



+ medicash
proactive



Terms and Conditions

Important Information
Please keep safe with your
Policy Schedule

Welcome to Medicash

...one of the **UK's oldest and largest
providers of healthcare cash plans.**

Welcome to Medicash and the positive approach to life, health, and wellbeing already enjoyed by our policyholders throughout the UK.

The fact that you are now a Medicash policyholder means your company has made a real commitment to your health and wellbeing.

As part of that commitment, should you fall ill, Medicash will assist in the most practical way possible; by providing you with money towards the cost of your everyday healthcare.

With dental treatment and optical care, as well as a range of other healthcare treatments covered, you can trust Medicash to help you get better sooner and stay healthier for longer – just as we've been doing for over 140 years.

On the following pages, you'll find all the information you need to know about your plan, including how to make a claim and the important terms and conditions relating to your policy. Please read this booklet in full and keep it safe, along with your benefit table and policy schedule.

Terms and Conditions

You need to read these Terms and Conditions with your policy schedule and benefit table, which together make up the policy between you, the policyholder, and us.

Please check these 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 included elsewhere in this booklet.

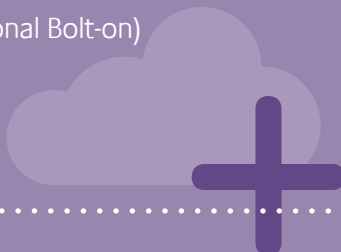
If you have any questions about your policy or any part of these Terms and Conditions, simply call our Customer Service Team on 0151 702 0265.

Lines are open Monday to Thursday from 8.45am to 5pm, and Friday from 8.45am to 4pm (except bank holidays).
We may record calls for training and monitoring purposes.



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Making the most of your Medicash Plan

Over the following pages you can learn more about what's covered within your Medicash Proactive health plan, how to claim and how to access the additional services included within your plan.

Claiming back money on your health costs couldn't be easier. Once you've paid for your treatment just keep the receipt and submit it via the app, or fill in a Medicash claim form and send it back to us. Our team will then either pay the cash directly into your bank or send you a cheque – whichever you prefer. Full details of how to claim and what you are covered for are included elsewhere in this book.

Don't forget, you can add up to four dependent children to your policy absolutely free!

Get even bigger benefits from Medicash...

Speak to your HR team today to find out how you can apply to increase your level of cover with Medicash and get even bigger benefits. By simply paying a little extra per month, you'll gain access to even more generous cash benefits and can apply to include your partner, so that they too can enjoy the great benefits that come with a Medicash health plan.

For details of the higher levels of cover, please see the benefit table on page 5.

Why not download
and submit your
claims directly
through our app?



Download on the
App Store



Google play

Employee Assistance Programme Feeling stressed or just need some advice?

With Medicash you have instant access to expert information and advice on a wide range of issues through our 24 hour telephone advice service. Your Medicash policy is here to help keep you in the best of health, both physically and mentally.

Here are just some areas our experts can support you with:

- Family Care
- Debt Concerns
- Bereavement
- Money Management
- Stress
- Work/Life Balance
- Redundancy
- Career Guidance
- Relationships
- Health and Wellbeing

24/7 Telephone
Counselling &
Online Support
Up to 8 Face
to Face
Counselling
Sessions*

*Employee only.



**Please
check your
Policy Schedule
to see if this is
included**

So if something is on your mind and you just need some extra help or someone to talk to, call **0845 600 2891^A** or visit **www.medicash.org/wellness** (Username: Medicash).

^AThis call costs 5p per minute, plus your phone company's access charge.

Save £100's each year with Medicash Extras

There are many ways of saving with Medicash Extras, with exclusive offers and money off on everything from holidays and beauty treatments to your favourite high street retailers.

On average users save £250 each year, so let us show you how you too could be saving hundreds of pounds on the things you're already buying...



Save with our reloadable shopping cards...

Our shopping cards are a great way to make everyday savings – and are a perfect gift idea.

Receive up to 10% discount in your favourite stores simply by using our prepaid shopping cards. Plus, once you've used your prepaid allowance they can be quickly and easily topped-up online, ready for your next visit.

Save even more with WOWPoints...

WOWpoints are the easy way to earn online currency every time you shop through Medicash Extras.

Every WOWPoint you earn is worth 1p, so 100 WOWPoints = £1. Points can be redeemed against other purchases or even paid as cash directly into your bank account.

Get instant online discounts...

Whether you are looking for a gift, going to see the latest blockbuster or simply booking a short getaway, you could be saving by using Medicash Extras to access instant online discounts at a wide range of retailers.

Hotels.com
The Obvious Choice®

buyagift
.com

ODEON
FANATICAL ABOUT FILM

£65 weekly shop	
Sainsbury's - Shopping Card	
£3,380 per year - 5% off	£169
£300 weekend hotel break	
Expedia - 300 x 5 WOWPoints	£15.00
2 Cinema Tickets - Usually £23	
£10.98 with Medicash Extras	£12.02
+ 11 WOWPoints	11p
Mobile phone 12 months	
sim only contract - Vodafone	
5,500 WOWPoints	£55.00
Total saving	£251.13

To start saving today simply go to www.medicash.org/extras

Once you login for the first time you'll be taken through a tutorial to ensure you get the most out of this exciting new benefit! Please have your policy number to hand.

Best Doctors® – the best choice, best advice, best treatment...

Get a second medical opinion from a world-leading consultant, all without having to leave home.

With Best Doctors® you can access the knowledge and experience of one of over 53,000 world-renowned consultants, experts chosen by their peers as the very best in their fields – giving you the peace of mind that your condition can be assessed by one of the best medical minds.

Levels
2, 3 and
4 only

The benefits to you:

- 24/7 service
- Private & confidential service
- No need to leave home

Simple and hassle free service:

Call Best Doctors on 0845 600 2892^A after you have received your initial diagnosis from your GP or Consultant.

A personal Case Manager is assigned who will arrange for all relevant medical documentation to be collected.

The expert consultant analyses your case and prepares an easy to understand report with the diagnosis assessment and treatment recommendations.

Your report is sent directly to you.

You can discuss this report with your Case Manager in more detail and share it with your treating doctor so that together you can make the best decisions about your health.



As one of our policyholders, Best Doctors is there for you when you need it most.

If you are anxious about a diagnosis or simply want a second opinion...

Call **0845 600 2892^A** or visit **www.medicash.org/bestdoctors**

^AThis call costs 5p per minute, plus your phone company's access charge.

Benefit table

Cover Level		Level 1	Level 2	Level 3	Level 4
PMI Excess Cover OR Specialist Consultations and Diagnostic Tests per adult per child yearly maximums		£200 £200	£300 £300	£350 £350	£400 £400
Best Doctors® InterConsultation™ Advice for people diagnosed with a medical condition call 0845 600 2892 ^A		X	✓	✓	✓
Doctor Online To access Doctors Online visit www.medicash.org/doctorsonline and enter 'Medicash' as your insurer when you register		X	✓	✓	✓
Complementary Therapies yearly maximums* covering physiotherapy, sports massage, acupuncture, osteopathy and chiropractic assessment and treatments	per adult per child	£150 £75	£175 £87.50	£250 £125	£350 £175
Alternative Therapies yearly maximums* covering reflexology, reiki, Indian head massage, Bowen and Alexander technique, homeopathy, allergy testing and hypnotherapy as part of a treatment plan	per adult per child	£75 £37.50	£100 £50	£150 £75	£200 £100
Chiropody yearly maximums*	per adult per child	£20 £10	£30 £15	£40 £20	£50 £25
Health Screening yearly maximums*	per adult	£100	£150	£175	£200
Prescriptions, Inoculations and Flu Jabs yearly maximums*	per adult per child	£20 £10	£30 £15	£40 £20	£50 £25
Routine Dental Treatment yearly maximums	Private per adult OR NHS per adult Private/NHS per child	£55 £55 £27.50	£100 £100 £50	£130 Unlimited NHS Cover £65	£170 £85
Dental Accident and Injury yearly maximums	per adult	£200	£300	£400	£500
Optical yearly maximums	per adult per child	£55 £27.50	£100 £50	£150 £75	£200 £100
+ medicash extras visit www.medicash.org/extras to start saving today.		<ul style="list-style-type: none"> • Earn points for shopping at over 600 retailers online • Get access to up front discounts – helping you enjoy great savings • Save £££'s on your weekly shopping at Sainsbury's, Morrisons and more • Local deals – get savings of 50-90% on local restaurants, gyms and more. 			

FREE COVER FOR UP TO FOUR CHILDREN: Up to four dependent children can be covered at no extra cost, up to their 24th birthday if in full time education. Each child has their own individual entitlement and their claims do not affect any other individuals on the policy.

*Medicash do not cover any treatments or benefits arranged or facilitated through your employer or employees.

^APlease note, calls to 0845 numbers cost 5p per minute, plus your phone company's access charge.

The Medicash Proactive Health Cash Plan is designed to provide you with cover towards the costs associated with your everyday healthcare including new prescription glasses, dental treatment, complementary and alternative therapies, Private Medical Insurance excess payments, consultations, inoculations and more. This health cash plan is underwritten by Medicash Health Benefits Limited.

The key features and benefits of Medicash Proactive

- Four levels of cover to choose from on a single basis or jointly with your partner
- Up to four dependent children can be covered for some benefits at no extra cost, up to the age of 16 or 24 if in full time education
- 100% payback of costs incurred for a wide range of everyday healthcare benefits within annual limits, including optical and dental treatments, health screening, inoculations, complementary and alternative therapies
- Unlimited NHS dental allowance for adults on levels 3 and 4
- Reimbursement of Private Medical Insurance (PMI) excess payments directly to the treatment provider within annual limits
- Access to Best Doctors® InterConsultation™ Programme to access a second medical opinion on levels 2, 3 and 4
- Claims can be made as soon as the plan has commenced for all benefits
- Access to a wide range of savings via the Medicash Extras discount portal
- Additional Employee Assistance Programme (EAP) module can also be provided to eligible employees at the discretion of your employer.

The key limitations and exclusion

- This plan is not available to purchase on an individual basis from Medicash. It is only available where the employer is paying to cover their employees (see Section 2 in the Terms and Conditions)
- You can apply to include your partner if they are aged 16-65 at the time of joining (see Section 2)
- Claims must be made within 26 weeks of the date that treatment was received (see Section 5)
- For claims relating to dental accident and injury you must attend a dental emergency appointment within five days of the accident or injury to be eligible to make a claim (see Section 10.10)
- If upgrading to level 3 or 4, unlimited NHS dental cover will only be available immediately if no private dental treatment has already been claimed within that benefit period (see Section 10.9)
- Additional EAP module is only available when your employer decides to provide it as part of your cover. It is not available to purchase by an employee or their partner (see Section 2)
- We will not pay claims for any treatment required as a result of participation in any professional sports, hazardous pursuits or through self inflicted injury (see Section 5)
- This plan is designed to cover you whilst in the UK. It does not cover treatments, purchases or accidents which occur outside of the UK (see Section 5.8)
- We do not cover any treatments or benefits arranged or facilitated through your employer or employees (see Section 10).

Premiums

We have four tiers of cover available so that you can choose the one that best suits your needs. The benefit table shows the key areas that our policy covers and the maximum we will pay when settling a claim.

Premiums include Insurance Premium Tax (IPT) at the current rate. Medicash review premiums periodically, however, if we do make changes that affect you, we will give at least 28 days notice of this.

If your employer, or their appointed representative, makes changes to your policy we will not necessarily give you 28 days written notice of this as it is the responsibility of your employer, or their appointed representative, to notify you in this circumstance.

Making a claim

If you wish to make a claim simply download a claim form via our website at www.medicash.org or alternatively call **0151 702 0265**. You can also make a claim via the 'My Medicash' app, available to download via the App Store or Google Play. Full details of how to claim are included in Section 5. If your claim relates to a Dental Accident and Injury, please call **0151 702 0265** and we will send you the appropriate claim form.

Duration of cover and cancellation

For eligible employees, cover will continue provided your employer continues to pay the premiums for your cover to Medicash. If you cease to be eligible to be a member of this plan, Medicash may offer you the opportunity to transfer to one of our other health cash plan products.

If you upgrade your cover from the level paid for by your employer your policy will be automatically renewed on a monthly basis provided that you continue to pay your premiums and comply with the Terms and Conditions of the plan. Employees have the right to cancel an upgrade option during the 30 day cooling off period from the date we accept your application to amend your level of cover. If you decide to change your mind during this period you should inform your employer and contact us on **0151 702 0203**. Provided that you have not made a claim, or intend to make a claim, we will refund all or the amended portion of the premiums that you have paid.

After the expiry of the cooling off period you can cancel your policy upgrade at any time, however you will not be entitled to a refund, except for any premiums paid beyond the date your cover ceased. Full details of how to cancel are included in Section 7. Please note, Medicash reserve the right to decline future applications to upgrade your cover or to rejoin the plan. If you cancel your policy with us, we will refund any premiums you have paid for any period to come. However, we may deduct a £25 administration charge.

If you wish to complain

We are committed to providing the best possible service to our members. If for any reason you are dissatisfied with the service provided to you, or if you feel that an incorrect decision has been made, please contact us. In the event you are unhappy with our response to your complaint you can refer your complaint to the Financial Ombudsman Service for consideration. Full details can be found in Section 8. This policy is governed by English Law and the English courts shall have jurisdiction in any legal proceedings.

Compensation

Medicash is covered by the Financial Services Compensation Scheme (FSCS). If Medicash cannot meet our responsibilities, you may be entitled to compensation from the scheme. Further information is available by writing to FSCS, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or via the FSCS website at www.fscs.org.uk

This policy summary provides only an outline of the main features of the plan and should be read in conjunction with the full Terms and Conditions, your benefit table and policy schedule.

1. Definitions

Defined words are highlighted throughout this policy booklet in bold print. The explanation of the defined words is listed below and they have the same meaning wherever they appear in the policy.

Benefit – This is the type of cover that we provide and the amount that we will pay you up to the maximum for each type of cover.

Benefit date – This is the date shown in your policy schedule and is the first date from which you are able to make a claim.

Benefit table – This is the table that shows the maximum amount that we will pay you for each type of cover for each benefit period.

Benefit period – This is the period of time that you can claim up to the maximum amount of benefit, as shown in the benefit table. Usually this is 12 months but please check your benefit table.

Child or Children – Dependent children born to you or your partner, or legally adopted by you, under the age of 16 or 24 if in full time education.

Cosmetic treatment – This is treatment you receive to change your appearance, and not to cure or help improve a medical condition.

Dangerous activities and sports – This includes but is not limited to canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing, rock climbing or riding/driving in any kind of race.

Our, us or we – Medicash Health Benefits Ltd, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number 258025), and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Partner – Your husband, wife or partner who lives with you on a permanent basis, regardless of gender.

Policy – This is our contract of insurance with the policyholder, in which we provide the cover as explained in the policy schedule, the benefit table and these Terms and Conditions.

Policyholder – This is the first person named in the policy schedule. This person is responsible for any upgrade premiums due and they will usually receive any benefits we pay.

Policy schedule – This is the document that shows the date your policy started, the premiums you must pay, the level of cover you have chosen, the people covered under the policy and your qualification period if applicable.

Premiums – These are the payments made for your policy.

Professional sports injuries – This is any injury sustained whilst training for or participating in sport for which you receive payment or non-charitable sponsorship.

Self inflicted injuries – This is when you need treatment for an injury you have caused to yourself. This includes misusing drugs, alcohol, solvents or other addictive substances, and self abuse.

Specialist Consultant – A Specialist Consultant who is registered on the General Medical Council on their Specialist Register.

Treatments – This includes any medical or surgical treatment you may have. Treatment will usually last from the date you receive your first treatment to the date you have your final treatment.

United Kingdom (UK) – The UK includes England, Wales, Scotland, Northern Ireland, the Channel Islands, the Isle of Man and British Forces Personnel posted overseas (BFPO).

You or your – This is you, the policyholder, and your partner and dependent children where covered under the policy.

2. Becoming a member / Who can have cover

- 2.1 This plan is not available to purchase on an individual basis from Mediacash. It is only available where the employer is paying to cover their employees who reside in the **UK**. Eligible employees will be provided with cover at the level determined by their employer, the cost of which will be met by **your** employer. Certain **benefits** are provided for up to four dependent **children**. Full details of this cover can be found in the **benefit table**.
- 2.2 **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 request to upgrade 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.

Employer paid cover

- 2.3 There is no restriction regarding the age of an eligible employee taking out the cover provided by their employer.
- 2.4 **You** do not need a medical to be accepted as a **policyholder**. **We** will cover **you**, and where cover is provided for them, up to four dependent **children** on **your policy** for pre-existing conditions, subject to the Terms and Conditions and **benefit** rules of **your** plan. **Children** must be named on **your policy** before they are eligible to make a claim. **Children** can be added to **your policy** at any time, up to a maximum of four, but named **children** can only be changed at the start of a new **benefit period**.
- 2.5 **Your policy schedule** shows when **you** commenced **your policy** and the date from which **you** are able to make claims.

Employee upgrade options and partner cover

- 2.6 **Your** employer will decide whether employee upgrades and/or **partner** cover will be available. Details of the **benefits** are included in the **benefit table**.
- 2.7 If **your** employer decides to change the cover that is available for **you** to purchase **we** or **your** employer will notify **you** as soon as reasonably practicable. Any changes to **benefits** and/or **premiums** will only take effect once **you** have been notified.
- 2.8 If **you** are eligible for an upgrade option **you** can pay an additional premium to upgrade **your** employer paid plan level. **You** can apply to include **your partner** if they are aged 16 or over, and less than 66 years of age at the date of application.
- 2.9 **We** will send **you** a new **policy schedule** after an amendment to **your** cover. The date of the amendment and **benefit date** of any amendment will be detailed in the **policy schedule**.
- 2.10 If **you** elect to change **your** level of cover, **we** will take account of **your** previous claims when **we** calculate **your** revised allowances for the remainder of the **benefit period**.
- 2.11 If **you** reduce **your** level of cover, **we** will pay all **benefits** at the lower rate from the date of the change.
- 2.12 **You** must satisfy yourself that this plan and the level of cover **you** have are right for **you**. Medicash will not provide advice in this regard but **you** are free to seek information or advice from a professional advisor.

Cooling off period – if you change your mind

- 2.13 If **you** apply for an upgrade option or **partner** cover **your policy** contains a 30 day cooling off period from the date **we** accept **your** application. If **you** decide to change **your** mind during this cooling off period **you** should inform **your** employer and contact **us** on **0151 702 0203**. Provided that **you** have not made, or intend to make a claim, Medicash will refund the upgraded amount.

3. Premiums

- 3.1 **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.
- 3.2 **Premiums** include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.
- 3.3 **We** reserve the right to deduct any **premiums** due to **us** from any **benefits** payable to **you**.

Employer paid cover

- 3.4 If **you** leave **your** employment and/or **your** employer ceases to pay for **your** cover, **you** will not be entitled to use any of the services or claim any **benefits** included in the plan beyond the date that **your premiums** are paid up to. **We** may offer **you** the opportunity to transfer to one of **our** other health cash plan products.
- 3.5 **Your** employer paid cover is treated as a **benefit** in kind and may be subject to appropriate taxation.

Employee upgrade option and partner cover

- 3.6 **Your** upgraded level of cover will cease and **your** cover will revert to the employer paid level when **your** upgrade **premiums** are more than six weeks in arrears. Any claims paid to **you** at the higher rate during which period **your premiums** were not paid at the correct rate will need to be repaid to **us**.

- 3.7 For employees who have chosen an upgrade option or **partner** cover, this is a monthly renewable contract that remains in force if **you** continue to pay **your premiums** when they are due. Renewal is automatic and binding and no renewal papers or other forms of notification will be issued.

4. Refund of premiums

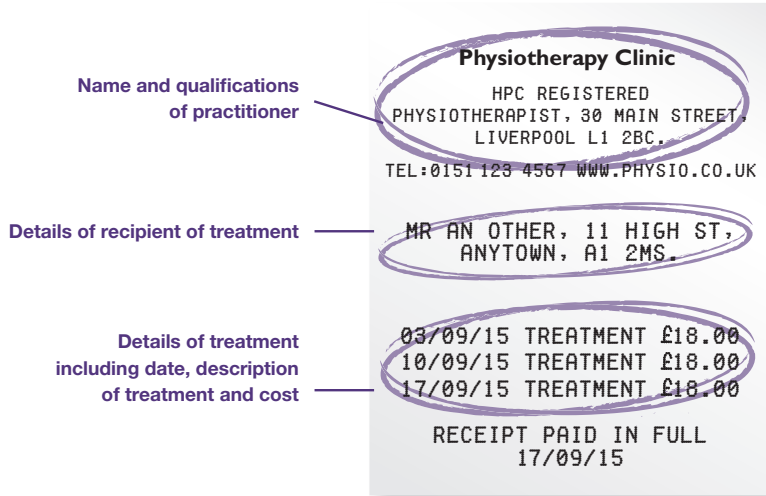
- 4.1 **We** will only refund **your premiums** if:
- i **you** cancel **your policy** within 30 days of joining or amending **your** cover, and **you** have not made a claim;
 - ii **you** have paid **your premiums** in advance and **you** have correctly notified **us** that **you** wish to cancel **your policy**;
 - iii **you** have notified **us** that **you** have paid too much; or
 - iv in the unfortunate event that **you** die.
- 4.2 If **you** cancel **your policy** with **us**, **we** will refund any **premiums you** have paid for any period to come. However, **we** may deduct a £25 administration charge.
- 4.3 If **you** have overpaid **us**, **we** may deduct this from **your future premiums**. Or, if **you** ask **us** to, **we** will pay **you** a refund if **you** have overpaid **us** by more than £25.
- 4.4 **We** will only refund **premiums** to the originating source.
- 4.5 **We** will not refund any overpayments of **premiums** for periods that are more than six years prior to the date of request.
- 4.6 **We** will only refund bank charges that **you** have had to pay because of **our** error. **We** will not refund any bank interest **you** may have lost.

5. Claims

- 5.1 To receive any of the **benefits** under **your policy**, **you** must complete and sign a claim form. **You** must use the claim form **we** provide. **You** can download a claim form via **our** website at www.medicash.org or **you** can request a claim form by phoning **us** on **0151 702 0265**. Alternatively **you** can submit **your** claim via the 'My Medicash' app.
- 5.2 **You** must give **us** the information or proof **we** need to support **your** claim, as explained in Sections 5 and 10. **We** will not be able to pay **your** claim if **you** do not have enough supporting evidence. If **you** have any questions about a claim, including whether or not **you** are eligible to make a claim, please phone **us** on **0151 702 0265**.
- 5.3 **We** will not pay any charges **you** may have to pay to fill in a claim form, or charges for any medical information **we** need to support **your** claim. **You** are responsible for paying these charges.
- 5.4 For **benefits** where **we** require a receipt in order to pay a claim **you** must pay for the **treatment** in full before **you** can make the claim. **We** will not pay for any element of **your** receipt paid for using gift cards, vouchers (including vouchers from third party discount sites), or loyalty and reward points.
- 5.5 **We** will not pay **your** claim unless it is received within 26 weeks of the following:
- i **you** have fully paid for **your treatment**; this includes payment for optical treatments, spectacles, contact lenses and optical payment plans;
 - ii **you** received **treatment** or finished a course of **treatment**;
 - iii **you** had an accident for which **you** want to make a claim.

- 5.6 All receipts must be fully paid originals and should show:
- i the name, address and qualifications of the practitioner who provided **your treatment**;
 - ii the date of the **treatment**;
 - iii the name and address of the person who received the **treatment**; and
 - iv a breakdown and description of the **treatment**.

We do not accept joint receipts, photocopies, credit card or debit card receipts, receipts without showing details of the **treatment** received, or estimates for treatments to be received.



- 5.7 The **benefit period** in which a claim is paid is determined by:
- i the date **you** had the **treatment**; or
 - ii the date of **your** accident or injury.
- 5.8 **We** will not pay **your** claim:
- i if the date of **your treatment** is after the date that **your policy** is paid up to;
 - ii for **treatment**, purchases or accidents which occur outside of the **UK**;
 - iii for **treatment** provided by **your** immediate family;
 - iv for **treatment** needed due to **dangerous activities and sports** or **self inflicted injuries**; or
 - v if **you** are breaking the Terms and Conditions of **your policy**.
- 5.9 **We** do not normally return receipts. If **you** want **us** to send **your** receipt back to **you**, **you** must ask **us** in writing at the time **you** make **your** claim.
- 5.10 If **your** claim is also covered by another insurance **policy**, **we** will not pay more than **our** proportionate share, which cannot be more than the total cost of the **treatment** or receipt. When **you** make a claim **you** must tell **us** about any other cover **you** have, and **you** must give **us** permission to contact the other insurance company.
- 5.11 If **you** have more than one insurance **policy** with **us** or another insurer, **you** cannot claim for more than 100% of the cost of **your treatment**.

- 5.12 To protect all of **our** policyholders, **we** will take action against anyone who makes a dishonest or false claim. Such action includes, but is not limited to, refusal to accept liability to pay a claim, notifying **your** employer, termination of **your policy** without refund, or legal action.

Subrogation clauses

- 5.13 In the event of any payment under this **policy**, **we** reserve the right to be subrogated to **your** rights of recovery against any person or organisation and **you** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.
- 5.14 If **you** are claiming for **benefits** that relate to an injury or condition caused by another person (the 'third party') **you** should:
- i tell **us** as quickly as possible if **you** believe a third party caused **you** to need **treatment**, or if **you** believe they were at fault. **We** may then write to **you** or the third party if **we** require further information; and
 - ii **you** must include all monies paid by **us** in respect of the injuries (and interest on those monies) in **your** claim against the third party ('**our** outlay'); and
 - iii **you** (or **your** solicitors) must keep **us** fully informed about the progress of **your** claim and any action against the third party or any pre-action matters; and
 - iv **you** (or **your** solicitors) must keep **us** informed of the outcome of any action or settlement (providing **us** with access to the details of any such settlement);
 - v should **you** successfully recover any monies from the third party they should be repaid directly to **us** within 21 days of receipt on the following basis:
 - if the claim against the third party settles in full, **you** must repay **our** outlay in full; or
 - if **you** recover only a percentage of **your** claim for damages **you** must repay the same percentage of **our** outlay to **us**; or
 - if **your** claim is repaid as a global settlement (where **our** outlay is not individually identified), **you** must repay **our** outlay in the same proportion as the global settlement bears to **your** total claim for damages against the third party.
- 5.15 If **you** do not repay to **us** such monies (and any interest recovered from the third party), **we** shall be entitled to recover the same from **you**.
- 5.16 The rights and remedies in these subrogation clauses are in addition to and not instead of the rights or remedies provided by law.

Appy Days...

Don't forget, you can now submit your claims via the Medicash app.



Download on the
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6. Benefit payments

- 6.1 The type of cover that **we** provide and the amount that **we** will pay **you** for each type of cover are known as **benefits**, and are detailed in the **benefit table**.
- 6.2 The amounts shown in the **benefit table** are the maximum amounts that **you** can claim for each **benefit** in any one **benefit period**.
- 6.3 **We** pay **your benefits** in British pounds sterling direct into **your** bank or building society account, or by cheque to **your** home address. If **you** want to arrange for **us** to pay another person, **you** will have to write to **us** at the time **you** make **your** claim.
- 6.4 **We** reserve the right to recover any overpayments made to **you** either directly, or by adjusting any future **benefit** payments made to **you**.

7. Cancellation and termination

- 7.1 **You** may cancel **your policy** at any time. **You** should notify **your** employer who will give notice to **us**. If **you** cancel within 30 days of joining or amending **your policy**, as long as **you** have not made a claim, **we** will refund all or the amended portion of the **premiums** that **you** or **your** employer have paid.
- 7.2 **We** have the right to cancel **your policy** at any time. **We** will give **you** at least 28 days written notice of this. However, if **we** think that **you** have committed fraud, **we** will cancel **your policy** immediately, notify **your** employer and may take legal action or contact the police.
- 7.3 If **your** employer, or their appointed representative, cancels **your** cover **we** will not give **you** 28 days written notice of this. It is the responsibility of **your** employer, or their appointed representative, to notify **you** in this circumstance.
- 7.4 **We** will end all of the cover and **benefits** of **your policy** automatically if:
 - i **you** cancel **your policy**;
 - ii **we** cancel **your policy**;
 - iii in the unfortunate event of **your** death;
 - iv **you** are behind with **your premiums** by more than six weeks; or
 - v **your** employer notifies **us** that **you** are no longer eligible.

8. Your rights – data protection, complaints and compensation

Data protection

- 8.1 For the purposes of the Data Protection Act 1998 (the Act) **we** are the Data Controller in relation to any personal data **you** provide to **us**. **We** adhere to the Act and shall respect **your** rights under the Act.
- 8.2 Under the principles of the Act, **we** will endeavour to make sure that **your** personal information held by **us** is:
 - i processed fairly and lawfully;
 - ii processed for specified and lawful purposes;
 - iii adequate, relevant and not excessive;
 - iv accurate and kept up to date;
 - v kept for no longer than is necessary;

- vi processed in accordance with the rights of data subjects under the Act;
 - vii kept secure; and
 - viii not transferred to other countries outside the European Economic Area (EEA) without adequate protection.
- 8.3 **We** will treat all sensitive and medical information **we** receive with the strictest confidence.
- 8.4 When **you** take out **your policy**, **you** must agree that the information **you** provide to **us** together with any further information concerning **your policy** will be used by **us** to provide **you** with the **benefits** for which **you** have applied and for maintaining **your** records. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions. This information may be passed to selected service partners for claims and handling procedures; to provide **you** with the services included in the **policy**.
- 8.5 **We** may share information with other relevant organisations when **we** set up and run **your policy**, to check claims, to prevent fraud and to identify money laundering.
- 8.6 **We** may send **you** information on other products or services, unless **you** asked **us** not to. **You** may contact **us** at any time and ask **us** to stop sending **you** this information.
- 8.7 Under the Act, **you** have various rights of access regarding personal data **we** hold about **you** including the right to write to **us** and ask for a copy of any such personal data. If the information **we** have is not correct, **you** can ask **us** to amend it. **We** reserve the right to charge the prescribed fee payable for any subject access request under the terms of the Act.

Complaints

- 8.8 If **you** are not happy with any part of **our** service, send the full details of **your** complaint to the Head of Customer Operations, Medicash, One Derby Square, Liverpool L2 1AB. **We** will endeavour to respond to **you** within five working days and detail **our** complaints procedure.
- 8.9 If **you** are not satisfied with **our** response, **you** can take **your** complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. Alternatively telephone 0800 023 4 567 or 0330 123 9 123; or visit www.financial-ombudsman.org.uk for more information.

Compensation

- 8.10 **We** are covered by the Financial Services Compensation Scheme (FSCS). If **we** cannot meet **our** responsibilities, **you** may be entitled to compensation from the scheme. This depends on the type of insurance **you** have and the circumstances of **your** claim. For more information about the compensation scheme, visit the FSCS website at www.fscs.org.uk, or write to FSCS, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

9. Our rights – how we protect our members

- 9.1 **We** have the right to change **your policy** at any time. If **we** make changes, **we** will write to **you** and give **you** at least 28 days notice of any change.
- 9.2 If **your** employer, or their appointed representative, makes changes to **your policy** **we** will not necessarily give **you** 28 days written notice of this as it is the responsibility of **your** employer, or their appointed representative, to notify **you** in this circumstance.

- 9.3 **We** will notify **you** of any changes by writing to **you** at the last address supplied to **us**. **We** will not be responsible if, for any reason, **you** do not receive the notice **we** send **you**.
- 9.4 **We** have the right to cancel **your policy** and refuse any claims **you** make if **you** or anyone acting for **you**:
- i makes a claim under the **policy**, knowing the claim is false or exaggerated in any way;
 - ii makes a statement to support a claim, knowing the statement is false;
 - iii sends **us** evidence to support a claim, knowing the documentation is false; or
 - iv makes a claim for any injury that **you** or they have caused deliberately.
- 9.5 To detect and prevent fraud or improper claims **we** may check **your** details with fraud protection agencies. If **we** reasonably suspect fraud **we** will record and investigate this, including working with other organisations and other insurers to pool information about applications or claims which are believed to be fraudulent.
- 9.6 The terms of this **policy** are governed by English Law and all communications will be made in English. **We** can provide communications in alternative formats upon request such as large print or audio.

10. Benefit rules

Please refer to **your benefit table** to find out which of the following **benefits** are included in **your** cover. **We** do not cover **treatment**, purchases or accidents which occur outside of the **UK**.

10.1 PMI Excess Cover (or Specialist Consultations and Diagnostic Tests)

- i **We** will pay the excess applicable to access **your** Private Medical Insurance (PMI) policy, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii If requested on **your** claim form **we** will settle the excess directly with **your** PMI **treatment** provider.
- iii Alternatively **we** will pay the amount **you** have paid for an initial or follow up consultation with a **Specialist Consultant** and/or diagnostic and investigative tests and procedures resulting from a consultation with a GP or **Specialist Consultant**, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- iv Specialist consultations must be an appointment **you** have with a **Specialist Consultant** who appears on the General Medical Council Specialist Register in the speciality for which **you** are receiving **treatment**.
- v To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of the Terms and Conditions, or the original dated document from **your** PMI insurer which evidence the policy excess required to be paid or that has been paid by **you**. **We** may also need additional evidence to support **your** claim such as a copy of **your** PMI Policy Schedule and/or details of the **treatment** received.

What we cover	What we do not cover
<ul style="list-style-type: none"> ✓ PMI excess payable by you to your PMI provider in relation to treatment received by you under your PMI insurance policy ✓ Consultation fees from a Specialist Consultant ✓ Diagnostic and investigative tests and procedures under the management of a Specialist Consultant or GP ✓ Scans, for example, CT, MRI, PET, X-ray, etc. 	<ul style="list-style-type: none"> ✗ Other charges such as room fees, dressings, medicines, anaesthetic fees and surgical fees ✗ Health screening or examinations for a medical report or medical certificate ✗ Specialist consultations for cosmetic treatments ✗ Missed appointment fees ✗ Home testing kits ✗ Laboratory testing kits not referred by a Specialist Consultant or GP ✗ Pregnancy and fertility treatments and tests ✗ Elective pregnancy scans ✗ Professional sports injuries ✗ Co-insurance (or co-pay) policies ✗ Self-elected or cosmetic treatments ✗ Routine optical or dental check-ups and treatments ✗ Preventative health screening including but not limited to screening required as a result of your personal or family medical history, cervical smears, mammograms, preventative cancer screening, or well person checks ✗ Genome testing.

10.2 Best Doctors® InterConsultation™

Please see page 4 or **your benefit table** for how to access this service. You must be covered on level 2, 3 or 4 to be eligible.

- i This service is provided by our service partner, as stated on **your policy schedule** and is available to **you** together with **your** treating doctors, so that **you** can consult with some of the world's top medical experts for a diagnosed medical condition. These medical experts are voted by their peers as the best in their specialties of medicine and are able to provide additional insight and information to help confirm diagnosis and appropriate recommended treatment plans. **We** reserve the right to change this service partner without prior notice.
- ii **We** do not accept any legal responsibility for any information or advice **you** receive.
- iii This service covers **you**, **your partner** and **your** dependant **children** regardless of whether they are named on **your policy** or not.

10.3 Doctor Online

- i This service is provided by our service partner, as stated on **your policy schedule** and allows **you** to access personal advice from **UK GP's** via an online portal. We reserve the right to change this service partner without prior notice. **You** can access this portal at www.medicash.org/doctoronline
- ii Doctor Online does not provide urgent medical attention. If **you** require urgent medical

attention **you** should seek the help of a qualified healthcare professional, such as **your GP** or an emergency department of a hospital.

- iii This service covers **you, your partner** and **your** dependant **children** regardless of whether they are named on **your policy** or not.

10.4 Complementary therapies

- i **We** will pay the amount **you** have paid to a qualified and insured practitioner, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
- iii **We** do not cover any **treatments** or **benefits** arranged or facilitated through **your** employer or employees.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Physiotherapy✓ Osteopathy✓ Chiropractic treatments and assessments✓ Acupuncture✓ Sports massage.	<ul style="list-style-type: none">✗ General physical fitness sessions✗ Purchased items or consumables✗ Sports therapy✗ Any treatments or benefits arranged or facilitated through your employer or employees✗ Professional sports injuries.

10.5 Alternative therapies

- i **We** will pay the amount **you** have paid to a qualified and insured practitioner, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
- iii **We** do not cover any **treatments** or **benefits** arranged or facilitated through **your** employer or employees.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Allergy tests, including food-intolerance tests and nutrition tests✓ Bowen and Alexander technique✓ Homeopathy✓ Hypnotherapy as part of a treatment plan✓ Indian head massage✓ Reflexology	<ul style="list-style-type: none">✗ Beauty treatments or general physical fitness sessions✗ Homeopathic medicines, herbs and herbal remedies, supplements and vitamins you have bought yourself and which have not been prescribed and are not part of your treatment plan

What we cover <i>continued</i>	What we do not cover <i>continued</i>
✓ Reiki.	<ul style="list-style-type: none"> ✗ Medicines, appliances and food even if they have been supplied by the practitioner (with the exception of homeopathic medicines as prescribed as part of your treatment plan) ✗ Any weight management programmes ✗ Any treatments or benefits arranged or facilitated through your employer or employees ✗ Professional sports injuries.

10.6 Chiropody

- i **We** will pay the amount **you** have paid to a qualified and insured Chiropodist or Podiatrist, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.
- iii **We** do not cover any **treatments** or **benefits** arranged or facilitated through **your** employer or employees.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

What we cover	What we do not cover
✓ Chiropody treatment and assessments.	<ul style="list-style-type: none"> ✗ Cosmetic treatments or pedicures ✗ Bio mechanical assessments and gait analysis ✗ Items you have bought to help with your treatment ✗ Surgical footwear or appliances ✗ Treatment from a Foot Health Practitioner ✗ Any treatments or benefits arranged or facilitated through your employer or employees.

10.7 Health screening

- i **We** will pay the amount **you** have paid for a private health screen carried out by medically qualified and insured staff at a hospital or health screening clinic, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii **We** do not cover any **treatments** or **benefits** arranged or facilitated through **your** employer or employees.
- iii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

What we cover	What we do not cover
<ul style="list-style-type: none"> ✓ A Well Man or Well Woman screen ✓ A full health screen. 	<ul style="list-style-type: none"> ✗ Home testing kits ✗ Tests not included within the full health screen (for example X-rays) ✗ Any health screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons ✗ Genome testing ✗ Any other screening check or test not carried out as part of one of those listed under 'What we cover' ✗ Any treatments or benefits arranged or facilitated through your employer or employees ✗ Missed appointment fees ✗ Allergy and food intolerance tests.

10.8 Prescriptions, inoculations and flu jabs

- i **We** will pay **you** the amount **you** have paid for the cost of **your** prescriptions up to the maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii **We** will pay **you** the amount **you** have paid for the cost that **you** have paid for inoculation or vaccination by a medical professional for yourself up to the maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- iii **We** do not cover any **treatments** or **benefits** arranged or facilitated through **your** employer or employees.
- iv To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

What we cover	What we do not cover
<ul style="list-style-type: none"> ✓ Prescription charges ✓ Prescription and/or other charges arising from the administration of inoculation or vaccination against the following conditions: <ul style="list-style-type: none"> • cholera • diphtheria • hepatitis (A or B) • influenza (flu jab) • malaria • poliomyelitis • rabies • tetanus 	<ul style="list-style-type: none"> ✗ Non-prescribed consumables ✗ Inoculation or vaccination against any condition other than those listed ✗ Any treatments or benefits arranged or facilitated through your employer or employees.

What we cover *continued*

- tuberculosis
- typhoid fever
- yellow fever.

What we do not cover**10.9 Routine dental treatment**

- We** will pay the amount **you** have paid to a member of the General Dental Council, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

What we cover

- ✓ Dental **treatment** and dental check-ups
- ✓ Hygienist fees
- ✓ Dental X-rays and laboratory fees needed to carry out dental **treatment**
- ✓ The cost of anaesthetic for dental treatments
- ✓ The cost of dentures and repairs to dentures
- ✓ Braces provided by a dentist or orthodontist.

What we do not cover

- ✗ Tooth whitening or cosmetic dentistry
- ✗ Non-prescribed items or consumables
- ✗ Charges for missed appointments
- ✗ Dental care contracts
- ✗ Fees for prescription charges (these are covered under the Prescriptions, inoculations and flu jabs **benefit**)
- ✗ Fees for tablets or medicines, for example antibiotics
- ✗ **Professional sports injuries.**

Important: how we will pay your dental claims (Level 3 and 4 only)

Your first dental claim in any given benefit period will determine whether we will pay for NHS or Private Dental Treatments for the remainder of that period.

In order to access the unlimited NHS dental cover on levels 3 and 4, all claims during the relevant benefit period must be for NHS dental treatment. Please note that you would not be able to claim for any private dental treatment costs until the start of your next benefit period as shown within your policy schedule. Your first dental claim in subsequent benefit periods will determine whether you are covered for NHS or private treatments for that benefit period.

10.10 Dental accident and injury

Cover for dental **treatment** required as a result of an accident or injury. **You** can only claim this **benefit** if there has been a dental emergency appointment within five days of the accident or injury.

- We** will pay the amount **you** have paid to a member of the General Dental Council or **Specialist Consultant**, up to a maximum in any one **benefit period**, within **your** chosen premium level. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- A dental accident is classed as an injury caused to **your** teeth and gums by a direct impact to the outside of the oral cavity. This includes damage to dentures whilst being worn.
- Your** claim must be submitted using a Mediacash Dental Accident claim form and be supported by proof of **treatment** detailing the dates and costs of each individual

treatment or, in the case of NHS dental **treatment**, each course of **treatment**.

The proof must be an official document issued by the treating practice.

- iv Medicash need the following information from **your** dentist in order to process the claim:
- Date of the accident;
 - Full report of the incident and all dental injuries sustained;
 - The **treatment** plan (Medicash do not cover **treatment** that is not established clinical practice);
 - The date that the **treatment** or episode of **treatment** will start and finish;
 - The name of the Consultant or Surgeon responsible for the **treatment** if applicable;
 - Detailed **treatment** costs.

Cover is limited to the **treatment** described in the **treatment** plan.

- v Medicash may ask for extra evidence to show how the injury was sustained, evidence that the injury is not as result of periodontal disease, or evidence that if the injuries resulted from sporting **activities** that the appropriate mouth guards were worn.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Dental treatment relating to an accident or injury if there has been a dental emergency appointment within five days of the accident or injury✓ Investigative dental x-rays, and laboratory fees relating to the dental treatment✓ The cost of anaesthetic for dental treatment✓ The cost of dentures and repairs to dentures resulting from the accident or injury✓ Any prescription charges or associated costs✓ Replacement veneers, implants, dentures and orthodontics resulting from an accident or injury.	<ul style="list-style-type: none">✗ Injuries that existed before or when you took out the plan✗ Injuries caused by food ingestion✗ Treatment that relates to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn✗ Injury caused other than by direct impact to the outside of the oral cavity✗ Damage to dentures when not being worn✗ Treatment relating to periodontal disease✗ Fees charged for preparing reports✗ Charges for missed appointments✗ Damage through oral hygiene procedures✗ Any treatment, care or repair to, or in connection with 'tooth jewellery'✗ Self inflicted injuries✗ Dental accidents and injuries for children✗ Professional sports injuries.

10.11 Optical

- i **We** will pay the amount **you** have paid, up to a maximum in any one **benefit period**. The maximum **benefit** amount applicable to **your** level of cover is shown in **your benefit table**.
- ii To deal with **your** claim, **we** need an original dated receipt as set out in Section 5 of these Terms and Conditions.

We may also need additional evidence that the practitioner has the appropriate qualifications and insurance.

What we cover	What we do not cover
<ul style="list-style-type: none"> ✓ Eye-health tests and eyesight tests carried out by a member of the General Optical Council ✓ Prescribed spectacles, prescribed contact lenses and prescribed sunglasses ✓ Payment under a contact lens scheme ✓ Prescription lenses for safety goggles you need for work ✓ Prescription lenses fitted to an existing frame ✓ Frames when fitted with prescription lenses ✓ Laser eye surgery. 	<ul style="list-style-type: none"> ✗ Contact lens check-ups or solutions ✗ Non-prescribed lenses, spectacles, contact lenses or sunglasses ✗ Goggles for leisure activities ✗ Repairs to spectacles ✗ Registration, insurance and joining fees for a contact lens scheme ✗ Non-prescribed items ✗ Frames only ✗ Receipts where only a part payment or deposit has been paid including receipts showing a balance outstanding for payment ✗ Costs incurred for items ordered in the two months before the start of your policy ✗ Consumables ✗ Professional sports injuries.

10.12 Medicash Extras members discount scheme

Please see page 3 or **your benefit table** for how to access this service.

- i This service is provided by our service partner, as stated on **your policy schedule**.
We reserve the right to change this service partner without prior notice.
- ii This service provides **you** with access to a range of offers and discounts through an online portal including a range of reloadable gift cards.
- iii Full terms of use can be found at www.medicash.org/extras.
- iv Should **your** cover with Medicash cease **you** will have 8 weeks from the date of cancellation to redeem any points or credits accumulated within **your** Medicash Extras account otherwise these will be lost with no rights for compensation.

10.13 Employee Assistance Programme

Telephone helplines

Please see **your policy schedule** to see if **your** plan includes this service. Please see page 2 for how to access this service.

- i These services are provided by **our** service partner, as stated on **your policy schedule**. **We** reserve the right to change this service partner without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.
- ii **You** can speak to a team of qualified professionals 24 hours a day.
You can call as often as **you** need to, whether it is about the same problem or other issues **you** are facing. All the information **you** give will be kept strictly confidential.
- iii **You** must pay for the cost of the call to the helpline and any costs from taking the advice **you** receive. Please note that this is not an emergency service and it will not provide a diagnosis or prescribe treatments but is limited to the supply of advice and information only.

Please see your **Policy Schedule** to see if your policy includes these services.

Examples of areas covered include:

- Family Care
- Money Management
- Bereavement
- Stress
- Work/Life Balance
- Redundancy
- Career Guidance
- Relationships
- Health and Wellbeing

Please see your **Policy Schedule** to see if your policy includes these services.

Online health support

Please see **your policy schedule** to see if **your** plan includes this service. Please see page 2 for how to access this service.

- i **You** must pay any costs associated with internet access and any costs from taking the advice **you** receive.
- ii These services are provided by our service partner, as stated on **your policy schedule**. **We** reserve the right to change this service partner without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.
- iii Please note that this is not an emergency service and it will not provide a diagnosis or prescribe **treatments** but is limited to the supply of advice and information only.

Face to face counselling

Please see **your policy schedule** to see if **your** plan includes this service. Please see page 2 for how to access this service. **You** are eligible for up to 8 sessions of face to face counselling per **benefit period** where clinically required. Medicash encourage a pragmatic approach to counselling, empowering our policyholders to take control of their situation and encouraging them to be more proactive in their own wellbeing.

- i Please note this service is for employees only.
- ii This service is provided by **our** service partner, as stated on **your policy schedule**. **We** reserve the right to change this service partner without prior notice.
- iii Where appropriate, either following **your** call to the counselling helpline or through **your** employer, **you** can see a counsellor, appointed by **our** service partner, in person.
- iv Additional counselling sessions agreed with **our** service provider, that are required above **your** Medicash entitlement, will be at **your** own expense and subject to an individual agreement.

Notes

[illegible]

Useful Contact Details

- **Claims / Customer Service**
0151 702 0265
claims@medicash.org
- **Online**
www.medicash.org
- **Recommend a friend**
0151 702 0304
sales@medicash.org



Your **Medicash Proactive Plan**

This insurance is provided by Medicash Health Benefits Limited, One Derby Square, Liverpool L2 1AB. A company limited by guarantee, registered in England (number: 258025).

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

Medicash is covered by the Financial Services Compensation Scheme and the Financial Ombudsman Service.

+ medicash

A **positive** approach to health

Medicash, One Derby Square, Liverpool L2 1AB.



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