Your little guide to health cover with big benefits.

Westfield Mosaic Health Cash Plan

Westfield Health

Hello.

A warm welcome to your health cover from Westfield Health. We've been dedicated to supporting the health of the nation since 1919.

A century on and we still have the same beliefs, vision and values we've always had – to support you throughout your working life with innovative, best in class health cover.

And we've got some good news. If your employer has paid for your Mosaic Health Cash Plan, 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).

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.

As a not for profit company, we reinvest our surplus in products and services that directly benefit our customers. Through our charitable donations, we support the NHS and medically related charities to help our customers and the community to lead healthier lives.

Getting started.

This handy little guide provides details of all the benefits and services available on the Westfield Mosaic Health Cash Plan. Take a look at your welcome letter and policy schedule to see which benefits and services have been chosen for you, from the full range available. 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.

We're not satisfied unless you are.

At Westfield Health, we're renowned for our customer care and we continually strive to be even better. Year after year, we pick up awards for being the UK's best cash plan provider, so when you talk to us, you know we'll be fully committed to working harder 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 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 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 your partner. Details of premiums, benefits and how to apply for additional cover are detailed in your welcome letter (if this option has been chosen for you).

Any additional premiums are collected by Direct Debit.

> **"I've been through a lot medically, but having my Westfield cover to help has been fantastic. From run of the mill things like eye checks and visits to the dentist, to more serious issues, I have always had excellent service."**
>
> Customer testimonial

Your cover: a few useful pointers.

Here's a little helpful 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 13 weeks to make a claim.

Please submit your claim within 13 weeks. Those 13 weeks start from the date you make each payment for treatment, goods or services.

If they're included in your cover, the 13 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 13 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:

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

Did you know you're covered worldwide?

You can even use your cover when abroad. For example, if you're overseas and you need to visit the dentist and your plan includes a dental benefit, you can still claim for the treatment you pay for. 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. Simply 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. This may be verbal or written.

It's easy to check your benefit balance:

Phone

0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve and public holidays)

Online

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.

Claim money back in three easy steps:

1. Receive and pay for your healthcare treatment as normal

2. Complete a claim form and send it to us, together with your receipt, within 13 weeks of the date of each payment

3. Receive payment directly into your bank or building society account

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. You will then receive payment confirmation showing what you've claimed and any remaining benefit balance.

Once you've made your claim, you may need more claim forms ready for your next healthcare treatment. Simply phone, text or email us for a new 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.

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 either manage or view your account online. Just visit **westfieldhealth.com** and you can register or log in to change your details, view your plan guide, check benefit balances and order claim forms.

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

Email.
You can email us too at **enquiries@westfieldhealth.com** – we're only a click away.

Contact us:

Online
westfieldhealth.com

Email
enquiries@
westfieldhealth.com

Phone
0114 250 2000
8am-6pm, 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 30** 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**

Post: Data Protection Officer
Westfield Health
Westfield House
60 Charter Row
Sheffield
S1 3FZ

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

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/**partner** cover will be available and they also choose the benefits and (where applicable) the monetary benefit allowances that their scheme will offer. An employee's **partner** who decides to take out the **plan** will hold his or her own policy.

Where cover is included for **your dependent children** the benefit allowance shown on **your Policy Schedule** is the maximum amount available to be shared between all **your dependent children**.

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 21 to 27.

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 8 and **benefit periods** in section 7 of the General Terms and Conditions.

If there is anything about these benefit rules 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 Health e-Hub smartphone app

Policyholder: For **you**, **your partner** and **your dependent children**.

The 24 Hour Advice and Information Line and Health e-Hub smartphone app are provided by Health Assured Ltd.

The telephone service and Health e-Hub app can be used by **you**, **your partner** and adult dependent children who are 18 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 or when **you** access the Health e-Hub app. The scheme number doesn't identify individual users and any usage statistics given to an employer don't include any personal information.

To access the 24 Hour Advice and Information Line:
Phone 0800 092 0987 or **0145 525 5123.**
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.

To access the Health e-Hub:
You will need to register to use this service. Please use your 24 Hour Advice and Information Line scheme number, as both your user name and password.

Visit: www.healthassuredeap.co.uk
Download: Health e-Hub available on iOS and Android

What's covered...

- Unlimited use of **our** confidential telephone service, giving you and your family support from a team of qualified professionals
- Telephone support from a fully trained 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 an experienced 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. 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
- Access to online resources via the Health e-Hub app and wellbeing portal to help overcome life's mental and financial wellbeing challenges. It's the UK's largest library of wellbeing resources, giving you access to videos, guides, webinars, factsheets, self-help programmes, interactive tools and educational resources

What's not covered...

- Face to face counselling or structured telephone counselling
- 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
- 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
- Telephone counselling won't be offered if it's clinically inappropriate for the service to take your case e.g. if it would be beneficial for you to seek long-term counselling or medical care
- Legal advice or information about employment disputes
- Exclusions (see section 6, General Terms and Conditions)

Best Doctors®

Policyholder: For **you, your partner** and **your dependent children**

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 Best Doctors, 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, Best Doctors 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. Best Doctors 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 Best Doctors 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 Best Doctors leading medical specialists
- Re-testing of biological samples, if required
- A confidential report from the specialist, sent directly to you
- Help from the Best Doctors 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 inpatient
- Face to face consultations; new tests and investigations; treatment
- A second opinion to support a complaint or legal action
- Exclusions (see section 6, General Terms and Conditions)

Chiropody

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

When...

- **you** receive and pay for treatment from a registered **Chiropodist/ Podiatrist** (see Definitions section) and
- **you** submit **your** claim in accordance with section 8, 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
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

Consultation

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

When...

- your **GP** recommends referral to a **Consultant Physician** or **Consultant Surgeon** and
- **you** pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification (see Definitions section) and
- **you** submit **your** claim in accordance with section 8, 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
- 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)
- consultations or treatment relating to vasectomy or sterilisation (including reversal)
- consultation or treatment relating to cosmetic surgery
- medical examinations, consultations or reports for the purpose of your employment, legal, or insurance reasons
- room fees, nursing charges, prescription items/charges or sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

Continued overleaf

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**, or **registered treatment centre** as a day case patient and
- **you** are required to sign a consent form and are allocated a **bed** – the use of which is normally for a period of supervised recovery and
- **you** submit **your** claim in accordance with section 8, 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

We will not cover...

- **out-patient** attendances, including procedures carried out in an **out-patient** setting
- tests or investigations e.g. biopsies and endoscopies carried out for investigative purposes only
- treatment and/or pain relief administered by injection
- cardioversion
- 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 6, General Terms and Conditions)

Dental

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

When...

- **you** pay a **Dentist** and
- **you** submit **your** claim in accordance with section 8, 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

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

Dental Accident

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

When...

- **you** pay a **Dentist** 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. If **you** are an employee's **partner** the accident must have occurred after the date that **your** current Westfield Mosaic policy commenced: that policy must have also been renewed each year without a break in **your** cover and
- **you** submit **your** claim in accordance with section 8, 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
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

DoctorLine™

Policyholder: For **you**, **your partner** and **your** dependent children.

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.

Webcam appointments are available between 8.30am-6.30pm **UK** time; Monday to Friday, except on public holidays. 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.

Our DoctorLine™ service is provided by Medical Solutions UK Ltd.

You and **your** resident family can call DoctorLine™ from anywhere in the world, 24/7. An experienced healthcare operator will take your details and arrange a call back 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.

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 the DoctorLine™ **GP** thinks that prescription medicine would be appropriate, they 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 it is usually delivered the next working day. The online pharmacy service will call you to take your payment by credit 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.

What's covered...

- Telephone consultations with a qualified practising **GP**
- 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. The **GP** can use 3D medical images of the body to explain your medical condition
- An electronic private prescription service, that delivers the medication that you buy to your home or place of work
- 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, or your own pharmacy
- 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 6, General Terms and Conditions)

Face To Face Counselling Sessions
Including Cognitive Behavioural Therapy (CBT)

Policyholder: For **you**

Provided by Health Assured Ltd.

Please have your scheme number ready when you call.

What's covered...

- For **you,** the **policyholder,** up to six face to face sessions, structured telephone counselling sessions or six CBT sessions in any 12 consecutive months, starting from the first session. **Your** telephone counsellor will arrange counselling, or Cognitive Behavioural Therapy (CBT), if they think that it would benefit **you**

What's not covered...

- Sessions for **your** family: only the **policyholder** is covered for face to face, structured telephone counselling or CBT sessions. **Your** family can speak to a counsellor on the telephone 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 ongoing 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/CBT sessions. **You'll** need to travel to the nearest available Health Assured associate counsellor/therapist. **You** may have to go further to get CBT or counselling for any special requirements
- Exclusions (see section 6, General Terms and Conditions)

Health Club Concession

Policyholder: For **you**

Helping you to get fit for less.

Online **www.westfieldhealth.com** to log onto **your** account, or to register for My Westfield access; then choose Health Club Concession to link through to the Health Club Locator.

Phone **0345 123 5327**
Available 9am-5pm, Monday to Friday except public holidays. Calls may be recorded.

To register **you'll** need **your** Westfield Health policy number. Full instructions are on the roadtohealth website.

Your cover has been designed to help keep **you** in the best possible shape. With access to discounted membership at local gyms you can start improving **your** health right away. Simply use the online Health Club Locator to find **your** best deal.

What's covered...

- Easy online access to concessionary membership deals from a national network of health clubs
- Seasonal offers that are regularly updated
- Online vouchers that **you** print and take to **your** chosen health club
- A telephone helpline if **you** can't register online or have any questions

What's not covered...

- Some deals aren't available to existing health club members
- Exclusions (see section 6, General Terms and Conditions)

Health Screening

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 8, 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...

- full health screening; well-woman screening; well-man screening; breast screening; heart disease screening; bone density screening†

We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- health screening arranged by **your** employer or screening carried out at **your** workplace
- any health screening check, medical examination, consultation or report for the purpose of **your** employment, legal or insurance reasons
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

†For a bone density screening check, **you** must supply evidence that it has been specifically recommended by **your GP**.

Private Health Insurance

For full details please refer to the separate Private Health Insurance plan guide in **your** individual Welcome Pack.

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**, **registered treatment centre** or **hospice** and
- **you** submit **your** claim in accordance with section 8, 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** (these nights do not have to be consecutive)
- claims submitted when **you** are discharged as an **in-patient**

We will not cover...
- maternity related admissions for the first 10 nights
- any type of **in-patient** admission where the **hospital** could be regarded as **your** permanent residence
- admissions for rehabilitation, domestic reasons or respite care
- exclusions (see section 6, 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 8, 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 6, General Terms and Conditions)

Optical

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

When...
- **you** pay an **Optician** and
- **you** submit **your** claim in accordance with section 8, 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
- payments that **you** make for prescription contact lenses supplied under a monthly scheme, when **you** obtain an itemised receipt

We will not cover...
- repairs to frames
- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- solutions for contact lenses
- any insurance or peace of mind guarantee
- sundry items
- missed appointment fees
- exclusions (see section 6, General Terms and Conditions)

Scanning Service
MRI, CT and PET scans

Policyholder: Just for **you**.

Phone **0345 345 4556**
8am-6pm, 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**. **You** will need to forward 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 of site variations. The scanning service doesn't cover all types of MRI, CT and PET scans.

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 is arranged outside of Alliance Medical, even if at one of the Alliance Medical sites: the scan must not be booked by **you** or **your** consultant. Any bookings not pre-authorised by Alliance Medical's National Accounts team will result in **you** paying the cost of the scan and **you** being unable to claim this cost from **your** policy
- 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** have symptoms and cancer is suspected but hasn't been diagnosed
- Scans that need sedation or a general anaesthetic
- Scans if **you're** pregnant
- Scans if **you** weigh more than 133kg/21 stones, please advise before booking as alternative arrangements can be made
- A CT scan if **you** 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 a suitable facility can be sourced, 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 a medical condition
- X-rays; ultrasound scans
- Scans outside the **UK**, Channel Islands or Isle of Man
- Exclusions (see section 6, 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
- The consultant must date and sign the referral

Failure to comply with any of the above may result in a delay or refusal of **your** scan.

Step 3
Your consultant sends the scanning team the request form (or referral letter).
Email: **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 have all the required 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 345 4556; 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

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 Definitions section) and
- **you** submit **your** claim in accordance with section 8, 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
- scans e.g. MRI, ultrasound (see Scanning Service and/or Consultation benefit, where these benefits are included in your cover)
- sundry items
- missed appointment fees
- 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 6, General Terms and Conditions)

Continued overleaf

*To ensure that you choose the most appropriate treatment **we** strongly recommend that you take advice from your **GP** or **Consultant Physician/Consultant Surgeon**. For any ongoing treatment **we** may ask **you** to provide **us** with written confirmation from your **GP** or **Consultant Physician/Consultant Surgeon** that they recommend a continued course of treatment for your medical condition.

Wellbeing & Alternative Therapies

For full details please refer to the separate Wellbeing & Alternative Therapies guide in **your** individual Welcome Pack.

Westfield Rewards

Policyholder: Just for **you**.

Westfield Rewards is provided by Reward Gateway.

Website www.westfieldrewards.co.uk to register for Westfield Rewards.

Helpdesk 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.

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. Westfield Rewards 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

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 6, General Terms and Conditions)

Personal Accident Cover

Policyholder: Just for **you**

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

Conditions of your cover
Please read this summary together with the rest of the Personal Accident Cover benefit rule on pages 18 to 20.

- 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 19
- The maximum amount of benefit that **we** will pay for one **accident** is equivalent to the amount for **permanent total disablement**, item 2 in the scale outlined on page 19
- 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**

We will cover...

- **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**

We will not cover...

- 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 time 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 **war**: except when **war** is declared in the country that **you** are travelling to after **you've** already left the country where **you** live
- **Bodily injury** caused or contributed to in any way 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
- **Bodily injury** caused or contributed to by **your** suicide, attempted suicide or deliberate self-inflicted injury, regardless of the state of **your** mental health
- **Bodily injury** caused or contributed to in any way 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
- 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**
- **Bodily injury** caused or contributed to by **you** committing an illegal act

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.

Please refer to your Policy Schedule for your level of cover					
Personal Accident	**£10,000**	**£20,000**	**£30,000**	**£40,000**	**£50,000**
1. Death as a result of an **Accident**	£10,000	£20,000	£30,000	£40,000	£50,000
2. **Permanent Total Disablement**	£10,000	£20,000	£30,000	£40,000	£50,000
Permanent disability benefits	**£10,000**	**£20,000**	**£30,000**	**£40,000**	**£50,000**
3. **Loss of Sight** – both eyes	£10,000	£20,000	£30,000	£40,000	£50,000
4. **Loss of Speech**	£10,000	£20,000	£30,000	£40,000	£50,000
5. **Loss of Limb** – one or more limbs	£10,000	£20,000	£30,000	£40,000	£50,000
6. **Loss of Sight** – one eye	£5,000	£10,000	£15,000	£20,000	£25,000
7. **Loss of Hearing** – both ears	£5,000	£10,000	£15,000	£20,000	£25,000
8. **Loss of Hearing** – one ear	£1,500	£3,000	£4,500	£6,000	£7,500
9. **Loss** of:					
a foot below the level of the ankle (talo-tibial joint)	£5,000	£10,000	£15,000	£20,000	£25,000
a hip, knee, ankle or thumb	£2,000	£4,000	£6,000	£8,000	£10,000
a forefinger or big toe	£1,500	£3,000	£4,500	£6,000	£7,500
any other finger	£1,000	£2,000	£3,000	£4,000	£5,000
any other toe	£500	£1,000	£1,500	£2,000	£2,500
10. Permanent and total loss of use of:					
the back or spine below the neck, with no damage to the spinal cord	£4,000	£8,000	£12,000	£16,000	£20,000
the neck or cervical spine, with no damage to the spinal cord	£3,000	£6,000	£9,000	£12,000	£15,000
a shoulder, elbow or wrist	£2,500	£5,000	£7,500	£10,000	£12,500

11. 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 6 in this scale.

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 21 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 of limb
With reference to:
- an arm – amputation or complete and permanent loss of all functional use – at or above the wrist joint
- a leg – amputation or complete and permanent loss of all functional use – at or above the ankle (talo-tibia joint)

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..

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**, Channel Islands or Isle of Man for a minimum of six months each year to be a Westfield Mosaic Health Cash Plan **policyholder**.

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

You can only hold one Westfield Mosaic Health Cash Plan policy at one time.

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 to be shared between all **your dependent children**. **We** will send **you** a **Policy Schedule** that includes details of the benefits and services that apply to **your** cover.

If **you** have been provided with Private Health Insurance and/or Wellbeing & Alternative Therapies cover a separate plan guide will be included in **your** Welcome Pack.

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**.

However, if **your** employer is also providing **you** with Private Health Insurance cover, please refer to **your Policy Schedule** and Private Health Insurance plan guide for full details of the terms and conditions, including any exclusions relating to **pre-existing medical conditions**, that apply to **your** Private Health Insurance cover.

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 Partner Cover
The employer decides whether employee upgrades/**partner** 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. Where cover is included for **your dependent children** the benefit allowance shown on each level is the maximum amount available to be shared between all **your dependent children**. 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

Continued overleaf

Employees' **partners** who are eligible for cover can apply:

- For a policy on any of the levels of cover offered

Partners choosing to have cover will hold a separate policy. If an employer is providing their employees with Private Health Insurance cover employees' **partners** taking out a policy must also purchase this benefit. However, please note that the terms of Private Health Insurance cover for the employee and their **partner** will not be exactly the same. Please refer to the separate Private Health Insurance plan guide included in your individual Welcome Pack.

An employee's **partner** 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 partner** 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 a **partner** 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.

2. Pre-existing medical conditions

Corporate Paid Cover and Employee Upgrades

Pre-existing medical conditions will be covered if **you** are receiving corporate paid cover (including for any **dependent children** covered on **your** policy) even if **you** upgrade **your plan** level. The exception to this is Private Health Insurance cover: **your** Private Health Insurance plan guide explains the exclusions relating to **pre-existing medical conditions**.

For Personal Accident please refer to Corporate Paid Cover and the Personal Accident benefit rule.

Partner Cover

Partner cover policies are only intended to cover new medical conditions.

You, and any **dependent children** included in **your partner** cover policy, will not be entitled to claim the following benefits (where applicable to **your** cover) for any **pre-existing medical conditions**:

24 Hour Advice and Information Line and online Health e-Hub; Chiropody; Consultation; Day Surgery; Dental Accident; Face to face counselling/ CBT; Health Screening; In-patient; Scanning Service; Therapy Treatments; Wellbeing & Alternative Therapies.

Please read the definition of a **pre-existing medical condition** on page 29 carefully, if **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not. Failure to tell **us** about a **pre-existing medical condition** may invalidate **your** policy. **We** may ask for information from your **GP** to confirm any details that **you** have given regarding **pre-existing conditions**. The application form, together with any information that **you** give, forms part of the contract of insurance.

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.

It may be necessary for **us** to request a medical report from your **GP**, **Consultant Physician** or **Consultant Surgeon**. **We** will only request a report when it is reasonably necessary and under the Access to Medical Reports Act 1988, 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** may decline **your** application for cover, or terminate **your** policy.

We will usually agree to accept **your** application on condition that any **pre-existing medical conditions** are not covered on **your** policy: if **you** are applying to increase **your** level of cover **you** will not be entitled to claim for **pre-existing medical conditions** from the date that **you** qualify for benefit at the higher level of the **plan**. Any **pre-existing medical condition** that may have arisen after **you** took out the **plan**, which you were previously covered for, will no longer be covered.

When **you** apply for a new policy, or ask **us** to increase **your** level of cover, it is **your** responsibility as the **policyholder** to send **us** written details of any **pre-existing medical conditions** on behalf of everyone covered on **your** policy. If you are providing information about another person you should ensure that you have their consent to do so.

If **your** application form was completed and signed by someone else on **your** behalf **you** must provide this information to Westfield Health within 7 days of **us** welcoming **you** as a **policyholder**, or 7 days of **us** acknowledging **your** request to move to a higher **plan** level.

For Personal Accident please refer to the Personal Accident benefit rule.

If **your** policy includes Private Health Insurance cover, **your** Private Health Insurance plan guide explains the exclusions relating to **pre-existing medical conditions**.

3. The contract between Westfield Health and you

Cooling Off Period – If you change your mind

If **you** apply for an upgrade option or **partner** 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 Partner Cover

Employee upgrade options and **partner** 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 **partners** 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 Partner Cover

Employees have the right to cancel an upgrade option and **partners** 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** or write to **our** Membership Team at **our** address, detailed on the back cover.

Re-applying for cover after you have cancelled

If **you** cancel **your** policy and then decide to re-apply for cover with **us you** will be subject to any **qualifying periods** for a new applicant to the plan **you** apply for. **You** will also need to sign a new declaration on the application form. 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.

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

4. 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.

If **you** have chosen an employee upgrade option please see below.

Employee Upgrade Options and Partner Cover

Premiums are payable by monthly Direct Debit to Westfield Health. 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. For more information please refer to section 8, How to Claim.

Your employee upgrade option or **partner** 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. **Partners** 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 a **partner** 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 **partner** cover policy will cease: **we** will notify **you** of the date that **your** policy ends.

Continued overleaf

We will not accept payment for more than 13 months cover in advance.

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

Where a benefit included in the **plan** is underwritten by another insurer, **our** agency agreements with insurers allow **us** to hold the premiums **you** pay in respect of these elements of the product as agent of the insurer and therefore payment to **us** means the same as if you have paid that insurer direct. This does not affect elements that **we** underwrite.

Change of employer or retirement
An employee's **partner** 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 partner** 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**. **Policyholders** who have already provided their bank/building society details to **us** to pay premiums for their employee upgrade option or **partner** cover policy will be automatically transferred onto an alternative plan. **We** will send **you** advance notice of **your** new premium rate and details of the plan to enable **you** to notify **us** if **you** do not wish to continue **your** cover with Westfield Health.

5. Qualifying Period and Benefit Availability

Corporate Paid Cover
Employees, who are eligible for corporate paid cover, qualify for Level 1 benefits from **your** date of **registration**, 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.

Employee Upgrade Options and Partner Cover
Employees applying for an upgrade option, **partners** applying for cover and all existing **policyholders** transferring to a higher level of the **plan**, will have to wait a **qualifying period** before **you** are eligible for most benefits.

Following **your** date of **registration**, at that **plan** level, **you** must renew **your** monthly contract with **us** for the required minimum number of consecutive months, detailed below, to qualify for each benefit.

Available from the date of **registration** (where applicable to **your** cover):
24 Hour Advice and Information Line and online Health e-Hub; Best Doctors®; DoctorLine™; Face to Face Counselling; Health Club Concession; In-patient – but only as a consequence of an accident; Scanning Service; Personal Accident cover; Westfield Rewards

10 months **qualifying period**:
Maternity/Paternity/Adoption benefit (where applicable to **your** cover)

3 months **qualifying period**:
All other benefits (where applicable to **your** cover)

If **you** have purchased Private Health Insurance please refer to **your** Private Hospital Insurance plan guide for the full terms of **your** cover.

Changes to your level of cover
If **you** transfer to a higher level of the **plan** until **you** have completed the **qualifying period we** will pay benefit at the lower **plan** level, if **you** have benefit available.

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.

6. 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 8, General Terms and Conditions
- claims that arise as a result of a **pre-existing medical condition** for eligible employees' **partners** who take out cover, or any **dependent children** covered on that policy. See section 1, General Terms and Conditions for details of the benefits that exclude cover for **pre-existing medical 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 practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim
- benefit for treatment, goods or services 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 arising as a direct consequence of any criminal proceedings brought against you
- 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 claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion or revolution

7. 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**. For Private Health Insurance claims please refer to **your** Private Health Insurance plan guide for details of the benefit availability.

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

8. How to claim

Claims can only be submitted on a Westfield Mosaic Health Cash Plan claim form. The claim form must be signed and dated by the **policyholder**.

To be entitled to claim, 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, for face to face/CBT 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 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:
- photocopies of receipts, 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 13 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 **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 **your** claim form must be completed, signed and stamped by the **hospital**, **registered treatment centre** or **hospice**. **We** do not accept photocopies of completed claim forms.

We will not pay your claim unless it is received within 13 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 13 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

Continued overleaf

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 and, under the Access to Medical Reports Act 1988, 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 **you** have a **partner** cover policy **pre-existing medical conditions** are not covered on the **plan** for some benefits.

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 and send **you** a remittance advice as confirmation. Alternatively **we** can pay **your** claims by cheque.

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 and online Health e-Hub; Best Doctors®; DoctorLine™; Face to Face Counselling/CBT; Health Club Concession; 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.

Private Health Insurance

If an employer is providing their employees with Private Health Insurance cover employees' **partners** taking out a policy must also purchase this benefit. However, please note that the terms of Private Health Insurance cover for the employee and their **partner** will not be exactly the same. Please refer to the separate Private Health Insurance plan guide included in **your** individual Welcome Pack.

9. Worldwide cover

If 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**, Channel Islands or Isle of Man 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. 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.

The DoctorLine™ service (where applicable to your cover) is available worldwide. This **plan** is not a travel insurance policy.

10. Making a complaint

We are committed to providing the highest possible level of service to **our** customers.

However, if the services provided do not meet **your** expectations please contact **our** Customer Care Team at Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ or call them on **0114 250 2000**.

Our complaints procedure will be sent to **you** on request. If **you** remain dissatisfied with **our** final response **you** can refer **your** complaint to the Financial Ombudsman Service by visiting **www.financial-ombudsman.org.uk** or writing to Insurance Enquiries Division, Exchange Tower, London E14 9SR. The Ombudsman will only consider **your** complaint after **you** have written confirmation that **our** internal complaints procedure has been applied in full or if it takes **us** longer than eight weeks to resolve **your** complaint.

11. 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, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU and by visiting **www.fscs.org.uk.**

12. 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 employees' **partners** 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 enclosed application form (if available as part of your cover) or by visiting **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/about-us/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.

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 February 2020 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.

£
United Kingdom pounds sterling.

Acupuncturist
A fully qualified practitioner who is a Member of the British Acupuncture Council or Fully Accredited Member of the British Medical Acupuncture Society.

The **Acupuncturist** must not be **you**, **your partner** or a member of **your** family.

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.

Bed
A **bed**, or similar facility e.g. a reclining chair that the treatment provider classes as a **bed**.

Benefit Period
The period of time over which the maximum allowance for each separate benefit is available to claim. See section 7, General Terms and Conditions.

Chiropodist/Podiatrist
A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

The **Chiropodist/Podiatrist** must not be **you**, **your partner** or a member of **your** family.

Chiropractor
A fully qualified practitioner who is registered with the General Chiropractic Council.

The **Chiropractor** must not be **you**, **your partner** or a member of **your** family.

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**, or **registered treatment centre**.

The **Consultant** must not be **you**, **your partner** or a member of **your** family.

Dentist
A fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice.

The **Dentist** must not be **you**, **your partner** or a member of **your** family.

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 18 years old and
- not married/not in a civil partnership and
- living with **you** or is financially dependent on **you**

A **dependent child** already included on **your** policy will cease to be eligible for **dependent child** benefits once they become 18 years old.

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

The **GP** must not be **you**, **your partner** or a member of **your** family.

Homeopath
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 UKHMA
- Member of the Alliance of Registered Homeopaths

The **Homeopath** must not be **you**, **your partner** or a member of **your** family.

Hospice
An institution that provides palliative care for the terminally ill.

Hospital
An institute which:
has permanent facilities for caring for patients; and has facilities for medical practitioners to diagnose and treat injured or sick people and provides nursing services supervised by Registered General Nurses or nurses with similar qualifications and is not intended to be a nursing home, **hospice**, convalescent home or a residential care home.

In-patient
Admission to a **hospital**, **hospice** or **registered 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.

NHS
National Health Service.

Optician
A fully qualified **Optician** who is registered with the General Optical Council.

The **Optician** must not be **you**, **your partner** or a member of **your** family.

Osteopath
A fully qualified practitioner who is registered with the General Osteopathic Council.

The **Osteopath** must not be **you**, **your partner** or a member of **your** family.

Out-patient
A person attending a **hospital** or **registered treatment centre** for advice, consultation and/or treatment, but who does not receive admitted patient care.

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

Physiotherapist
A fully qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

The **Physiotherapist** must not be **you**, **your partner** or a member of **your** family.

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
Partner cover policies are only intended to cover new medical conditions.

You, and any **dependent children** included in **your partner** cover policy, will not be entitled to claim the following benefits (where applicable to **your** cover) for any **pre-existing medical conditions**:
24 Hour Advice and Information Line and online Health e-Hub; Chiropody; Consultation; Day Surgery; Dental Accident; Face to Face Counselling/ CBT; Health Screening; In-patient; Scanning Service; Therapy Treatments; Wellbeing & Alternative Therapies.

When **you** apply for a **partner** cover policy, or apply to increase **your** level of **partner** cover, **you** must tell **us** in writing about any **pre-existing medical conditions**. Please give details of the condition/symptoms; dates; **GP's** name, address and telephone number if **you** or any **dependent children** included on **your partner** cover policy:

- Are currently taking any prescribed medication, or have taken prescribed medication in the last 12 months;
- Have consulted a **GP** or **Consultant Physician/Consultant Surgeon** during the last 12 months;
- Have received advice or treatment from a qualified practitioner or therapist i.e. **Physiotherapist**, **Acupuncturist**, **Chiropractor**, **Homeopath**, **Osteopath**, **Chiropodist**, **Podiatrist** or any other complementary medicine practitioner, during the last 12 months;
- Have attended a **hospital** or **registered treatment centre** during the last 12 months;
- Are awaiting any medical tests, investigations or treatment, or are awaiting the results of any medical tests or investigations, whether or not the condition has been diagnosed;
- Attend your **GP**, **Consultant Physician/Consultant Surgeon** or **hospital** for monitoring or check-ups;
- Have an illness, injury or condition that is permanent, or has ever previously recurred or that is likely to recur.

If **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not.

Qualifying Period
The period that **you** must wait when **you** register for the **plan**, or **register** for a higher level of cover, before **you** can claim benefits. For further information please refer to section 5, General Terms and Conditions.

Registered Treatment Centre
A treatment centre that is registered with the Department of Health and appears on the National Administrative Code Service Register.

Registration

- For corporate paid cover – **your** date of **registration** is the date that **your** employer elects to pay premiums from, for **you** as an eligible employee
- For upgrade options/**partner** cover – **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.

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
The **United Kingdom** of Great Britain and Northern Ireland i.e. England, Scotland, Wales and Northern Ireland.

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.

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.

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 businesses we work with are just as careful with your data.

All the personal data we process is processed by our staff in the UK and stored on servers located inside the European Economic Area (EEA).

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:

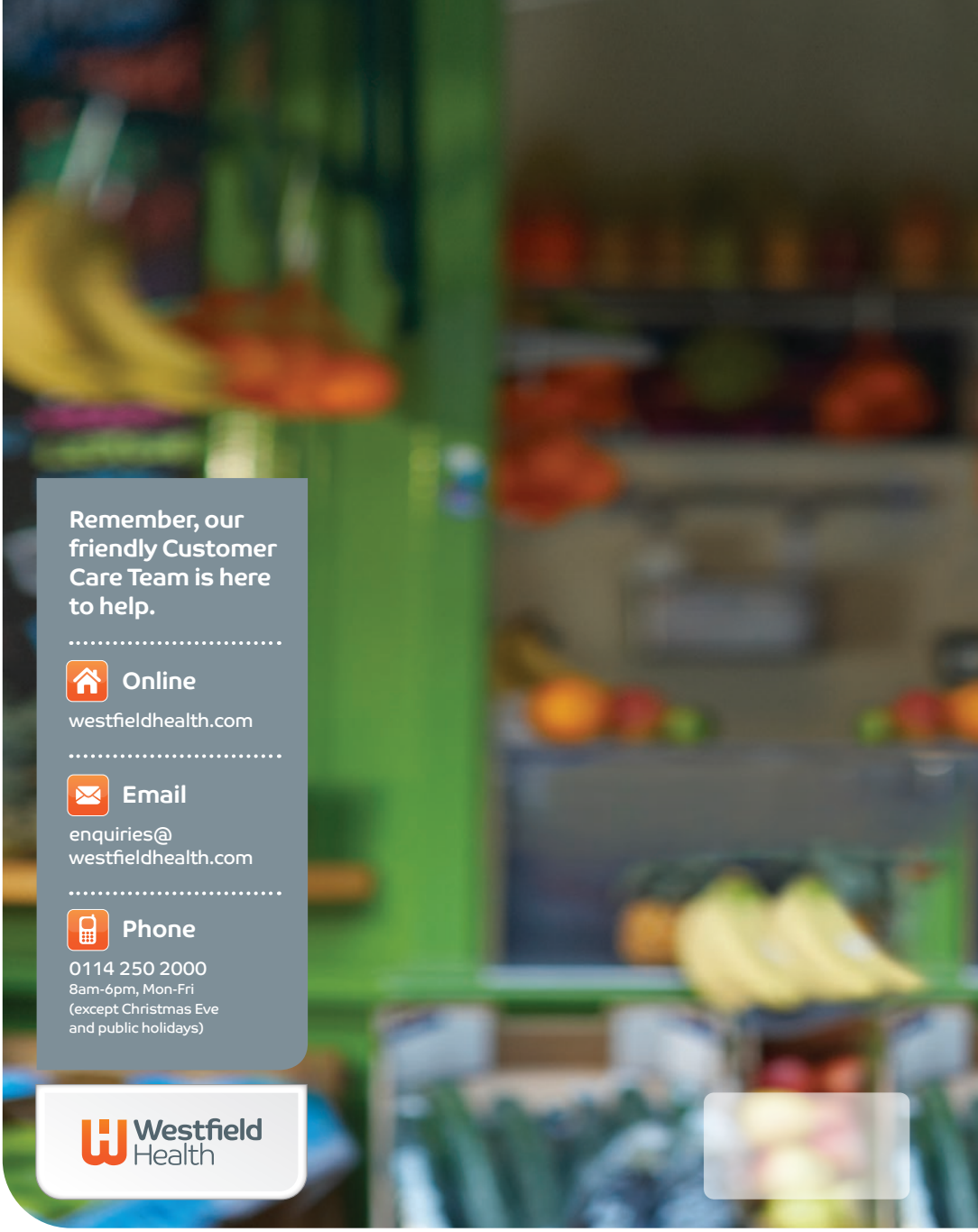
- **Right to be Informed:** We will always be transparent in the way we use your personal data. You will be fully informed about the processing through relevant privacy notices
- **Right to Access:** You have a right to request access to the personal data that we hold about you and this should be provided 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



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

Online

westfieldhealth.com

Email

enquiries@
westfieldhealth.com

Phone

0114 250 2000
8am-6pm, Mon-Fri
(except Christmas Eve
and public holidays)

Westfield Health

Registered Office.
Westfield Health
Westfield House
60 Charter Row
Sheffield
South Yorkshire S1 3FZ

MPG001V12