



Sodexo

Health Cash Plan

Policy Details



In return for the payment by You 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.

Premiums per month
including Insurance Premium Tax

Age Band - based on the age of the older adult to be insured	Bronze		Silver		Gold		Platinum		Diamond	
	Personal	Family	Personal	Family	Personal	Family	Personal	Family	Personal	Family
17 - 24	£6.34	£10.57	£10.57	£17.96	£15.32	£26.42	£21.13	£36.99	£28.01	£49.66
25 - 34	£6.61	£11.62	£10.83	£19.55	£15.59	£28.53	£21.40	£39.62	£28.26	£52.83
35 - 44	£6.86	£12.15	£12.68	£23.25	£15.85	£29.06	£21.66	£40.15	£28.53	£53.36
45 - 54	£7.93	£14.00	£14.00	£25.62	£17.69	£32.75	£22.19	£41.21	£29.06	£54.15
55 - 64	£8.45	£15.06	£15.32	£28.26	£21.66	£40.15	£26.42	£49.14	£31.17	£58.12
65 - 74	£8.71	£15.59	£15.59	£28.79	£22.19	£41.21	£26.94	£50.19	£31.70	£59.17
75 and over	£8.98	£15.85	£15.85	£29.06	£22.45	£41.48	£27.21	£50.46	£31.96	£59.44

Personal policies cover the policyholder only.

Family policies cover the policyholder, Partner and Children.

Benefit Schedule

Benefits		Maximum per Insured Person per Benefit Year/s*				
		Bronze £	Silver £	Gold £	Platinum £	Diamond £
Dental:	100% of cost	50	100	150	200	250
Dental Trauma:	100% of cost	200	400	600	800	1,000
Optical: Every two Benefit Years	100% of cost	50	100	150	200	250
Hospital in-patient:	Per night	-	10	20	30	40
Hospital day-case surgery:	Per event	-	10	20	30	40
Recuperation:	Lump sum	-	75	150	225	300
Diagnostic consultation:	75% of cost	100	175	250	400	650
Therapies: Combined maximum benefit	75% of cost	150	350	500	800	1,200
Chiropody & homeopathy: Combined maximum benefit	75% of cost	50	75	125	175	225
Maternity/paternity: (adult benefit only)	Per Child	-	75	150	225	300
Health screening: Every two Benefit Years	75% of cost	50	75	125	175	250
Hearing aids: Every two Benefit Years	75% of cost	100	150	300	500	750
Access to care: (adult benefit only) See Policy Terms		-	-	-	-	✓
Personal accident: (adult benefit only) See Policy Details		Up to 25,000	Up to 50,000	Up to 100,000	Up to 150,000	Up to 200,000
GP helpline and online consultation service:		24 HOUR, 7 DAYS A WEEK HELPLINE Providing access to a GP helpline 24 hours a day, 7 days a week. Also includes access to an online webcam consultation available Monday – Friday 8.30am to 6.30pm 0345 303 7417 - GP helpline 0345 127 7053 - Webcam consultation				
Private prescription service:		The private prescription service enables its doctors to issue private prescriptions and send them directly to a registered pharmacy for dispatch to a patient.				

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

*Unless shown otherwise the maximum benefit amount is payable per Benefit Year.

PERSONAL ACCIDENT COVER

BHSF Limited will, subject to the terms, conditions, provisions and exceptions of this policy, pay the relevant benefit(s) if during the period of insurance an insured adult sustains Bodily Injury caused solely and directly by violent, accidental, external and visible means, resulting directly and independently of any other cause within two years in loss or disablement as described.

Schedule of Benefits:

Insuring Clause: We agree to pay, in accordance with the Schedule of Benefits, if, during the period of insurance You sustain Bodily Injury as defined herein, subject always to the terms, conditions, provisions, limitations and exclusions hereof.

ACCIDENT ONLY COVER IS PROVIDED TO THE BHSF POLICYHOLDER AND INSURED PARTNER (if applicable)		Bronze	Silver	Gold	Platinum	Diamond
Paralysis	1.1 Quadriplegia Permanent and total paralysis of the two upper limbs and two lower limbs	£25,000	£50,000	£100,000	£150,000	£200,000
	1.2 Paraplegia Permanent and total paralysis of the two lower limbs, bladder and rectum	£10,000	£20,000	£40,000	£60,000	£80,000
Insanity	2 Permanent and Incurable	£5,000	£10,000	£20,000	£30,000	£40,000
Loss of Speech	3 Total and irrecoverable loss	£2,500	£5,000	£10,000	£15,000	£20,000
Loss of Hearing	4.1 Total and irrecoverable loss in: both ears	£2,500	£5,000	£10,000	£15,000	£20,000
	4.2 Total and irrecoverable loss in: one ear	£750	£1,500	£3,000	£4,500	£6,000
Loss of Sight	5.1 Total and irrecoverable loss in: both eyes	£5,000	£10,000	£20,000	£30,000	£40,000
	5.2 Total and irrecoverable loss in: one eye	£2,500	£5,000	£10,000	£15,000	£20,000
	5.3 Total and irrecoverable loss of the lens of one eye	£1,250	£2,500	£5,000	£7,500	£10,000
Loss of Limbs	6.1 Permanent total loss of use of both hands and feet	£5,000	£10,000	£20,000	£30,000	£40,000
	6.2 Permanent total loss of use of one hand or foot	£2,500	£5,000	£10,000	£15,000	£20,000
	6.3 Permanent total loss of use of four fingers and thumb of either hand	£2,000	£4,000	£8,000	£12,000	£16,000
	6.4 Permanent total loss of use of four fingers of either hand	£1,000	£2,000	£4,000	£6,000	£8,000
	6.5 Permanent total loss of use of one thumb of either hand:					
	6.5 Both joints	£1,000	£2,000	£4,000	£6,000	£8,000
	6.6 One Joint	£500	£1,000	£2,000	£3,000	£4,000
	6.7 Permanent total loss of fingers on either hand:					
	6.7 Three Joints	£250	£500	£1,000	£1,500	£2,000
	6.8 Two Joints	£175	£350	£700	£1,050	£1,400
	6.9 One Joint	£100	£200	£400	£600	£800
	6.10 Permanent total loss of use of toes:					
	6.10 All - one foot	£750	£1,500	£3,000	£4,500	£6,000
Fractures	7.1 Established non-union of fractured leg or knee cap	£500	£1,000	£2,000	£3,000	£4,000
	7.2 Shortening of leg by at least 5cm	£375	£750	£1,500	£2,250	£3,000
	7.3 Fracture or fractures of one or more bones of the:					
	7.3 Arm	£37	£75	£150	£225	£300
	7.4 Leg	£75	£150	£300	£450	£600
	7.5 Wrist	£37	£75	£150	£225	£300
	7.6 Ankle	£75	£150	£300	£450	£600
	7.7 Collar bone	£250	£500	£1,000	£1,500	£2,000
Burns	8.1 Full thickness burns which cover:					
	8.1 27% or more of the body surface	£1,000	£2,000	£4,000	£6,000	£8,000
	8.2 18% or more but less than 27% of the body surface	£800	£1,600	£3,200	£4,800	£6,400
	8.3 9% or more but less than 18% of the body surface	£600	£1,200	£2,400	£3,600	£4,800
	8.4 4.5% or more but less than 9% of the body surface	£300	£600	£1,200	£1,800	£2,400
Accidental Death	9	£2,500	£5,000	£10,000	£15,000	£20,000

If an insured adult was aged 75 or over at the start date of the policy then the above benefits are only payable at half the stated amounts.

Policy Terms

DEFINITIONS

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

Accident	Means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and location during the period of insurance.
Act of Terrorism	An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Benefit Year	<p>Each individual benefit type e.g. dental, therapies, etc. has its own separate Benefit Year which is 12 calendar months from:</p> <ol style="list-style-type: none">1. the date of admission for hospital in-patient or hospital day-case surgery for which benefit is claimed;2. the date of receipted account for charges made for dental, Dental Trauma, optical, diagnostic consultation, therapies, chiropody, homeopathy, health screening or hearing aids;3. the date of birth on the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity benefit. <p>Upon the expiry of a Benefit Year the new Benefit Year for that benefit type will commence from the next claim received in accordance with items 1-3 above.</p>
Bodily Injury	<p>Means identifiable physical injury which</p> <ol style="list-style-type: none">a. is caused by an Accident, andb. solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such Bodily Injury, results in Your death or disablement as provided for under this insurance within twenty-four calendar months of the date of such Accident. <p>Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which You are travelling, the date of such mishap shall be deemed to be the date of the Accident causing such Bodily Injury.</p>
Child(ren)	Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You. Foster Children are excluded.
Dental Trauma	Means an unforeseen event caused directly by an accidental external impact which results in dental injuries.

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, to any Partner or Children covered under Your policy.

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

PREMIUMS AND BENEFITS

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim. All rights to benefit cease after the last day of the period covered by the final premium payment.

We reserve the right to decline or cancel Your policy if We suspect any misrepresentation, concealment, fraud or failure to comply with the terms and conditions as more specifically set out in the General Conditions 9 and 10.

We reserve the right to vary the premiums/benefits on giving You at least four weeks prior notice at Your last known address for:

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

If maternity/paternity benefit is to be withdrawn then 12 months' notice will be given.

This policy will terminate when and if You cease employment with the employer through which it has been arranged. However, within 13 weeks of that happening You may apply to effect an alternative policy without any qualifying period applying.

AGE LIMITS

Cover, on the basis set out above, is provided to You if You are age 17 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. If You were aged 75 or over at the start date of the policy then the personal accident benefits are only payable at half the amount stated on the Schedule of Benefits.

GENERAL CONDITIONS

1. If You wish to make any change to the persons insured, then You should make 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 jurisdiction of English Courts.
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.
6. If You die, Your Partner, if insured under this policy, may apply for an alternative 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 an alternative policy in their own name without any qualifying period applying.
8. Transfer to a lower premium plan is not normally permitted.
9. Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles Us to terminate the policy forthwith and may invalidate any claims under the policy.
10. The submission of a false or misrepresented 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.
11. 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 629 1297, email Us at enquiries@bhsf.co.uk or write to Us at BHSF Limited, 2 Darnley Road, Birmingham B16 8TE.
12. 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 commenced. We may wish to verify medical information to support a hospital related claim.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit from the start date of the 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.

If You have upgraded Your policy to a higher level of cover, then for the following 10 months maternity/paternity benefit is restricted to that which would have been payable under the previous level of cover. Benefit for any treatment commenced prior to the date of transfer is restricted to that which would have been payable under the previous level of cover, irrespective of the future duration of that course of treatment.

Benefits

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.

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.*

Dental Trauma

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 dental examination and treatment costs to teeth and gums, provided by a qualified dental practitioner, who is on the Registers of the General Dental Council, required as a result of Dental Trauma.

Benefit is not payable:

1. *for denture replacements and repairs*
2. *for mouth guard or gum-shield replacements*
3. *for any injury incurred as a result of the influence of alcohol or drugs*
4. *for the cost of any routine dental treatment and examinations*
5. *for injuries incurred whilst participating in a contact sport where the appropriate mouth guard was not in place*
6. *for veneers or whitening procedures*
7. *for damage to teeth caused entirely due to pre-existing deterioration and not related to the injury claimed to have caused, or aggravated the condition.*

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.

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 and goggles/glasses used for engaging in sporting activities.*

Hospital in-patient

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 35 nights stay in, an NHS or registered private hospital described as such by the Care Quality Commission per Benefit Year, whichever is the sooner.

A maximum of 35 nights benefit may be claimed in each Benefit Year per Insured Person. If the maximum benefit has been paid for an Insured Person in a 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 of the 35 nights overall limitation for the following:

1. treatment in hospitals outside the European Union
2. geriatric or elderly rehabilitation, psychiatric treatment, rehabilitation, drug and substance abuse or alcoholism
3. treatment resulting directly or indirectly from terrorist action.

Benefit is not payable:

1. *in respect of hospital stays caused by a Pandemic, as defined by the Department of Health, such as, but not limited to, HIV/AIDS, Influenza, Avian Flu SARS, Zika Virus etc.*
2. *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*
3. *in respect of any period of home leave during a period of hospital in-patient treatment*
4. *in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy*
5. *for hospital stays during which a birth occurs or which immediately follows a birth except:*
 - 5.1 *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*
 - 5.2 *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*
6. *if not admitted to a ward.*

Hospital day-case surgery

Benefit is payable at the appropriate daily rate according to the benefit schedule for up to ten occasions in each Benefit Year per Insured Person following admission to an NHS or registered private hospital, described as such by the Care Quality Commission, for pre-arranged day-case surgery, including endoscopic procedures. This surgery must be performed under sedation or general/local anaesthetic and must be carried out in a hospital where no overnight stay is included.

Benefit is not payable:

1. *in association with a claim for hospital-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.*

Recuperation

Benefit is payable according to the benefit schedule **once** in each Benefit Year per Insured Person. It is paid automatically with a valid claim for hospital in-patient benefit for at least 10 consecutive nights. (No separate claim need be made.)

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 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.*

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** provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council.
2. **Osteopathic treatment** provided by a qualified practitioner registered with the General Osteopathic Council.
3. **Chiropractic treatment** provided by a qualified practitioner registered with the General Chiropractic Council.
4. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist who is a member of one of the following organisations:
 - British Medical Acupuncture Society
 - British Acupuncture Council
 - Acupuncture Association of Chartered Physiotherapists
 - British Academy of Western Medical Acupuncture
 - Chinese Medical Institute and Register

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 acupuncture treatment used for cosmetic purposes.*

Chiropody and Homeopathy

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. **Chiropody treatment** provided by a qualified chiropodist or podiatrist who is a member of a body regulated by the Health and Care Professions Council.

2. **Homeopathy treatment** provided by a professionally qualified and registered homeopath who is a member of one of the following organisations:
- Homeopathic Medical Association
 - Society of Homeopaths
 - Alliance of Registered Homeopaths
 - Faculty of Homeopathy
 - Federation of Holistic Therapists

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for homeopathic medicines or remedies*
3. *for treatment which is not directly provided by the practitioner on a one-to-one basis.*

Maternity/paternity

Benefit is payable according to the benefit schedule once in each Benefit Year for the birth of Your 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 provided 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.

Health screening

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each period of two Benefit Years for health screening performed in a hospital or health screening centre by medically qualified staff for WellWoman, WellMan, mammography, osteoporosis and heart disease screening.

Benefit is not payable:

1. *for any screening other than as stated above (and specifically not for tests carried out at a retail outlet, health club, fitness centre or the like)*
2. *for screening or examinations in respect of pension, insurance, emigration, or employment matters or for legal or industrial actions.*

Hearing aids

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in every two Benefit Years for new hearing aids supplied by a hearing aid dispenser registered with the Health and Care Professions Council.

Benefit is not payable:

1. *for hearing aid contract schemes*
2. *for replacement batteries*
3. *for repairs.*

Access to care

Benefit is the provision of telephonic information for the following:

1. Treatment choices for major conditions.
2. Advises of the most affordable price for You from private hospitals.

Personal accident cover

Children are not covered under this section of the policy. Children are not covered under this section of the policy. Benefit is provided under this section of the policy in accordance with the Schedule of Benefits if during the period of insurance an insured adult sustains Bodily Injury caused solely and directly by violent, accidental, external, and visible means resulting directly and independently of any other cause within two years in loss or disablement as described.

The maximum payable for Bodily Injury arising from any one Accident is the amount payable for Paraplegia shown under benefit 1 except for benefit payable for Quadriplegia. In the event that an Accident covered under this insurance should result in Your death within twenty-four months of the date of such Accident and prior to the definite settlement of a claim for disablement as provided for under Items 1 to 8 of the Schedule of Benefits, We shall pay instead of such claims for disablement the sum insured payable for Item 9 Accidental Death.

If an insured adult disappears during the period of insurance and is not found within twelve months of disappearing and sufficient evidence is produced that leads Us inevitably to the conclusion they have sustained Bodily Injury and that such injury has caused their death, the sum insured for Item 9 Accidental Death shall become payable hereunder. If at any time after such payment the insured adult shall be found to be living, the sum paid shall be refunded to Us.

The provision of personal accident cover will terminate on the date payment of benefit is made to You under any of benefits 1.1, 1.2, 2, 5.1, 6.1 and 9.

Exclusions:

1. War and other perils exclusion
We shall not be liable for death, expense, loss, damage or indemnity directly or indirectly resulting from or attributable to:
 - a. war, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection of military or usurped power, explosion of war weapon(s), act of an enemy foreign to the nationality of the insured adult or of the country in which the act occurs,
 - b. utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction
 - c. illness or sickness.
2. Nuclear/Radioactive Exclusion Clause
We shall not be liable for death, disablement, expense, loss, damage or indemnity directly or indirectly resulting from or attributable to nuclear reaction, nuclear radiation or radioactive contamination.
3. Nuclear, Chemical, Biological, Terrorism
We shall not be liable for any claim in any way caused or contributed to by an Act of Terrorism involving the use or release of, or the threat thereof of any nuclear weapon or device or chemical or biological agent.

4. **Electronic Data Recognition Clause**
We shall not be liable under this insurance for any claims in any way caused by or contributed to by the failure of, or the fear of failure of, or the inability of, any equipment or any computer program, to recognise, interpret correctly, or process any date as the true calendar date, or to continue to function correctly beyond that date.
5. **Dangerous or Hazardous activities**
If the Bodily Injury arises from aerial activities, except as a passenger in an aircraft operating under its own power. Or from taking part in, or practising for racing, competitions, rallies or trials on wheels or on horseback, hang-gliding, parachuting, parascending, paragliding or bungee jumping, mountaineering, rock climbing, potholing, caving or white water rafting, diving underwater involving the use of breathing apparatus, off-piste skiing, sleighing or snowboarding.
6. We shall not be liable for death, disablement or injury directly or indirectly resulting from:
 - a. Your suicide, attempted suicide, intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life), or You committing a criminal act.
 - b. You taking a drug which is not lawfully available or is only available on prescription by a qualified doctor or dentist. This exception does not apply if the drug was prescribed to You directly, and the prescribed dose was taken.
 - c. Is traceable to or is caused by any gradually developing bodily deterioration whatever the cause of that deterioration.
 - d. You engaging in a professional sport for which You receive payment or prize money, or in any form of operational duties as a member of the armed forces.
 - e. You engaging in aerial activities other than as a passenger.

GP helpline and online consultation service

Contacting Your GP for medical advice, reassurance or guidance, especially outside surgery hours or during the working day, can often prove inconvenient. And even after You've called the surgery, You may face a long delay or have to take an appointment at an inconvenient time.

To help provide reassurance, You are provided with access to a 24 hour 7 days a week GP telephone consultation service.

The service provides:

- Private GP telephone consultations 24 hours a day, 7 days a week.
- The doctor can provide advice, diagnosis, reassurance and a course of action as necessary.
- The doctor can provide advice, diagnosis, reassurance and a course of action as necessary. All advice is specific to You taking into account Your own personal medical history.
- You can call as often as You need; consultations can be as long as appropriate.
- You can call about any health or medical concerns You would normally ask Your own GP but the service is not intended to replace Your own NHS GP. In an emergency, You should always contact Your NHS GP or the Emergency Services.

- A trained operator takes the call and consultations are scheduled with the doctor who calls You back at a convenient time. There is plenty of time for an in-depth consultation if required.

Private prescription service

As part of the GP helpline and online consultation service a private prescription service is also included.

Claims Procedure

For personal accident cover:-

Notice shall be given by contacting Us as soon as practicable of any Accident which causes or may cause a claim to be made under this insurance. If disablement results or may result, You must place Yourself as early as possible under the care of a qualified medical practitioner.

In the event of a claim under this cover, You shall if requested by Us provide medical records which We reasonably require in order to assess a claim and to allow the medical adviser or advisers appointed by Us to examine You as often as may be reasonably deemed necessary by Us.

For access to care:-

If You wish to access this service please call **0800 074 4319** and remember to have Your policy number to hand.

For the GP helpline, online consultation, and private prescription service:-

To arrange Your private GP telephone consultation, please call **0345 303 7417** and remember to have Your policy number to hand. If You need a prescription following Your consultation this can be arranged at the time of the call through Your private prescription service.

If You wish to access the webcam consultation please call 0345 127 7053 with the above details to hand.

For all other benefits the following applies:-

1. You can get a claim form from Our website www.bhsf.co.uk, or by phoning Our helpdesk on 0121 629 1297. By registering for Our customer portal You can 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 13 weeks of:
 - a. the date of discharge of the hospital in-patient, or
 - b. the date of hospital day-case surgery, or
 - c. the date on the original receipted account for consultation and associated charges, or
 - d. the date 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 13 weeks, or
 - e. 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. Insured Persons 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 or optical treatment, chiropody, homeopathy, health screening or hearing aids. 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 an Insured Person.

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 telephone Our Helpdesk on 0121 629 1297.

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 fraudulently 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 occasioned by a wilful act or with the connivance 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 misrepresented 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 telephone helpline on 0121 629 1297, Our email address at enquiries@bhsf.co.uk, or write to Us at BHSF Limited, 2 Darnley Road, Birmingham, B16 8TE

In the event of a complaint, You should write to BHSF Limited, 2 Darnley Road, Birmingham, B16 8TE, email Us at customercare@bhsf.co.uk or telephone Us on 0121 629 1297, 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

We will store Your information in accordance with General Data Protection Regulations. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

At BHSF We are committed to protecting Your data and compliance with data protection legislation. Our aim in processing Your data is to successfully deliver Our service to You with an appropriate level of data sharing whilst recognising the need to protect Your fundamental rights to privacy.

For further information please see Our full Privacy Statement by visiting Our website www.bhsf.co.uk/privacynotice. This document fully sets out how and why We are processing the information We have on You. It also explains Your rights to access, rectify, restrict or erase Your data.

Financial Services Compensation Scheme (FSCS)

BHSF Limited is 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 the Prudential Regulation Authority.

BHSF Limited
2 Darnley Road
Birmingham
B16 8TE
Email: Enquiries@bhsf.co.uk
Tel: 0121 454 3601
0121 629 1297 (Helpdesk)

Helpdesk opening hours: 8:45am-5:30pm Monday-Friday
(Excluding Bank Holidays)

Calls are recorded and may be monitored for training and security purposes.

Signed for and on behalf of BHSF Limited



Geoff Guerin
Chief Operations Officer



