

Healthy Choices

Health Cash Plan

Policy details



In return for the payment of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules.

Premium Table

Premiums are payable monthly by direct debit and include Insurance Premium Tax at the applicable rate.

Insured Persons	Bronze £	Silver £	Gold £	Platinum £
Personal Policies cover policyholder and Children	9.63	20.90	30.00	48.60
Family Policies cover policyholder, Partner and Children	19.25	41.80	60.00	97.20

Benefit Schedule

Benefits		Maximum per Insured Person per Benefit Year			
		Bronze £	Silver £	Gold £	Platinum £
Dental:	100% of cost	60	125	150	200
Optical:	100% of cost	70	125	150	200
Therapies: Combined maximum benefit	100% of cost	75	100	150	200
Chiropody/Podiatry:	100% of cost	-	50	100	150
Diagnostic Consultation:	100% of cost	100	200	300	400
Hospital In-Patient/ Day-Case Surgery: Up to 30 nights/days	Per night/day	20	20	30	40
Maternity/Paternity: (Adult only)	Per Child	50	100	200	300
NHS Prescription Charges/ Flu Vaccinations:	100% of cost	20	20	20	20
GP Helpline and Private Prescription Service:	Providing confidential access to a qualified registered GP, 24/7, 365 days a year offering diagnosis, advice and reassurance on a range of medical matters. The GP can also provide a private electronic prescription.				
Digital Skin Cancer Screening: (Adult only)	Quickly and easily scan a skin spot and receive an assessment and recommendation in minutes. Detects the signs of most common skin cancers.				
Digital Physiotherapy Assessment and Support: (Adult only)	Assess any musculoskeletal condition in minutes and get faster access to the right care, including, where appropriate, supported self-management				
Digital Dentistry: (Adult only)	Access to a qualified registered Dentist on demand offering support, advice and reassurance on a range of medical matters. Dentists can also authorise a private electronic prescription.				
Digital Eye Screening (Adult only)	Access an online eye screening test, that checks vision, astigmatism, visual field and contrast sensitivity, colour vision and depth perception to provide you an indication of your vision and eye health				

Where benefit is provided for Children the maximum amount is shared among all Children insured under this policy.

Policy Terms

Definitions

In this policy (except where the policy provides otherwise), the following expressions have the meanings shown below:

Benefit Year

Each individual benefit type e.g. dental, therapies, etc. has its own separate Benefit Year which is 12 calendar months from:

1. the first date of admission for hospital in-patient/day-case surgery, for which benefit is claimed;
2. the date of treatment on the first receipted account for charges made for dental, optical, diagnostic consultation, therapies, chiropody/podiatry, flu vaccinations or NHS prescription charges.
3. the date of birth on the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity benefit.

When a Benefit Year comes to an end the new Benefit Year for that benefit type will commence from the next claim received in accordance with items 1-3 above.

Child(ren)

Any Child of Yours and/or Your Partner who is below age 18 and permanently residing with You. Foster Children are excluded.

Insured Person(s)

The person(s) insured under the policy as shown in the policy schedule. The total number of all insured Children will be classed as one Insured Person.

Partner

The one person named as such in the policy schedule, who is Your lawful spouse (or some other person who cohabits with You) and who permanently resides with You.

We/Us/Our

BHSF Limited.

You/Your

The policyholder and where applicable, any Partner or Children covered under Your policy.

Premiums and Benefits

This health cash plan policy operates on the basis that each calendar month a new contract is formed between Us and You. We do not issue monthly reminder notices.

Subject to the remainder of this section, it is Your responsibility to pay premiums due under this policy monthly in advance to Us. Your policy will be cancelled if Your policy remains unpaid for 3 consecutive monthly premiums. The payment of benefits depends upon premiums being up to date at the time of the incident which gives rise to the claim.

We reserve the right to decline or cancel Your policy if:

- We suspect You did not tell the truth or, concealed information or failed to comply with the terms and conditions as more specifically set out in the General Condition 9; or
- You, anyone representing You, or anyone covered on Your policy, acts in a threatening or abusive manner towards a member of Our organisation, e.g. violent behaviour, verbal abuse, sexual, and/or racial harassment.

We reserve the right to vary the premiums, benefits or rules of this plan on giving You at least 21 days prior notice at Your last known address, or the email address registered to Your policy for:

- A change in the applicable rate of Insurance Premium Tax.
- A change in Our expected claims experience.
- Changes to regulatory requirements or legislation.

All rights to benefit cease after the last day of the period covered by the final premium payment.

If a pandemic or UK epidemic is declared by the World Health Organisation, We may choose to offer You a premium holiday. Please contact Our Helpdesk on 0121 454 3601 for details.

Age Limits

Cover is provided to You if You are age 16 or above, at the time of Our receipt of an application for either a new policy or a change to the level of cover of an existing policy. The same age requirement applies to any Partner to be included. Children are covered until the date of their 18th birthday.

General Conditions

1. If You wish to make any change to the persons insured, then You should make an application to Us and, if the changes are agreed, a new policy schedule will be issued.
2. Premiums and claims are payable in sterling.
3. This policy is bound by English law and shall be subject to the rule of English Courts, and the language We will use for communication purposes is English.
4. All persons insured under this policy must be normally resident in the United Kingdom.
5. Worldwide emergency cover is included in the policy in respect of emergency overnight admission to hospital, emergency dental treatment or emergency purchase of glasses which might be needed while a person insured under this policy is abroad in accordance with the respective policy terms. No other worldwide cover is included.
6. If You die, Your Partner, if insured under this policy, may apply for a new policy in their own name within 30 days of Your death, without any qualifying period applying.
7. A Child insured under this policy may, within 30 days of attaining age 18, apply for a new policy in their own name without any qualifying period applying.
8. Transfer to a lower premium plan is not normally permitted.
9. The submission of a false or altered claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
10. Cooling off period – You have 14 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us within the 14 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected. You can cancel Your policy at any time after the 14-day cooling off period with no premium refund. To cancel Your policy either call Our Helpdesk on 0121 454 3601, email Us at enquiries@bhsf.co.uk or write to Us at BHSF Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.
11. No sum payable under this policy shall carry interest.

Pre-Existing Conditions and Qualifying Periods

No hospital in-patient claim will be paid during the first two years of a new or upgraded policy in respect of any health condition, or related health condition, which existed or was being investigated before cover started. We may wish to verify medical information to support a hospital related claim.

Subject to this, and to the terms of this policy, the Insured Persons become eligible for benefit after 13 weeks from the start date of this policy, with the exception of maternity/paternity benefit which is subject to a 10 month qualifying period. No benefit will be paid in respect of treatment commenced during the qualifying periods, irrespective of the future duration of that course of treatment. The GP helpline and private prescription service is available from the start date of this policy.

If an Insured Person is admitted to hospital as an immediate casualty patient following an Accident, the requirement for the completion of the qualifying period for hospital in-patient benefit shall not apply.

If You have upgraded Your policy to a higher level of cover, then for the following 13 weeks (10 months for maternity/paternity) benefits are restricted to that which would have been payable under the previous level of cover; treatment commenced during this 13 week (10 months for maternity/paternity) period will be regarded as if the previous level of cover was still operative, irrespective of the future duration of that course of treatment.

What Is Covered

Dental

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council. Medical PPE is payable provided that it is required to undergo the treatment.

Benefit is not payable:

1. *for any prescription charges*
2. *for consumables such as toothbrushes, toothpaste, etc.*
3. *for veneers or whitening procedures*
4. *for premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees*
5. *for mouth guards used for engaging in sporting activities*
6. *for additional medical PPE purchased but not required to undergo treatment.*

Optical

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year. The benefit may be claimed for:

- 1 sight tests
- 2 spectacles
- 3 lenses
- 4 contact lenses
- 5 laser eye surgery
- 6 medical PPE as required as part of Your treatment only
- 7 prescription goggles/glasses used for engaging in sporting activities.

All of the above should be supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council. Laser eye surgery should be performed by a registered laser eye clinic.

Benefit is not payable:

1. *for frames only, cleaning solutions and sundries*
2. *for cataract surgery*
3. *for spectacles or lenses purchased under an optical care contract scheme*
4. *for sunglasses other than prescription sunglasses*
5. *for protective eyewear used in employment.*

Therapies

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Benefit Year, in respect of the following treatment:

1. **Physiotherapy treatment** including orthotics provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council (HCPC).
2. **Osteopathic treatment** including orthotics provided by a qualified practitioner registered with the General Osteopathic Council (GOsC).
3. **Chiropractic treatment** including orthotics provided by a qualified practitioner registered with the General Chiropractic Council (GCC).
4. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist who is a member of, registered with, or licenced by one of the following organisations:
 - British Medical Acupuncture Society (BMAS)
 - British Acupuncture Council (BAcC)
 - Acupuncture Association of Chartered Physiotherapists (AACP)
 - British Academy of Western Medical Acupuncture (BAWMA)
 - Chinese Medical Institute and Register (MCMIR)
 - Acupuncture Foundation Professional Association (AFPA)
 - Licenced Acupuncturist (Lic Ac)

- Association of Traditional Chinese Medicine and Acupuncture UK (ATCM), for practitioners with the prefixes FM, CA, CB and CC
 - British Acupuncture Federation (BAF)
 - British Acupuncture Association (BAA)
5. **Homeopathy treatment** provided by a professionally qualified and registered homeopath who is a member of, or registered with one of the following organisations:
- Homeopathic Medical Association (MHMA)
 - Society of Homeopaths (RSHom)
 - Alliance of Registered Homeopaths (MARH)
 - Faculty of Homeopathy (MFHom)
 - Federation of Holistic Therapists (FHT)
6. **Reflexology treatment** provided by a professionally qualified and registered reflexologist who is a member of, or registered with one of the following organisations:
- Member/Associate Member of the Association of Reflexologists (AMAR/AOR)
 - Fellow of the British Reflexology Association (FBRA)
 - Member of the Association of Reflexologists (MAR)
 - Member of the British Reflexology Association (MBRA)
 - International Institute of Reflexology registered (IIR)
 - International Federation of Reflexologists (MIFR)
 - Complementary and Natural Healthcare Council registered (CNHC)
 - The Federation of Holistic Therapists (FHT)
 - The Complementary Therapists Association (CThA)

We may vary Our list of accepted organisations in which the therapy practitioners are registered with, members of, or licenced by. The most up to date list can be found on Our website at <https://www.bhsf.co.uk/personal/health-cash-plan/> under the 'Downloadable Guides' section, or by calling Our Helpdesk on 0121 454 3601.

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for treatment which is not directly provided by the practitioner on a one-to-one basis*
3. *for homeopathic medicines or remedies*
4. *for acupuncture treatment used for cosmetic purposes*
5. *for sports massage*
6. *for any sundry items such as, but not limited to, creams and gels etc.*

Chiropody/Podiatry

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year, in respect of chiropody or podiatry treatment including orthotics provided by a qualified chiropodist or podiatrist who is a member of a body regulated by the Health and Care Professions Council (HCPC).

We may vary Our list of accepted organisations in which the therapy practitioners are registered with, members of, or licenced by. The most up to date list can be found on Our website at <https://www.bhsf.co.uk/personal/health-cash-plan/> under the 'Downloadable Guides' section, or by calling Our Helpdesk on 0121 454 3601.

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for treatment which is not directly provided by the practitioner on a one-to-one basis*
3. *for any sundry items such as, but not limited to, creams and gels etc.*

Diagnostic Consultation

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Benefit Year in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, described as such by the Care Quality Commission, on the recommendation of the Insured Person's General Practitioner. Within the maximum limits stated, tests used by the consultant which are required as part of the diagnostic process are covered.

Benefit is not payable:

1. *for consultations in connection with pension, insurance, emigration or employment matters or for legal or industrial actions*
2. *for the cost of any treatment*
3. *for the cost of room charges*
4. *for scans or health screening*
5. *for consultations which are covered under 'Therapies', below*
6. *for follow up consultations which do not form part of the initial diagnostic process*
7. *for scans or tests referred or requested by Your GP*
8. *for pregnancy related scans performed in an antenatal clinic.*

Hospital In-Patient/Day-Case Surgery

Benefit may be claimed according to the benefit schedule up to the combined maximum benefit of 30 nights/events per Insured Person in each Benefit Year, in respect of the following:

- 1 **Hospital in-patient** may be claimed on discharge from, or after 30 nights stay in, an NHS or registered private hospital or hospice, described as such by the Care Quality Commission, per Benefit Year, whichever is the sooner. A maximum of 30 nights benefit may be claimed in each Benefit Year, he/she must have been discharged for a period exceeding one month before payment for a consecutive Benefit Year commences.

Benefit is restricted to a maximum 20 nights per Benefit Year out of the 30 nights overall limitation for treatment in hospitals outside the United Kingdom.

- 2 **Day-case surgery** in respect of admission to an NHS or registered private hospital, described as such by the Care Quality Commission, for scheduled day-case surgery (including endoscopic procedures) performed under sedation or general/local anaesthetic where no overnight stay is included.

Benefit is not payable for hospital in-patient treatment:

1. *in respect of cosmetic surgery, stays in a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons*
2. *in respect of any period of home leave during a period of hospital in-patient treatment*
3. *in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy*
4. *for hospital stays during which a birth occurs or which immediately follows a birth except:*
 - 4.1 *if in-patient treatment for the insured mother continues beyond six consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the seventh night onwards*
 - 4.2 *if in-patient treatment for the insured Child continues after the date on which the mother is discharged, then hospital in-patient benefit for the Child may be claimed from the birth date of the Child*
5. *if not admitted to a ward.*

Benefit is not payable for day-case surgery:

1. *in association with a claim for in-patient benefit*
2. *in respect of cosmetic surgery, sterilisation, vasectomy, fertility treatment, pregnancy termination and out-patient treatments*
3. *for injections administered for the relief and/or control of pain.*

Maternity/Paternity

Benefit is payable according to the benefit schedule once in each Benefit Year for the birth of Your or Your Partner's Child or Children. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for Children under the age of three that You legally adopt. The benefit according to the benefit schedule is only payable to the policyholder, even where both parents are insured under this policy.

A **copy** of the birth certificate or the legal adoption papers must be attached to the claim form.

Benefit is not payable:

in respect of any birth or adoption which occurs within 10 calendar months of the start date of this policy.

NHS Prescriptions Charges/Flu Vaccinations

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Benefit Year, for the cost of NHS prescriptions charges or flu vaccinations carried out by one of the below practitioners:

- A pharmacist registered with the General Pharmaceutical Council (GPhC)
- A nurse registered with the Nursing & Midwifery Council (NMC)
- A doctor registered with the General Medical Council (GMC)

Benefit is not payable:

1. *for private prescriptions*
2. *for any vaccination other than influenza.*

GP Helpline and Private Prescription Service

The GP helpline is available 24/7, 365 days a year. Call to make an appointment with a qualified and registered GP at a time that suits You. The service is designed to offer diagnosis, advice, or reassurance on a range of medical matters.

- i. Access the service from anywhere, at any time, in a place You feel most comfortable.
- ii. GP's can authorise a private electronic prescription, which can either be used by a named pharmacy to dispense the prescription directly to You, or they can arrange for payment and delivery to You.
- iii. The service is not a replacement for Your own NHS GP. You may still need to see Your own GP or contact the emergency services if the doctor feels it is necessary. You should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency You should contact the emergency services.
- iv. You must pay for the cost of any prescriptions issued, the call to the helpline, and any costs from taking the advice You receive.
- v. This service is provided by our trusted service partner HealthHero. We reserve the right to change this service partner or any elements of this service without prior notice. We do not accept any legal responsibility for any information or advice You receive.
- vi. This service is subject to the HealthHero patient terms and conditions which are subject to change from time-to-time and are published at the following location:
<https://www.healthhero.com/terms-and-conditions>.

Digital Skin Cancer Screening

Quickly and easily scan a skin spot and receive an assessment and recommendation in minutes through the SkinVision app.

The service is intended to provide an immediate risk indication for the most common types of skin cancer. Simply open the SkinVision application on Your device and follow the guidance to take a photograph of Your skin spot. The service analyses Your photograph and provides a recommendation whether to visit a healthcare professional or Your GP for further review and investigation.

- i. Access the service from anywhere at any time.
- ii. You should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency You should contact the emergency services.

- iii. The service is intended to support self-assessments but is not to be used or relied on solely for any diagnostic or treatment purposes. If You are still worried about a skin spot after using the SkinVision service You should arrange a visit to Your GP. Any reliance by You is at Your own discretion and risk.
- iv. Your assessment is provided to estimate the risk of You developing the most common forms of skin cancer (i.e. melanoma, basal cell carcinoma, squamous cell carcinoma) over time. The risk assessment is based on a smartphone generated picture which is assessed by artificial intelligence and may be further reviewed by a panel of Dermatologists.
- v. The service is included as benefit in this policy but You must pay for any costs associated with accessing the service through your device.
- vi. This service is provided by Our trusted service partner SkinVision B.V. We reserve the right to change this service partner or any elements of this service without prior notice. We do not accept any legal responsibility for any information or advice You receive.
- vii. Neither We nor SkinVision shall be liable for any decision You take not to discuss Your skin health, personal risk factors and/ or results of Your assessment with Your GP.

Digital Eye Screening

Access an online eye screening test that checks vision, astigmatism, visual field and contrast sensitivity, colour vision and depth perception to provide You with an indication of Your vision and eye health. The service is intended to provide a screening service to identify potential issues with Your vision or problem with Your eye health.

- i. Access the service from anywhere at any time.
- ii. You should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency You should contact the emergency services.
- iii. The service is intended to help understand and support Your eye health, but is not to be used or relied on solely for any diagnostic or treatment purposes. This service does not replace a visit to Your Optometrist or Optician. Any reliance by You is at Your own discretion and risk.
- iv. The service is intended to provide an indication of notable issues with Your eye health or vision. It does not replace a full eye examination. It is highly recommended that You discuss Your personal risk factors and the results of Your assessment with a qualified Optometrist or eye health professional.
- v. You must pay for any costs associated with accessing the service through Your device and any costs from taking the advice You receive.
- vi. This service is provided by our trusted service partner Ocushield. We reserve the right to change this service partner or any elements of this service without prior notice. We do not accept any legal responsibility for any information or advice You receive.
- vii. We shall not be liable for any decision You take not to discuss Your personal risk factors and/or results of Your assessment with a qualified optometrist or eye health professional.

Digital Physiotherapy Assessment and Support

Access a digital physiotherapy assessment support service Phio Access, and where clinically appropriate, self-managed care through Phio Engage. The service is intended to help assess musculoskeletal concerns and signpost individuals to the right care. Where appropriate, You can easily manage Your own care, providing access to clinicians along the way.

It provides access to exercise programmes tailored to Your condition, designed to support Your recovery journey. The service also tracks progress and provides information to support Your path to recovery.

- i. Access the service from anywhere at any time.
- ii. You should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency You should contact the emergency services.
- iii. You must pay for any costs associated with accessing the service through Your device and any costs from taking the advice You receive.
- iv. This service is provided by Our trusted service partner EQL. We reserve the right to change this service partner or any elements of this service without prior notice. We do not accept any legal responsibility for any information or advice You receive.

Digital Dentistry

Providing access to a qualified registered Dentist on demand offering support, advice and reassurance on a range of matters. Dentists can also authorise a private electronic prescription. The service also provides access to a symptom checker and a range of information and support resources.

- i. Access the service from anywhere, on any Android or iOS device, at any time.
- ii. You must pay for the cost of any prescriptions issued, pay for any costs associated with accessing the service through Your device and any costs from taking the advice You receive.
- iii. This service is provided by Our trusted service partner Toothfairy™. We reserve the right to change this service partner or any elements of this service without prior notice. We do not accept any legal responsibility for any information or advice You receive.

How to Claim

For the GP helpline and private prescription service:-

For access to the GP helpline and private prescription service call **0800 083 2035** to arrange an appointment at a convenient time. Please have Your policy number to hand.

For the digital skin cancer detection screening, digital eye screening, digital physiotherapy assessment and support and digital dentistry:-

You can access these services through Your BHSF customer portal at <https://online.bhsf.co.uk/portal/customer/logon>.

For all other benefits the following applies:-

1. You can get a claim form by calling Our Helpdesk on 0121 454 3601, or by registering for Our customer portal at <https://online.bhsf.co.uk/portal/customer/logon>, where You can either download the claim form, or claim online for certain benefits.
2. The completed claim form with **detailed original** receipts (showing the date of the consultation, treatment or service provided and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 26 weeks of:
 - a. the date of discharge of the hospital in-patient stay or day-case surgery, or
 - b. the date of treatment on the original receipted account for consultation and related charges, or
 - c. the date of treatment on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 26 weeks, or
 - d. the date of birth on the **copy** birth certificate(s) or the date of adoption.
3. Receipts are retained by Us and become Our property.
4. An Insured Person, Partner or Child will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
5. Benefit may not be claimed from **all** insured sources for more than the total cost of consultation and associated fees, nor for more than the total cost of defined therapy, dental, optical treatment, NHS prescriptions charges, or flu vaccinations.
In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources.
6. Credit/debit card receipts are not accepted.

Benefit is only payable in respect of expense which is the direct responsibility of the claimant.

Payment of benefit is always made direct to the policyholder.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim covered under this plan then please visit Our website at www.bhsf.co.uk or call Our Helpdesk on 0121 454 3601.

Fraud

You must not act in a fraudulent manner. If You or anyone acting for You:

- a) makes a claim under the policy knowing the claim to be false or exaggerated in any respect, or
- b) makes a statement in support of a claim knowing the statement to be false in any respect, or
- c) submit a document in support of a claim knowing the document to be forged or false in any respect, or
- d) makes a claim in respect of any injury caused by a deliberate act or with the aid of an Insured Person.

Then:

- a) We shall not pay the claim.
- b) We shall not pay any other claim for that Insured Person which has been or will be made under the policy.
- c) We may at Our option declare the policy void.
- d) We shall be entitled to recover from You the amount of any false or altered claim already paid under the policy.
- e) We shall not make any return premium.
- f) We may inform the Police of the circumstances.

Customer Care

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact Us via Our Helpdesk on 0121 454 3601, Our email address at enquiries@bhsf.co.uk, or write to Us at BHSF Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.

In the event of a complaint, You should write to BHSF Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE, email Us at enquiries@bhsf.co.uk or call Us on 0121 454 3601, quoting Your policy number. If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You.

The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through Our complaints process and received Our response.

Protecting Your Data

At BHSF We are committed to protecting Your personal data and process it in accordance with all applicable data protection laws. Our aim in processing Your personal data is to deliver the best possible service to You whilst recognising the need to protect Your fundamental right to privacy.

We use Your personal data for such things as risk assessments, research and statistical purposes, claims handling and for the general administration of Your policy. For further information about how We handle Your personal data and Your rights please read Our privacy statement at www.bhsf.co.uk/privacynotice.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website www.fscs.org.uk

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Contact Us

By calling Our Helpdesk on:

0121 454 3601

Helpdesk opening hours: 9am-5pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and monitored for training and security purposes.

By emailing Us at:

Enquiries@bhsf.co.uk

Or by writing to Us at:

BHSF Limited

13th Floor

54 Hagley Road

Birmingham

B16 8PE

The latest version of Your policy terms can always be found online at www.bhsf.co.uk. You will need to register and create an account. You can do this at <https://online.bhsf.co.uk/portal/customer/logon>

Glossary

Term used	Explanation
Acupuncture	A traditional Chinese medicine using needles to target pain relief
Antenatal	During or relating to pregnancy
Cataract	A medical condition of the eyes
Chiropody	Specialist care of the feet
Chiropractic	A system of medicine based on the manipulative treatment of joints that are not in line
Consultation	A meeting with an expert such as a doctor
Diagnostic	Relating to the diagnosis of an illness/condition
General Practitioner (GP)	A doctor based in the community who treats patients with minor/moderate and chronic illnesses
Homeopathy/Homeopathic	A course of treatment where patients are treated with small doses of a substance that would cause the original medical issue
Optical	Relating to sight/the eyes
Osteopathic	Relating to the treatment of medical problems through massage of the skeleton and muscles
Physiotherapy	The treatment of illness or injury by physical means such as massage and exercise
PPE (Personal Protective Equipment)	This could be plastic aprons, face masks/shields, gloves, or the like, provided by the practitioner for either their, or Your use while attending Your appointment
Practitioner(s)	A medical professional practising in a specialised field
Prescription	An instruction written by a medical practitioner that authorizes a patient to be issued with a medicine or treatment
Reflexology	A therapy that applies gentle pressure usually to the feet or hands to stimulate energy flows within the body
Veneers	A tooth covering, usually made from porcelain