

Health Plan

Insurance Product

Information Document



Insurer: Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Simplyhealth is registered and incorporated in England and Wales.

Product: Optimise Plus Health Plan

This document provides a summary of the key information relating to this policy but it is not personalised to you. The other documents you receive from us, before and after the policy starts, will tell you what you need to know about the policy.

What is this type of insurance?

This policy is a health plan. It gives you money back towards a selection of health benefits and services that you pay for and claim back from us. This health plan has six levels of cover. Depending on the level you select each benefit has an annual limit we will pay up to. The amounts payable depend on the premium that you pay. The table of cover will provide you with more information.



What is insured?

- ✓ **GP and mental health support services*** - Speak to a GP 24 hours a day, 7 days a week, through our SimplyPlan app. This also provides information on how to access 24/7 mental health support and wellbeing and lifestyle guidance.
- ✓ **Optical treatment** - the annual limits payable for this benefit range from £60 for level one up to £250 for level six.
- ✓ **Dental treatment** - the annual limits payable for this benefit range from £60 for level one up to £250 for level six.
- ✓ **Dental accident** - the annual limits payable for this benefit range from £200 for level one up to £600 for level six.
- ✓ **Physiotherapy, osteopathy, chiropractic, acupuncture** - the annual limits payable for this benefit range from £150 for level one up to £500 for level six.
- ✓ **Health and Wellbeing** - the annual limits payable for this benefit range from £60 for level one to £250 for level six.
- ✓ **Chiropody / podiatry and reflexology** - the annual limits payable for this benefit range from £25 for level one up to £150 for level six.
- ✓ **Diagnostic consultations, tests and scans** - the annual limits payable for this benefit range from £250 for level one up to £600 for level six.
- ✓ **Health assessment** - the annual limits payable for this benefit range from £50 for level one up to £500 for level six.
- ✓ **Prescription charges** - the annual limits payable for this benefit range from £15 for level one up to £35 for level six.
- ✓ **GP, dietitian consultation fees, vaccinations and inoculations** - the annual limit for this benefit is £75 on all levels.

*Information on how to access these services is available via your online account or through the app. GP service not available on Christmas Day.

- ✓ **Hospital cover** - we pay for each day or night you are admitted, up to a maximum of 20 days or nights each year. The amount payable for this benefit is £20 on all levels.
- ✓ **New child payment** - paid once for each child, the amount payable for this benefit is £200 on all levels.

Optional choice - can be selected by an employer only

Private Medical Insurance excess cover - the annual limits for this benefit range from £50 for level one to £300 for level six.



What is not insured?

- ✗ People who are not a UK resident or a resident of a UK territory.



Are there any restrictions on cover?

- ! There is an annual limit for each benefit on this policy.
- ! Each benefit has a number of exclusions, please read the full policy documentation to find out what these are.
- ! A partner covered on this policy must live with the employee of the policyholder.
- ! A child covered by this policy must be under age 24.
- ! Children covered on the policy share an annual entitlement on all benefits except PMI excess (where they have an individual entitlement).
- ! New child payment is not payable for the first 6 months.



Where am I covered?

- ✓ All treatments and services are covered worldwide, although there are some geographical restrictions for some of the services. Please refer to the full terms and conditions for information.



What are my obligations:

- **at the start of the contract?** Give us honest, accurate and complete information when buying the policy, check your policy documentation when you receive it to make sure you have the cover you need and expect.
- **during the term of the contract?** Pay the premium on time, keep your details up to date.
- **when making a claim?** Give us the information that we need to assess the claim properly.



When and how do I pay?

We accept payment from an employer by monthly Direct Debit, BACS or in some cases, where it has been agreed your employer may pay us the premium directly from your salary.



When does the cover start and end?

The cover starts from the date we include you on the policy and lasts until the renewal date. It will renew automatically if it is not cancelled. If you buy or renew this product, the policy documentation will show these dates.



How do I cancel the contract?

- A company can cancel the contract on the next renewal date by giving us two months' notice by writing to us or calling us.
- **Where a company pays us:** employees can cancel their policy in accordance with their employer's eligibility rules. Requests to cancel cover must be submitted via the employer.
- **Where an employee pays us:** employees can cancel within 14 days of receiving their policy documentation or within 14 days of the renewal date. We will refund the premium, unless a claim has been made. If you cancel this policy after the 14 day period, and before the end of your contract term, you will be required to pay the remaining premiums for the policy you have cancelled.