight – one eye	50%
6. Loss of Hearing - both ears	50%
7. Loss of Hearing – one ear	15%
8. Loss or loss of use of: a foot below the level of the ankle a hip, knee, or ankle one or more limbs a thumb a forefinger or big toe any other finger any other toe	 50% 20% 100% 20% 15% 10% 5%
9. Permanent and total loss of use of: the back or spine below the neck, with no damage to the spinal cord the back, neck or cervical spine, with no damage to the spinal cord a shoulder, elbow or wrist	 40% 30% 25%
10. To ensure you are provided with a payment for a permanent disability that is not listed above, we will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of your occupation. For example if bodily injury results in 25% of the loss of sight in one of your eyes, we will pay you 25% of the loss of sight – one eye, item 5 on this scale.	

General Terms and Conditions

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section.



If there is anything about these general terms and conditions that you don't understand please contact our Customer Care Team on 0114 250 2000 and we will be happy to help.

1. Who can have cover

This **plan** is not available to purchase directly from Westfield Health, it is primarily available on a corporate paid basis. Eligible employees will be provided with Level 1 cover, the cost of which is met by your employer.

The employer has chosen this **plan** from the range of products offered

by Westfield Health. If the employer decides to change the cover available to **you** we will notify **you** as soon as reasonably practicable. **Your** cover will cease if the agreement between the employer and Westfield Health comes to an end. If the employer decides not to renew the Westfield Mosaic Health Cash Plan we will try to offer all policyholders an alternative Westfield Health plan, however this may not be on the same terms as **your** current cover.

**We**, like any responsible insurer, and to the extent permitted by all applicable laws, reserve the right to decline an application for a policy or a request to upgrade your cover. If **your** application is not accepted **we** will refund any premium that **you** have paid for the cover that we have declined to offer (providing that **we** have not paid a claim under that cover).

**You** must reside in the **United Kingdom** for a minimum of six months each year to be a Westfield Mosaic Health Cash Plan **policyholder**.

**We** do not accept professional sports people for cover on the plan.

Corporate Paid Cover

There is no restriction regarding the age of an eligible employee taking out the cover provided by their employer.

**Your** employer will choose the benefits that they will provide for **you**, from the full range available. Certain benefits will also be provided for **your dependent children**. Where cover is included for **your dependent children** the benefit allowance shown on **your Policy Schedule** is the maximum amount available. The **Policy Schedule** will state if the benefit allowance is to be shared between all **your dependent children** or if the amount is per **dependent child**. We will send you a **Policy Schedule** that includes details of the benefits and services that apply to **your** cover.

**You** should check **your Policy Schedule** to confirm that cover is available before receiving treatment or paying for goods or services for which **you** intend to claim.

**You** do not need a medical to be accepted as a **policyholder**. **We** will cover **you** and, where cover is provided for them, any **dependent children** on your policy for **pre-existing medical conditions**, subject to the terms and



conditions and benefit rules of the plan.

For Personal Accident cover **we** will take into account any disability or condition that **you** already had when **we** assess the amount of disablement benefit **we** will pay as a result of a subsequent **Accident**.

### Employee Upgrade Options and Additional Adult Cover

The employer decides whether employee upgrades/additional adult cover will be available, and they also choose the benefits and (where applicable) the monetary benefit allowances that their scheme will offer. Details of the benefits and premium will be included in the employee's Welcome Pack. This includes confirmation how payments can be made, which method the employer has chosen. If, at their annual renewal, the employer decides to change the cover that is available for **you** to purchase **we** will notify **you** as soon as reasonably practicable. Any changes to benefits and/or premiums will only take effect once **we** have notified **you**.

Employees who are eligible for an upgrade option can pay an additional premium to upgrade **your** corporate paid plan level.

An **additional adult** who is eligible for cover can apply for a policy on any of the levels of cover offered. An **additional adult** choosing to have cover will hold a separate policy. There can only be one **additional adult** policy for each corporate paid policy.

The opportunity to upgrade **your** cover, or for an **additional adult** to apply, is only in the month after the **plan** anniversary date. The **plan** anniversary date is the date the **benefit period** starts each year, this is detailed in **your** Policy Schedule.

An employee's **additional adult** cannot hold a policy on this plan if the employee is not currently in receipt of corporate paid cover: it is a condition of **your additional adult** cover that **you** notify **us** immediately if for any reason **you** are no longer eligible. Please also refer to section 4, Premiums – Change of employer or retirement.

**You** must satisfy **yourself** that this **plan** and the level of cover that **you** decide to apply for are right for **you**. **We** will not provide any advice in this regard but **you** are of course free to seek information or advice from a professional advisor.

**You** must be aged 16 to 65 when **you**:

- apply for an employee upgrade option
- apply for an **additional adult** cover policy
- apply to transfer to a higher **plan** level

However, **you** are not required to give up an existing policy once **you** become 66 and can transfer to a lower **plan** level at any age.

Pre-existing medical conditions will be covered.

- if **you** are receiving corporate paid cover
- if **you** upgrade **your** plan level
- if **you** are an **additional adult** policyholder
- including any **dependent children** covered on **your** policy

The exception to this is for Personal Accident please refer to Corporate Paid Cover and the Personal Accident benefit rule and Dental Accident, see Dental Accident benefit rule.

## 2. The contract between Westfield Health and You

### Cooling Off Period – If you change your mind

If **you** apply for an upgrade option or **additional adult** cover **your** policy contains a 14-day cooling off period from the date **we** accept **your** application. If **you** decide to change **your** mind during this cooling off period the **policyholder** should contact **us**. Providing that **you** have not made, or intend to make a claim, **we** will refund the full premium paid by **you**.

### Corporate Paid Cover

For eligible employees cover will only continue to be provided, at the corporate paid level, on condition that **your** employer continues to pay the premiums for **your** cover to Westfield Health.

### Employee Upgrade Options and Additional Adult Cover – by all methods

Employee upgrade options and **additional adult** cover policies are only available at the discretion of the employer, cover may change or be withdrawn at the employer's annual renewal.

For employees who have chosen an upgrade option and **additional adults** who take out cover on the **plan**, **your** health cash **plan** policy operates on the basis that each calendar month a new contract is formed between Westfield Health and **you**. **We** do not issue monthly reminder notices.



The cover that **you** are paying for **yourself** will be automatically renewed each month providing **you** pay **your** premium and abide by the terms and conditions of the **plan**, unless **we** receive notice from **you** that **you** do not wish to continue **your** cover, or **we** give **you** notice that **we** are not willing to accept **your** monthly renewal.

### Your Cancellation Rights – Employee Upgrade Options and Additional Adult Cover

Employees have the right to cancel an upgrade option and **additional adults** with cover have the right to cancel their policy.

If **we** receive notice that **you** wish to cancel before the 15th day in any month **we** will cancel **your** monthly contract for that month and refund the premium paid by **you** for that month. If **we** receive notice of cancellation on or after the 15th day of the month, then **we** will not refund **your** premium for that month but any further premiums will not be payable. Any premium that **you** have paid, in advance or that is not due following cancellation, will be refunded to **you**. **We** will not pay a claim for any benefit beyond the date that **you** have paid up to.

To cancel **your** policy please contact our Customer Care Team on 0114 250 2000, email us enquiries@westfieldhealth.com or write to us at Westfield Health, PO Box 340, Sheffield S98 1XB. If **your** policy is through a flexible benefit platform the cancellation will be through the flex platform and it will follow the rules of that platform.

It is **your** responsibility to inform **your** employer, bank or building society to stop deducting premium payments from **your** salary, pension or bank/building society account.

### Re-applying for cover after you have cancelled

Previous claims may be taken into account when **we** assess **your** entitlement to benefit on **your** new policy.

### Terminating your cover – All Policyholders

**We** reserve the right to cancel **your** cover at any time, (with retrospective effect where appropriate), if:

- Under the terms and conditions of the **plan** **you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information when **you** applied for cover, applied to increase **your plan** level, or submitted a claim
- **You**, or anyone covered on **your** policy, fails to comply with **our** request for information relating to a claim or an application for cover
- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false, and/or misleading, and/or exaggerated
- **You** (or anyone covered on **your** policy) act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of **our** organisation, or one of **our** suppliers
- **You** fail to abide by any of the terms and conditions of this **plan**

Should **we** cancel **your** cover **you** will not have any right to make any further claim on the plan. In addition, **we** may also seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the Terms and Conditions of this **plan**.

If premiums for **your** cover have been paid in advance **we** may refund premiums paid beyond the date for which **you** have had the benefit of cover. However, **we** retain the right to withhold such premiums if **you** owe **us** money.



**We** will notify **you** in writing **our** reason for cancelling **your** cover and **you** have the right to appeal to **us** through **our** published Complaints Procedure, which is available on request and on the Westfield Health website <https://www.westfieldhealth.com/about-us/trust>.

If **your** policy is terminated **we** will not accept **you** for cover with **us** again on any **plan**.

## 3. Premiums

### Corporate Paid Cover

**Your** cover will continue on condition that the premium due each month is paid and **you** abide by the terms and conditions of the **plan**.

**You** will not be entitled to use any of the services included in the **plan** and **we** will not pay **your** claim if premiums have not been paid to cover the date(s) for which **you** are claiming.

If when **we** receive **your** claim **your** employer has not paid the premiums for **your** cover for any reason, **we** will not process **your** claim at that time. If **you** remain in the plan, claims will be held until a payment is made to cover the dates for which **you** are claiming.

If **you** leave **your** employment, or lose entitlement to corporate paid cover, **we** will not pay **you** any benefit, and **you** will not be entitled to use any of the services included in the plan, beyond the date that **your** premiums are paid up to.

### Employee Upgrade Options and Additional Adult Cover

**Your** employer decides if these options are available. **Your** employer also decides whether these premiums are payable by monthly Direct Debit to Westfield Health or whether premiums will be collected by payroll deduction from the employee's wages/salary and whether the selection is through a flexible benefit platform. If Employee Upgrade Options and **Additional Adult** Cover are available this will be confirmed in **your** welcome pack and the method – direct debit, payroll or flexible benefit platform. **You** will not be entitled to use any of the services included in the **plan** and **we** will not pay **your** claim if premiums have not been paid to cover the date(s) for which **you** are claiming. If when **we** receive **your** claim the premiums are not paid up to date for any reason, **we** will not process **your** claim at that time.

### Direct Debit

When **you** take out a policy, or upgrade **your** cover, **we** will notify **you** when

**your** first payment will be collected. To bring **your** premiums up to date, it may be necessary to take payment for 2 or more months' premiums at the first collection. **We** will not process any claims until **we** have received a payment that covers the date for which **you** are claiming.

### Payroll deduction

**We** implement stringent credit control procedures for employers operating payroll deduction facilities, however it ultimately remains **your** responsibility to ensure that premiums for **your** employee upgrade option or additional adult cover policy are remitted to **us**.

### Flexible benefit platform

**We** operate stringent credit control procedures; however, it ultimately remains the responsibility of the eligible employee's employer to ensure that premiums are remitted to **us**.

For more information please refer to section 7, How to Claim.

**Your** employee upgrade option or **additional adult** cover policy will lapse if **you** do not keep **your** premiums up to date. Employees' upgraded level of cover will cease and **your** cover will revert to the corporate paid level when **your** upgrade premiums are more than three months in arrears. **Additional adults** with a policy will cease to be **policyholders** when their premiums are more than three months in arrears.

If when **we** receive **your** claim the premiums that **you** pay **yourself** are not paid up to date for any reason, **we** will not process **your** claim at that time. If **you** remain in the **plan**, claims will be held until a payment is made to cover the date(s) for which **you** are claiming.

If **you** do not continue to pay **your** premiums for an upgrade option benefits will cease at the higher **plan** level, on the date that **you** have paid up to.

All benefit will cease on the date **you** are paid up to, if **your** premiums for cover as an **additional adult** of an eligible employee are not paid.

If the employer's payment is in arrears and they fail to bring their corporate paid premiums up to date, **your** employee upgrade option or **additional adult** cover policy will cease: **we** will notify **you** of the date that **your** policy ends.

Premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.

### Change of employer or retirement

An employee's **additional adult** cannot hold a policy on this **plan** if the employee is not currently in receipt of corporate paid cover: it is a condition of **your additional adult** cover that **you** notify **us** immediately if for any reason **you** are no longer eligible.

When an employee retires or leaves their employment they should ask their employer to notify Westfield Health and each **policyholder** should contact **us** immediately.

**Policyholders** who wish to continue to have cover with **us** must transfer to an alternative plan and **our** Customer Care Team will be happy to arrange this for **you**.

## 4. Qualifying Period and Benefit Availability

**You** don't have to complete a qualifying period before **you** and **your dependent children** can use the plan. All benefits are available from **your** date of **registration** at that **plan** level, except for Maternity/Paternity/Adoption benefit.

The qualifying period for Maternity/Paternity/Adoption benefit is 10 months; premiums for **your** cover must be paid for 10 consecutive months from **your** date of registration at that **plan** level.

### Changes to your level of cover

If **your** level of cover is reduced during a **benefit period**, we will pay benefits at the lower **plan** level from the **registration** date of the transfer, if **you** have benefit available. Benefits paid at the higher **plan** level will be taken into account when assessing **your** entitlement to benefit at the lower level.

### Former Policyholders

In addition to the above, if **you** were previously covered on the **plan** and **your** policy lapsed or was cancelled, we may take into account claims paid under **your** previous cover when assessing entitlement to benefit on **your** new policy. This will depend upon:

- a) the **plan** level for **your** new policy
- b) the level of the **plan** **you** were previously covered on
- c) the date **your** new policy commences
- d) the start date of the benefit period

Our Customer Care Team can explain the benefit entitlement that will apply to **you**, following a lapse in **your** cover.

## 5. Exclusions

The list of exclusions, below, should be read in conjunction with the Benefit Rules section before receiving treatment or paying for goods and services for which **you** intend to claim.

### We will not cover:

- any claim that is not submitted in accordance with section 7, General Terms and Conditions
- any claim that is submitted where **you**, or anyone covered on **your** policy, are in breach of the plan and/or General Terms and Conditions
- any charges that a **hospital/treatment centre**, practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim
- Maternity/Paternity/Adoption benefit within **your** qualifying period. If **you** transfer to a higher level of the **plan** a new qualifying period will apply. Until **you** have completed the new qualifying period we will pay **you** benefit at **your** previous plan level, provided that **you** have entitlement to that benefit
- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion, revolution or terrorism including chemical or biological terrorism
- claims arising directly or indirectly from, or as a consequence of:
  - professional sports injuries – this is any injury sustained whilst training for, or participating in, sport for which **you** receive payment or non-charitable sponsorship
  - **you** participating in a criminal act
  - an accident while **you** were under the influence of alcohol or drugs
  - drug, alcohol or solvent abuse, or taking drugs (unless told to do by a registered medical practitioner)
  - suicide or deliberate self-inflicted injury
  - participation of dangerous activities and sports - this includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, micro-lighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.
  - flying as a pilot or crew member

(that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding and ballooning)

- a pandemic illness
- any claim or expense of any kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it
- any treatment or service that **you** receive from a:
  - member of **your** immediate family – a parent, child, brother or sister, or **your** partner
  - business that **you** own
  - treatments carried out in the workplace or arranged through **your** employer

### We cannot pay benefits for any claims directly related to the following

- any health-screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons
- contraceptives
- cosmetic reasons
- vasectomies or sterilisation
- GP fees for private treatment

### This policy does not cover fees or charges for:

- missing an appointment
- completing a claim form or providing a medical report
- providing further information in support of a claim
- administration or referral costs, joining fees or registration fees
- postage and packing costs

## 6. Benefit Period

The maximum allowance for each benefit is available over a 12 months **benefit period**

The **benefit period** will start on the same date each year and applies to all **policyholders** whose cover is paid by or through each specific employer. The **benefit period** that applies to **your** cover is detailed in **your Policy Schedule**

If **your** cover commences during a **benefit period** **you** can claim up to the full benefit allowances during the remainder of the **benefit period**

During each **benefit period** **you** can submit more than one claim under each benefit, however **we** will not pay more than the maximum allowance for **your** level of cover.

Any unused benefit will not be carried

forward from one **benefit period** to the next.

**You** must have benefit available for the date(s) on which **you** pay for treatment, goods or services. For In-patient, Day Surgery and Maternity/Paternity/Adoption benefits **you** must have benefit available, for the date(s) that **you** are claiming.

The **benefit period** that each claim falls into is determined by:

- the date of birth/adoption placement for Maternity/Paternity/Adoption benefit
- the date that **you** are an **in-patient**
- the date that **you** attend for day surgery
- the date of each payment for treatment, goods or services

## 7. How to claim

For our fastest service, **you** can submit claims for all benefits on our My Westfield mobile app (available on Apple & Android), or online at [www.westfieldhealth.com/my-westfield](http://www.westfieldhealth.com/my-westfield). Alternatively, **you** can use a Westfield Mosaic Health Cash Plan claim form, which is available on your My Westfield account or contact us for a paper claim form. The claim form must be signed and dated by the **policyholder**.

**To be entitled to claim or use a service, the premiums for your cover must be paid up to and including:**

- the date on which **you** made each payment for treatment, goods or services
- the child's date of birth/adoption placement for Maternity/Paternity/Adoption
- the day **you** attended for day surgery
- the nights **you** were an **in-patient**
- the date of **your** scan for MRI, CT and PET scans
- the date of **your** first session of structured counselling
- the date of **your Accident**, for Personal Accident

For all benefits where **you** (or **your dependent child**) have paid for treatment, goods or services **you** must send **us** a full receipt detailing the payment **you** have made.

**The receipt must include:**

- the name of the person who has received the treatment, goods or service
- the date and amount of each payment
- the supplier or practitioner's name, address and daytime contact

details

- details of the qualifications/professional organisation that the practitioner is registered with/a member of (see Benefit Rule or Definitions section)
- details of the type of treatment/service
- the date that **you** (or a person eligible to claim on **your policy**) received each separate treatment or service
- separately itemised details of any additional sundry items purchased

**We do not accept the following:**

- invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt
- receipts where only a part payment or deposit\* has been paid, including receipts showing a balance outstanding for payment
- claims for payment(s) made in advance for a course of treatment, a service or goods: except when the receipt also confirms that prior to claiming **you** have received the treatment, goods or service. The receipt must detail the date(s) **you** received the treatment, goods or service and **we** must receive **your** claim within 26 weeks of the payment date – see below

\*The only exception to this is when **you** provide **us** with written evidence that **you** have entered into a payment arrangement/credit agreement for treatment, goods or services that **you** have received. The date that **you** pay the first instalment determines the **benefit period** that **your** claim falls into and **we** will pay **you** up to the benefit balance available on that date **ONLY** towards the full cost of the treatment, goods or service purchased by the credit agreement.

**We** do not cover administration/interest charges. Dental insurance or care scheme premiums/payments are not covered on the **plan**.

For Maternity/Paternity benefit **we** need to see a copy of **your** baby's full birth certificate with **your** claim. To claim for Adoption **you** must send **us** proof of the child's name and age, together with confirmation from an adoption agency of the date that the child was **placed** with **you** for adoption.

To claim In-patient and Day Surgery benefits **we** need a copy of **your** discharge papers from the **hospital/treatment centre or hospice**.

**We will not pay your claim**

**unless it is received within 26 weeks of the following:**

- the date that **you** tender each payment (i.e. cash; credit/debit card; cheque) to the practitioner/supplier for treatment, goods or services
- the date on which **you** were discharged as an **in-patient**
- the date of each attendance for Day Surgery benefit
- the child's date of birth; the date a child is **placed** with **you** for adoption

It is **your** responsibility to ensure that **you** allow sufficient time for the claim to reach **us** within the 26 weeks deadline. **We** will not accept any responsibility for claims (or supporting evidence) lost, delayed or damaged in the post.

If **you** can claim part or all of **your** costs under another Westfield Health plan, or from any other source, **you** are not entitled to receive more than the total amount that **you** have paid. If **you** are claiming from another insurer **we** will pay **our** proportionate share of the cost, subject to benefit being available and the terms and conditions of **your plan**.

**You** should only submit a claim if the person who has received the treatment, goods or service is eligible to claim under that specific benefit. If the claim is for **your dependent child** **we** may require proof of **your** relationship with them. It is **your** responsibility to provide complete and accurate information with the claim. When **you** submit a claim, for audit purposes **we** will carry out checks on the information **you** and practitioners provide to **us** and **we** will not process that claim, or any further claims on **your** policy, until **we** have successfully completed our audit checks. If **we** make a reasonable request for additional information, this must be provided at **your** own expense.

In order for **us** to verify a claim it may be necessary for **us** to request a medical report from your GP, Consultant Physician or Consultant Surgeon at any time. **We** will only request a report when it is reasonably necessary in accordance with the Access to Medical Reports Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991, if a medical report is required **we** will write to **you** first to tell **you** why. If **you**, or where applicable **your** dependent child, do not give **us** **your** consent **we** will withhold payment of all claims and may terminate **your**

policy.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition** **we** will seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the terms and conditions of the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs that **we** have incurred.

If **you** are providing information about another person, **you** should ensure that **you** have their consent to do so.

If **you** submit a claim that is false, **we** will terminate **your** policy and **your** benefits as a policyholder will end immediately. **We** will not refund premiums paid for the **plan** and always take legal action for fraudulent claims.

### How we pay you

**We** will pay **your** claims directly into **your** bank/building society account. **You** can confirm payment online using My Westfield or by using the My Westfield mobile app. If **we** hold **your** email address, **we'll** also send confirmation straight to **your** inbox.

### Scanning Service

Scanning Service is not a cash benefit. To access the Scanning Service please refer to the Benefit Rules section.

### 24 Hour Advice and Information Line; Expert Medical Opinion; DoctorLine; Structured Counselling Sessions; Gym Discount; Westfield Rewards

For information on how to access these services please refer to the Benefit Rules section.

### How to claim Personal Accident

Once a claim has been submitted by **you** **we** will contact **you** to explain what happens next. Any document or evidence reasonably required by **us** to verify the claim shall be provided by **you** or on **your** behalf at **your** own expense. Any medical examination required by **us** to verify the claim will be at **our** expense. Any receipt which **you** or anyone acting on **your** behalf may give to **us** for benefits payable shall be deemed a final and complete discharge of all liability in respect of such benefit.

## 8. Worldwide cover

If, as a result of an emergency, a claim arises when **you** are temporarily travelling away from home anywhere in the World, on business or for pleasure, **you** can still make a claim. **You** (and if the claim relates to them **your** dependent child) must be

resident in the **UK** for a minimum of 6 months each year to be eligible for cover on this **plan**. When **you** submit a receipt for money that **you** have paid, **we** will use the currency exchange sell rate, supplied by **our** bank, on the date **we** process the claim.

If **we** request it **you** must provide **us** with evidence of your travel dates, these must be for a period of less than 28 days. All documentation supporting **your** claim should be in English. Entirely at **our** discretion **we** may agree to accept an English translation accompanying the original documents, when **you** have provided this at **your** own expense.

What benefits are covered (if included on **your** policy)

- Dental Accident
- Emergency Dental treatment
- Optical – replacement eyewear (glasses or contact lenses)
- Emergency admissions for In-patient or Day Surgery
- DoctorLine
- 24 Hour Advice and Information Line

All other benefits and services are not available.

This **plan** is not a travel insurance policy

## 9. Making a complaint

**We're** dedicated to making a healthy difference to the quality of life of **our** customers and the communities in which they live and work. **We're** proud of the service we provide but know **we** might not get it right all the time. When something goes wrong, **we'd** like to know so we can try to put it right for **you**.

### How to complain

**You** can contact **us** with **your** concerns by

- Phone 0114 250 2000
- Email [enquiries@westfieldhealth.com](mailto:enquiries@westfieldhealth.com)
- Post Westfield Health, PO Box 340, Sheffield S98 1XB
- Directly contact **your** sales consultant

**We'll** try to resolve them straight away. Sometimes **we** might need a little more time, but **we'll** keep **you** updated along the way.

When **we** receive your concerns **we'll**:

- Promptly acknowledge **your** complaint
- Assign **your** complaint to a case handler to review and investigate
- Keep **you** updated throughout
- Provide **you** with a written response

within 8 weeks of receiving **your** complaint

### If you're not satisfied with our response

If **you're** not satisfied, **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** will have 6 months from the date of **our** response letter to refer **your** complaint to the Ombudsman or **you** may lose **your** right to have the complaint investigated.

The Financial Ombudsman Service may not be able to consider a complaint if **you** have not provided **us** with the opportunity to resolve it first.

**We** would point out that the Ombudsman will only review complaints from 'eligible complainants', for which specific definitions apply. **You** should refer to the FOS for further guidance on this subject.

### What is the Financial Ombudsman Service?

The Financial Ombudsman Service (FOS) is an independent complaint resolution scheme. The FOS website recommends that **you** follow the process above before referring **your** complaint on to them, although **you** are able to ask them general questions regarding complaints at any time.

The FOS service is free of charge. The Financial Ombudsman Service can be contacted as follows:

Post: The Financial Ombudsman Service, Exchange Tower, Harbour Exchange, London E14 9SR

Telephone: 0800 023 4567 (free from a UK landline) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). Please call +44 (0) 207 964 0500 if calling from outside the UK.

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## 10. Compensation

Westfield Health is covered by the Financial Services Compensation Scheme.

In the unlikely event that **we** are unable to meet **our** obligations, **you** may be able to claim compensation. Further information is available from the Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY and by visiting [www.fscs.org.uk](http://www.fscs.org.uk).



## 11. General Conditions

### Governing Law

Once **your** application to register for the **plan** has been accepted by **us**, this **agreement** shall be governed by and construed in accordance with the laws of England and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of England in respect of any dispute or difference between them arising out of this **agreement**.

### Changes to this Contract

The Westfield Mosaic Health Cash Plan is provided to eligible employees, the cost of which is met by **your** employer. Some employers have chosen the option for employees to be able to pay an additional premium to upgrade their corporate paid cover and for an **additional adult** to purchase the **plan**.

From time to time upon renewal it may be necessary for **us** to alter the benefits payable under the terms of the **plan** or amend the rules relating to the **plan**. If **we** decide to make any such changes **we** will provide the employer with reasonable notice and **you** will be informed as soon as reasonably practicable to enable **you** to decide if **you** do not wish to continue **your** policy, except when it is not possible for **us** to do this, for example changes required by law. Any revisions will not extend the **benefit period** relating to each separate benefit.

A person who is not a party to this **agreement** shall not have any rights under or in connection with it by virtue of the Contracts (Rights of Third Parties) Act 1999 except where such rights are expressly granted in these terms and conditions but this does not affect any right or remedy of a third party which exists, or is available, apart from that Act. The rights of the parties to terminate, rescind or agree any variation, waiver or settlement under this **agreement** is not subject to the consent of any person that is not a party to this **agreement**.

**We** reserve the right to cancel the **plan**. If **we** intend to completely withdraw the **plan**, **we** shall provide **you** with reasonable notice. Where possible, **we** will try to offer **you** an alternative Westfield Health plan.

### Marketing Preferences

At Westfield Health, **we** help people to lead healthier lives and feel their best. **We** occasionally send out communications with ideas and

information on health and wellbeing, plus special offers that **we** think are of value to **you**, invitations to take part in our research panel Westfield Insiders, and on the products **we've** designed to help keep **you** and **your** loved ones healthy and happy.

**We'll** never make **your** data available to anyone outside Westfield Health for them to use for their own marketing purposes, **we'll** treat **your** data with respect and will keep **your** details safe and secure.

**You** can let **us** know what **you** want to hear about and how **you** want to hear about it using the application form (if available as part of **your** cover) or by visiting [westfieldhealth.com](https://www.westfieldhealth.com) to register or log in to My Westfield where **you** can also update **your** details.

**We'd** like to bring to **your** attention our Privacy Policy which details how **your** data is used and stored, and how to exercise **your** privacy rights.

Visit [www.westfieldhealth.com/aboutus/legal/privacy-policy](https://www.westfieldhealth.com/aboutus/legal/privacy-policy). Westfield Contributory Health Scheme Ltd (company number 303523), Westfield Health & Wellbeing Ltd (company number 9871093) are collectively referred to as Westfield Health and are registered in England & Wales.

To ensure that **we** maintain a high quality service **we** may monitor and record calls.

Calls to 01 and 03 telephone numbers from UK landlines and mobiles are normally included in free plan minutes if available; otherwise calls to 03 numbers cost the same as calls to 01/02 prefix numbers. Calls to 0800 numbers are free from consumers' mobiles and landlines in the **UK**.

### Language

In accordance with regulatory guidance **we** confirm the language **we** will use for communication purposes. It is: English.

### Additional Information

**We** are required to notify **you** that there may also be other taxes or costs which are not paid through, or imposed by, the insurance underwriter.

**The information contained within this plan guide is effective from 1st July 2022 and replaces all previously published information.**

## Definitions

Wherever the following words or phrases appear in this document in **bold type**, they have the special

meaning for the purposes of the **plan**, as detailed below.

### Additional Adult

This could be **your partner**, an adult child or any other adult.

### Agreement

The contract between Westfield Health and **you** for the provision of the **plan** governed by the terms and conditions set out in this **plan** guide.

### Benefit Period

The period of time over which the maximum allowance for each separate benefit is available to claim.

### Consultant Physician/ Consultant Surgeon

A registered **Consultant Physician** or **Consultant Surgeon**, including any individual holding an appropriate **Consultant Physician** or **Consultant Surgeon** position within a private or registered **hospital/treatment centre**.

### Dependent Child

A child who is:

- **your** child, **your** partner's child, a child that **you/your** partner have legally adopted or have legal guardianship of **and**
- is under 22 years old **and**
- not married/not in a civil partnership **and**
- living with **you** or is financially dependent on **you** and lives in the **UK**

A **dependent child** already included on **your** policy will cease to be eligible for **dependent child** benefits once they become 22 years old.

### GP

General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice.

### Hospice

An institution that provides palliative care for the terminally ill.

### Hospital/Treatment Centre

A medical facility that:

- has permanent facilities for caring for patients as an **in-patient** and/or a day patient **and**
- has facilities for medical practitioners to diagnose and treat injured or sick people **and**
- provides nursing services from qualified nurses/midwives who are on the Nursing and Midwifery Council (NMC) register (or an equivalent register if the hospital/treatment centre is outside UK) **and**
- is not a nursing home; **hospice**,



convalescent home; residential care home; prison; health spa/hydro.

### In-patient

Admission to a **hospital/treatment centre** for a full night stay, or longer. An **in-patient** stay will only be classed as a full night stay if the patient is admitted before 12, midnight.

### Medical Professional

This could be **your GP** or could be an Optician, Dentist, Physiotherapist, Chiropractor, Osteopath, Chiropodist, whose qualifications are already defined in the applicable benefit rules

### Partner

- A person **you** live with that **you** are married to, or a person that **you** permanently live with as if **you** are married to them

or

- A person **you** live with in a civil partnership, or a person that **you** permanently live with as if **you** are in a civil partnership

### Placed/Placement

When a **child** comes to live with **you** permanently with a view to being formally adopted by **you** in the future.

### Plan

The Westfield Mosaic Health Cash Plan.

### Policy Schedule

The statement from **us** confirming **your** (and where applicable **your dependent children's**) current benefits and level of cover.

### Policyholder

The person in whose name the **plan** is held.

### Pre-existing medical condition

Any medical condition, whether fully diagnosed or not, that **you** were aware of before applying for cover.

### Registration

- For corporate paid cover – **your** date of **registration** is the date that **your** employer elects to pay premiums from, for **your** cover

If Employee Upgrade Options and Additional Adult Cover are available this will be confirmed in **your** welcome pack and the method – direct debit, payroll or flexible benefit platform.

- For upgrade options/**additional adult** cover by direct debit – **your** registration date is the first day of the current month for application forms accepted by **us** before the 15th of that month. For application

forms accepted by **us** on or after the 15th of the month, it is the first day of the following month.

- For upgrade options/**additional adult** cover by payroll deduction – **your** registration date is the start of the pay period covered by **your** first/revised premium deduction.
- For upgrade options/**additional adult** cover by flexible benefit platform – **your** registration date is the date that, under the terms of the flexible benefits scheme, the employee is eligible for their benefit selections to start and which has been agreed by **us**.

### Surgical Procedure

A **surgical procedure** requiring the use of local, regional or general anaesthetic, for the purpose of treating disease, injury or abnormality by operating directly on or removing the affected part, or removing a foreign body.

### UK/United Kingdom

England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

### We/Us/Our

Westfield Contributory Health Scheme Ltd.

### You/Your/Yourself

The named Westfield Health policyholder.

## Our Privacy Policy

### Who we are:

“Westfield Health” (referred to as “we”, “us” or “our”) is a trading name of: Westfield Contributory Health Scheme Ltd, Westfield House, 60 Charter Row, Sheffield, S1 3FZ. Company Registration Number: 0303523. ICO registration number: Z5678949.

We have a Data Protection Officer who can be contacted in the following ways should you have any questions, complaints or feedback about your privacy. Please email: dpo@westfieldhealth.com or write to them via the above address. To view our full Privacy Policy please visit [www.westfieldhealth.com/about-us/legal/privacy-policy](http://www.westfieldhealth.com/about-us/legal/privacy-policy).

### What information we collect:

In relation to your plan, you may provide us with your personal details including:

- Your title, full name, postal and billing addresses, email address, phone number and date of birth;
- Your payment details;
- Information in relation to your

health, including any pre-existing medical conditions;

- Details in relation to your partner, friends or dependents for the purposes of adding them to your plan/policy or in order to create their own. Where you have provided information about another person you should ensure that you have their approval to do so.

### How we use it:

Information provided to us or collected in relation to your plan will be used by Westfield Health, or selected third parties to:

- Fulfill your order;
- Provide the benefits for which you have applied;
- Manage and maintain your records;
- Manage the underwriting and/or claims handling procedures (including your dependants' claims);
- Handle complaints and improve customer service;
- Administer marketing on behalf of Westfield Health. (You can change your details and preferences at anytime by logging into and using your My Westfield account or by calling our friendly Customer Helpline on 0114 250 2000);
- Prevent and detect fraud;
- Understand our customers better in order to provide tailored communications, a better experience and to improve our services.

We will record, and monitor telephone calls made to and from Westfield Health's sales and customer service teams. We do this in order to continuously improve our service to customers and for training purposes. This will also include the recording and monitoring of data relating to health and medical conditions. We do not record the element of telephone calls where any form of payment is being made.

### Sharing your information:

We may share information, including your health and medical information, with third parties or individuals. These may include:

- Other insurance providers in order to process your claims;
- For purposes of national security; taxation; criminal investigations or when we are obliged to do so by law;
- To prevent and detect fraud. This will include the recording and monitoring of Special Category

- data, such as health and medical conditions for all claims processed under your plan;
- Your employer (if they are paying some or all of the premium for your cover) where we have a reasonable belief that the claims activity is in serious breach of our terms and conditions and/or may be fraudulent;
  - Marketing agencies or mailing houses acting on our behalf

We'll never make your personal data available to anyone outside Westfield Health for them to use for their own marketing purposes without your prior consent.

#### How we look after your data:

We have achieved ISO27001 certification and we will protect the data that you entrust to us at all times via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other

#### How long we keep your data:

We will keep your personal data for a number of purposes, as necessary to allow us to carry out our business. Your information will be kept securely for up to 6 years following the date you cease to remain an active customer, after which time it will be archived, deleted or anonymised. In some cases for the purposes of processing your existing or future claims and for underwriting purposes, we may keep personal information for longer. Where we, at present, cannot technically erase the data we will ensure this is securely archived with restricted access.

#### Your Rights:

- **Right to be Informed:** We will always be transparent in the way we use your personal data. You will be fully informed about the processing through relevant privacy notices
- **Right to Access:** You have a right to request access to the personal data that we hold about you and this should be provided to you. If you would like to request a copy of your personal data, please contact our Data Protection Officer
- **Right to Rectification:** We want to make sure that the personal data we hold about you is accurate and up to date. If any of your details are incorrect, please let us know and we will amend them. You can also visit the My Westfield section of the website and update your details at any time
- **Right to Erasure:** You have the right to have your data 'erased' in

the following situations:

- Where the personal data is no longer necessary in relation to the purpose for which it was originally collected or processed
- When you withdraw consent
- When you object to the processing and there is no overriding legitimate interest for continuing the processing
- When the personal data was unlawfully processed
- When the personal data has to be erased in order to comply with a legal obligation

If you would like to request erasure of your personal data, please contact our Data Protection Officer. Please note that each request will be reviewed on a case by case basis and where we have a lawful reason to retain the data or where exceptions exist within our retention policy, then it may not be erased.

- **Right to Restrict Processing:** You have the right to restrict processing in certain situations such as:
  - Where you contest the accuracy of your personal data, we will restrict the processing until you have verified the accuracy of your personal data
  - Where you have objected to processing and we are considering whether Westfield Health's legitimate grounds override your legitimate grounds
  - When processing is unlawful and you oppose erasure and request restriction instead
  - Where Westfield Health no longer need the personal data but you require the data to establish, exercise or defend a legal claim
- **Right to Data Portability:** You have the right to data portability in certain situations. You have the right to obtain and reuse your personal data for your own purposes via a machine-readable format, such as a .CSV file. If you would like to request portability of your personal data, please contact our Data Protection Officer, this only applies:
  - To personal data that you have provided to us;
  - Where the processing is based on your consent or for the performance of a contract; **and**



- When processing is carried out by automated means
- **Right to Object:** You have the right to object to the processing of your personal data in the following circumstances:
  - Direct marketing (including profiling). Remember you can opt out at any time from marketing communications via our Marketing Preferences, available in My Westfield; **and**
  - Where the processing is based on legitimate interests
- **Rights in Relation to Automated Decisions Making Including Profiling:** You have the right to not be subject to a decision when it is based on automated processing. If you have any questions in relation to how your information is processed in this way, then please contact our Data Protection Officer.

#### Not Happy?

If you feel that Westfield Health has not upheld your rights, we ask that you contact our Data Protection Officer so that we can try and help.

If you are not satisfied with how Westfield Health processes your data, or believe we are not processing your data in accordance with the law you have the right to lodge a complaint with the Information Commissioner's Office (ICO). Please visit: [www.ico.org.uk](http://www.ico.org.uk)



Remember, our friendly Customer Care Team is here to help.

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Online

[westfieldhealth.com](https://www.westfieldhealth.com)

.....



Email

[enquiries@westfieldhealth.com](mailto:enquiries@westfieldhealth.com)

.....



Phone

0114 250 2000  
8:30am-5:30pm, Mon-Fri  
(except Christmas Eve  
and public holidays)

**W** Westfield  
Health

Postal address  
Westfield Health  
PO Box 340  
Sheffield  
S98 1XB

Westfield Health is a trading name of Westfield Contributory Health Scheme and is registered in England & Wales Company Number 303523. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609.

Registered Office is Westfield House, 60 Charter Row, Sheffield, South Yorkshire S1 3FZ

Westfield Health is a registered trademark.