



Simplyhealth

Certified



Corporation

# Your ASDA Health Plan

Policy Handbook



# Policy Terms and Conditions

Full terms and conditions and **policy** exclusions can be found in this **policy** handbook. **We** recommend that **you** familiarise yourself with these before submitting **your** claims.

**You** are covered for the benefits shown in **your table of cover**, for **your** selected level, up to the annual limits shown. Please be aware that this document details benefits that **you** may not have access to.

## 1. General exclusions

For all benefits listed, this **policy** does not cover:

- any benefit if your **date of treatment** is before **your policy start date**
- treatment during the **qualifying period**
- any treatment or service that **you** receive from a:
  - member of **your** immediate family – a parent, **child**, brother or sister, or **your partner** or
  - business that **you** own
- insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services
- regular payment plans for treatment, for example dental practice plan payments
- administration or referral costs, joining fees or registration fees
- claims where **you** have paid costs with:
  - discount vouchers or coupons
  - any type of retail points scheme or loyalty

**We** will consider the claim based on the amount paid after the discount has been applied

- fees or charges for:
  - missing an appointment
  - completing a claim form or providing a medical report
  - providing further information in support of a claim

## 2. Benefits

### Optical

This benefit is to help towards the costs when **you** see, or buy items from, a qualified optical professional, or buy optical items online that are covered by this **policy**.

What is covered	What is not covered
<ul style="list-style-type: none"><li>• sight-test fees, scans or photos for an eye test</li><li>• fitting fees</li><li>• prescribed lenses and accompanying frames for:<ul style="list-style-type: none"><li>- glasses</li><li>- sunglasses</li><li>- safety glasses / goggles</li><li>- swimming goggles</li></ul></li><li>• adding new prescription lenses into existing frames</li><li>• prescription contact lenses (including contact lenses paid for by instalment)</li><li>• consumables supplied as part of an optical prescription</li><li>• repairs to prescription glasses</li></ul>	<ul style="list-style-type: none"><li>• non-prescription eyewear</li><li>• eye surgery (e.g. laser eye surgery, lens replacement or cataract surgery)</li><li>• magnifying glasses</li><li>• charges for ophthalmic consultations or tests</li></ul>

## Dental

This benefit is to help towards the costs when **you** see a qualified dental professional in a dental surgery.

What is covered	What is not covered
<ul style="list-style-type: none"><li>• dental check-ups</li><li>• treatment provided by a dentist, periodontist or orthodontist</li><li>• endodontic treatment hygienists' fees</li><li>• local anaesthetic fees and intravenous sedation</li><li>• dental brace or gum-shield provided by a dentist or orthodontist</li><li>• dental crowns, bridges and fillings</li><li>• dentures</li><li>• laboratory fees and dental technician fees referred by a dentist or orthodontist</li><li>• dental x-rays</li><li>• denture repairs or replacements by a dental technician</li></ul>	<ul style="list-style-type: none"><li>• dental prescription charges</li><li>• dental consumables (e.g. toothbrushes, mouthwash, dental floss)</li><li>• any treatment that is not clinically necessary (e.g. cosmetic procedures such as dental veneers)</li><li>• dental treatment provided at a hospital as a day-patient or in-patient</li><li>• dental practice plan payments</li></ul>

## Dental accident

This benefit has a **qualifying period** of three months.

This benefit is to help towards the costs of returning **your** oral health to its pre-accident state following an accident. An accident is an unfortunate event that happens unexpectedly causing a significant damage to the teeth or supporting structures by means of a direct impact to the mouth

What is covered	What is not covered
<ul style="list-style-type: none"><li>• restorative treatment to return <b>your</b> oral health to its pre-accident state if <b>you</b> receive medical or dental attention within 30 days of the accident</li><li>• the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a registered clinician</li><li>• dental treatment that <b>you</b> need as a result of participating in a sport or activity that carries a higher than average likelihood of dental injury, only where you were wearing the appropriate face or mouth protection</li></ul>	<ul style="list-style-type: none"><li>• further treatment that <b>you</b> need after the restoration of the accident-damaged area, for example remedial improvements to, or the modification of, work carried out as a result of the accident</li><li>• dental treatment that <b>you</b> need as a result of an injury caused by food or drink (or foreign bodies contained within the food or drink)</li><li>• dental treatment that <b>you</b> need as a result of an injury caused by foreign bodies in the mouth, including jewellery</li><li>• any dental treatment undertaken in a hospital following a referral from a dentist</li><li>• dental treatment provided at a hospital as a day-patient or in-patient</li><li>• claims relating to treatment arising directly or indirectly from:<ul style="list-style-type: none"><li>- <b>you</b> participating in a criminal act</li><li>- an accident while <b>you</b> were under the influence of alcohol or drugs</li><li>- deliberate self-inflicted injury</li></ul></li><li>• dental treatment received for an accident that occurred before the <b>policy start date</b></li></ul>

**Important information:** If **you** make a claim under this benefit, **you** must provide a written declaration from the dentist that provides the treatment, confirming it was required as the direct result of an accident. This can be submitted online or through **our** app. **We** may ask for further evidence to support **your** claim.

## Physiotherapy

What is covered	What is not covered
<ul style="list-style-type: none"><li>• physiotherapy treatments</li><li>• sports massage provided by a registered physiotherapist as part of <b>your</b> treatment plan</li><li>• consumables prescribed by and bought from the physiotherapist at the time of treatment (for example, equipment / sundries/ dressings)</li></ul>	<ul style="list-style-type: none"><li>• any other treatments (e.g. remedial massage, reiki, aromatherapy)</li><li>• sports massage provided by a professional who is not a registered physiotherapist and does not form part of <b>your</b> treatment plan</li><li>• x-rays and scans</li></ul>

**Important information:** Treatments must be supplied by a physiotherapist who is registered in the **UK** with the Health and Care Professions Council or the equivalent governing body if the treatment is received outside the **UK**.

## Osteopathy

What is covered	What is not covered
<ul style="list-style-type: none"><li>• osteopathy treatments</li><li>• sports massage provided by a registered osteopath as part of <b>your</b> treatment plan</li><li>• consumables prescribed by and bought from the osteopath at the time of treatment (for example, equipment / sundries / dressings)</li></ul>	<ul style="list-style-type: none"><li>• any other treatments (e.g. remedial massage, reiki, aromatherapy)</li><li>• sports massage provided by a professional who is not a registered osteopath and does not form part of <b>your</b> treatment plan</li><li>• x-rays and scans</li></ul>

**Important information:** Treatments must be supplied by an osteopath who is registered in the **UK** with the General Osteopathic Council or the equivalent governing body if the treatment is received outside the **UK**.

## Chiropractic

What is covered	What is not covered
<ul style="list-style-type: none"><li>• chiropractic treatments</li><li>• sports massage provided by a registered chiropractor as part of <b>your</b> treatment plan</li><li>• consumables prescribed by and bought from the chiropractor at the time of treatment (for example, equipment / sundries / dressings)</li></ul>	<ul style="list-style-type: none"><li>• any other treatments (e.g. remedial massage, reiki, aromatherapy)</li><li>• sports massage provided by a professional who is not a registered chiropractor and does not form part of <b>your</b> treatment plan</li><li>• x-rays and scans</li></ul>

**Important information:** Treatments must be supplied by a chiropractor who is registered in the **UK** with the General Chiropractic Council or the equivalent governing body if the treatment is received outside the **UK**.

## Acupuncture

What is covered	What is not covered
<ul style="list-style-type: none"><li>• acupuncture treatments</li></ul>	<ul style="list-style-type: none"><li>• any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li></ul>

**Important information:** Treatments must be supplied by a qualified acupuncturist.

## Homeopathy

What is covered	What is not covered
<ul style="list-style-type: none"><li>• homeopathic treatments and medicines supplied by a homeopath</li></ul>	<ul style="list-style-type: none"><li>• any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li></ul>

**Important information:** Treatments must be supplied by a qualified homeopath.

## Reflexology

What is covered	What is not covered
<ul style="list-style-type: none"><li>• reflexology treatments</li></ul>	<ul style="list-style-type: none"><li>• any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li></ul>

**Important information:** Treatments must be supplied by a qualified reflexologist.

## Chiropody / podiatry

What is covered	What is not covered
<ul style="list-style-type: none"><li>• chiropody / podiatry treatments</li><li>• assessments (e.g. gait analysis) performed by a registered chiropodist or podiatrist</li><li>• consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment (e.g. orthotics, dressings)</li><li>• consultations with a podiatric consultant</li></ul>	<ul style="list-style-type: none"><li>• cosmetic pedicures</li><li>• x-rays and scans</li><li>• any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li></ul>

**Important information:** Treatments must be supplied by a chiropodist or podiatrist registered in the **UK** with the Health and Care Professions Council or the equivalent governing body if the treatment is received outside the **UK**.

## Diagnostic consultations

A diagnostic consultation is to find or to help to find the cause of **your** symptoms.

What is covered	What is not covered
<ul style="list-style-type: none"><li>• the fees for diagnostic consultations that you have as a private patient</li><li>• clinician referred diagnostic tests and procedures (e.g. blood tests, visual field tests, allergy tests, x- rays, scans, endoscopy, tests on body tissue samples, ECGs)</li></ul>	<ul style="list-style-type: none"><li>• follow-up consultations and check-ups after you have been diagnosed (for example, ongoing appointments to manage a chronic condition)</li><li>• treatment charges, for example private hospital charges, operation fees, anaesthetic fees</li><li>• self-administered or self-referred diagnostic tests and procedures</li><li>• consultations with a podiatric surgeon</li><li>• psychological counselling assessments and diagnosis, speech therapy and dyslexia services</li><li>• assisted conception, fertility treatment or termination, pregnancy care</li></ul>

### Important information:

1. Consultations must be with a doctor who is registered on the General Medical Council's register (please see [www.gmc-uk.org](http://www.gmc-uk.org)) or an equivalent governing body if the treatment is received outside of the **UK**. If **you** have any questions as to whether **your** doctor meets **our** requirements, please contact **us**.
2. The GP consultation itself is not covered under the diagnostic consultations, tests and scans benefit.

## Prescription charges

This benefit is to help towards the costs of **your** prescription charges.

What is covered	What is not covered
<ul style="list-style-type: none"><li>• NHS charges for prescriptions issued in the UK by a clinical prescriber</li><li>• NHS prescription prepayment certificates and the prescription medication obtained with one</li><li>• private prescriptions issued by a clinical prescriber (this includes medicines prescribed via <b>our</b> app)</li></ul>	<ul style="list-style-type: none"><li>• any other medication that is not prescribed</li></ul>

**Important information:** To make a claim for prescription cover **you** will need to send **us** a copy of **your** receipt as proof that **you** have paid for **your** prescription. To make a claim for an NHS Prescription Prepayment Certificate (PPC) **you** will need to send **us** evidence of **your** certificate. **We** may request additional information to evidence that the prescription is for **you** (for example a copy of the prescription slip or the prescription label).

## GP, nurse and general health support services – provided by third party suppliers

Includes 24/7 GP or nurse appointments (terms of use determined by our third party provider), prescriptions, a 24/7 helpline, muscle and joint pain triage service, discounted gym membership and more.

What is covered	What is not covered
<p>Access to:</p> <ul style="list-style-type: none"><li>• a GP or nurse 24 hours a day, 7 days a week (excluding Christmas Day), through <b>our</b> app or via telephone on 0330 102 5443<ul style="list-style-type: none"><li>- if the GP feels it is clinically appropriate, they may privately prescribe <b>you</b> medication. The prescription can be delivered to an address of <b>your</b> choice. <b>You</b> will be charged for the cost of the medication and the cost of the delivery</li></ul></li><li>• digital muscle and joint pain triage service. An assessment providing <b>you</b> with advice on how to manage <b>your</b> symptoms</li><li>• access to mental health support, 24 hours a day, 7 days a week through <b>our</b> app or via telephone on 0330 102 5445*<ul style="list-style-type: none"><li>- includes up to 6 structured counselling sessions (per issue, per year, if clinically appropriate following an assessment with our third party counselling services provider)</li></ul></li></ul>	<ul style="list-style-type: none"><li>• GP and nurse visits and tests</li><li>• prescription and medication charges (this may be covered under the prescription charges benefit)</li><li>• counselling that is not defined as clinically appropriate by <b>our</b> third party counselling services provider following a clinical assessment</li><li>• long-term counselling</li><li>• access to counselling for anyone under the age of 16</li><li>• face to face counselling and gym membership outside the <b>UK</b>, Isle of Man, Jersey and Guernsey</li></ul>

**Important information:** The information and services available can change without notice from time to time. Please refer to **your** online account or the app for full details of what is and isn't covered and any geographical restrictions that may apply

\*Information on how to access these services is available via **your** online account or the app.

## Hospital admission

This benefit is to help towards the incidental costs involved with **you** being admitted to hospital, to contribute towards costs such as travel, parking and meals for visitors. **We** will pay the amount stated in **your** table of cover as described below;

- If **you** are admitted as an in-patient **we** will pay your entitlement for each night **you** are required to occupy a bed
- If **you** are admitted as a day patient (with no overnight stay) for treatment **we** will pay **your** entitlement for each single day **you** occupy a bed.
- If **you** are admitted as a day patient for treatment and subsequently **you** are required to stay overnight **we** will only pay **your** entitlement for each night **you** are required to occupy a bed.
- If **you** are receiving cancer treatment as an out-patient **we** will pay **your** entitlement for each single day **you** receive treatment.

What is covered	What is not covered
<ul style="list-style-type: none"><li>• any visit / appointment where <b>you</b> are admitted to hospital and occupy a bed</li><li>• cancer treatment as an outpatient</li><li>• an overnight stay in a hospital for one parent who has accompanied their <b>child</b> where the <b>child</b> is an in-patient. Both the parent and the <b>child</b> must be covered by the <b>policy</b></li></ul>	<ul style="list-style-type: none"><li>• outpatient appointments, other than for cancer treatment</li><li>• time whilst waiting, or being treated, in accident and emergency departments when <b>you</b> have not been admitted.</li><li>• the first 5 nights of any stay in hospital during which <b>you</b> give birth</li><li>• kidney dialysis</li><li>• laser eye surgery</li><li>• cosmetic surgery</li><li>• ante or post-natal admission for a child registered on the policy, who is pregnant or has had a child</li></ul>

**Important information:** To claim hospital admission **you** will need to provide a copy of **your** discharge summary. If **you** are unable to provide this, **you** will need to provide **us** with written confirmation of **your** admission, or appointment, from the hospital.

## New child payment

This benefit has a **qualifying period** of 6 months.

We will make a new child payment, if after the qualifying period:	We will not make a new child payment for:
<ul style="list-style-type: none"><li>• <b>you</b> or <b>your partner</b> pass 20 weeks gestation (pregnancy)</li><li>• <b>you</b> become a legal guardian of a <b>child</b></li><li>• <b>you</b> or <b>your partner</b> adopt a child</li></ul>	<ul style="list-style-type: none"><li>• pregnancy under 20 weeks gestation</li><li>• legal guardianship or adoption of <b>your partner's</b> child</li><li>• foster children</li><li>• a baby born to a <b>child</b> who is covered under the <b>policy</b></li><li>• pregnancy termination</li></ul>

**Important information:** To claim the new **child** payment **we** may ask **you** for supporting documents, for example a MATB1 certificate (usually given 20 weeks before **your** due date) birth certificate, adoption papers or proof of legal guardianship.

**We** only make one payment for each **child** no matter how many **policies** **you** or **your partner** are covered on. If **you** have more than one **policy** **you** will have to choose which one to claim the new **child** payment under.

**You** also have access to **our** 24/7 mental health support service, which can support **you** during and after **your** pregnancy, or with any other childcare concerns.

## Section 3: Definitions

The words which appear in this **policy** in bold have specific meanings which are explained below:

### Child / children

Natural or legally adopted children of **you** or **your partner**. Children must be under the age of 24.

### Claiming year

The period of time during which **you** can claim the benefits available to **you**. **Your** first claiming year begins on **your start date** and runs until the **renewal date**. Subsequent claiming years run from one **renewal date** to the next. **Your** summary of cover shows the dates for **your** claiming year.

### Date of treatment

The date that the treatment or service was supplied.

### Employee

A person who works for the **employer** and is covered by the **policy**. This can include:

- someone who is employed by the **employer** on a PAYE basis
- a salaried partner or equity partner in the **employer's** firm
- a registered director of the **employer**

### Employer

The legal entity (e.g. a company or partnership) which **we** have an agreement with to provide this **policy** to.

### General exclusion

Anything excluded under the **policy** in the general exclusions section of this document.

### Member

Anyone who is covered by this **policy**.

### Partner

Anyone in a relationship with and who lives with the **employee**. This could be **your** husband, wife, civil partner or unmarried partner.

### Policy

The insurance contract between **us** and the **employer**.

### Policy term

From the **policy start date** to the date the **policy** ends in accordance with one of the circumstances set out under section 5.4.

### Qualifying period

A set period of time in which **we** will not pay claims for any treatment or service that **you** receive. This could be from the date that **you** join the **policy** or the date of any increase in cover. **You** will find this on **your table of cover**.

### Renewal date

The date this **policy** renews. **You** will find this in **your** summary of cover.

### Start date

The date this **policy** starts. **You** will find this in **your** summary of cover.

### Table of cover

The table provided separately to this document that details the benefit amounts available on **your policy**.

### United Kingdom or UK

England, Wales, Scotland and Northern Ireland.

### UK resident

Someone who has their main home in the **UK**, resides in the **UK** for at least 183 days a year, and holds a **UK** National Insurance number.

### UK Territory

Jersey, Guernsey or the Isle of Man

### UK Territory Resident

Someone who has their main home in a **UK Territory** and spends at least 183 days a year there; and holds a National Insurance number, Social Security Number or pays Social Insurance (whichever is applicable).

### We / our / us

Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

### You / your

Anyone who is a **member** on the **policy** including the **employee**, as the context requires.



## Section 4: Making claims on this policy

### 4.1 Making **your** claim

The easiest way to make a claim, is through **your** online account or using **our** app. If **you** haven't registered online, please visit [www.simplyhealth.co.uk/register](http://www.simplyhealth.co.uk/register) and follow the simple registration process.

If **you** are unsure how to make a claim online, **you** can call Customer Services on 0300 100 1020.

When making a claim, **you** need to complete all sections of the online claim form and attach an image of the original supporting documentation (for example an original receipt). This information should show:

- the name of the patient
- the details of the practitioner or establishment
- the service or treatment provided
- the date of the service or treatment
- the amount paid for that service or treatment

**We** do not accept:

- invoices
- credit or debit card receipts
- receipts that have been altered

If the information **you** have given **us** is not enough for **us** to pay **your** claim, **we** may need to ask the person who provided the service or treatment for more information (**we** will not pay if there is a charge for this information), or **we** may ask **you** to send **us** the original receipt. **We** will not be able to process **your** claim if **we** do not have the information **we** need.

**We** may ask for a second opinion from a medical practitioner or specialist chosen by **us**, in order to help **us** process **your** claim. **We** will pay the cost of this. **We** will ask for **your** consent before **we** give **your** information to anybody outside **our** organisation.

### 4.2 Paying claims – rules

**We** will only pay for claims:

- after the **date of treatment**,
- for treatments or services that **you** have already paid for
- from the benefit entitlements available to **you** at the time **we** pay **your** claim

**We** will **assess** your claim using the **date of treatment** which may be different to the date that **you** paid for it. **We** will pay **your** claim from the amount available at the **date of treatment** in the **policy** year in which **you** receive the treatment that **you** are claiming for.

**We** only pay claims into a **UK** bank account. It is **your** responsibility to give **us** the details of the bank account **you** would like **your** claims to be paid into.

If **we** pay a claim which is more than **you** are entitled to under the **policy**, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.

### 4.3 When to submit **your** claim

**We** recommend that **you** send us **your** claim as soon as **you** can (ideally within 6 months of the treatment date). The longer the length of time between the **date of treatment** and submitting **your** claim, the more difficult it may be for **us** to process it.

### 4.4 Claiming for treatment outside the **UK**:

**You** will need to supply a copy of **your** original fully itemised receipt with an English translation, containing **your** full name, date of treatment and cost breakdown.

**We** will require proof that **your** treatment overseas has taken place.

All foreign currency claims will be converted to pounds sterling based on the exchange rate in force on the date that treatment took place. No payments will be made for credit card fees, interest or commission fees incurred.

Treatments must be supplied by a suitably qualified professional.

#### 4.5 Other claims rules

**You** can only claim under one benefit for each treatment that **you** receive.

If **you** submit a claim under the wrong benefit (for example trying to claim for a pair of glasses under a physiotherapy benefit) **we** will allocate the claim to the appropriate benefit.

If **you** have more than one Simplyhealth **policy**, **you** can only submit a claim under one **policy**. **You** will need to choose which **policy** **you** would like the claim paid under.

If **we** have asked for further information in order to process a claim, **we** may not pay any other claims that **you** have submitted until **we** have received that information and been able to fully assess the claim.

If **you** get a refund for the treatment or service **you** have claimed for, **you** need to tell **us**. **We** will either ask **you** to repay that money (which **we** will reallocate to **your** relevant benefit entitlement), or **we** may decide to deduct it from the next claim **you** make. If a payment is not received, **we** may suspend or cancel this **policy** until it is.

#### 4.6 Other insurance policies

If **you** make a claim on this **policy** and **you** have a policy with a different company which would cover the same claim then **you** must tell **us**. **We** may contact the other company about the claim so that **we** don't pay costs that they have already paid. If **we** find that **we** have paid more than **we** should have done then **we** will take action to recover the overpayment from **you**.

#### 4.7 Compensation claims against a third party

**You** must tell **us** as soon as **you** can if **you** have a claim for compensation against a third party (for example, if they've caused **you** a personal injury in a car accident) and the compensation includes the cost of treatment or services that **you** have claimed for under this **policy**, as **we** may have a legal right to recover those costs (either from **you** or from the third party involved, depending on whether or not **you** have yet received any compensation).

## Section 5: Eligibility

**Your** cover has been chosen by **you** and sets the benefits that are available to **you**. The **table of cover** shows the levels of cover and the benefits for each level. **Your** Membership Certificate will show which level applies to **you**.

#### 5.1 **You** will only be covered under the **policy** if:

- **you** are a **UK resident** or a resident of a **UK Territory**
- **you** are entitled to cover under the **policy** in accordance with the eligibility rules defined by the **employer**
- **you** pay **your** premiums to **us**.

#### 5.2 **Partners** can join if:

- they are in a relationship with and live permanently with the **employee**
- premiums are paid as required under the **policy**; and the **partner** must have the same level of cover as the **employee**.

#### 5.3 Cover for **children** included on the **policy**

- **We** will cover a maximum of four **children**. **We** may ask to see proof that a **child** is eligible to join the **policy** (e.g. a birth certificate or adoption certificate)
- At the **child's** 24th birthday, **we** will remove them from the **policy**
- An **employee's** **children** must have the same level of cover as the **employee**
- **Children** can only be covered under one **policy** with **us**. **We** will not add a **child** to this **policy** if that **child** is already covered under another **policy** with **us**
- All **children** covered by this **policy** receive their own annual benefit entitlement.

#### 5.4 **Your** cover under this **policy** will end at the earliest of the following:

- the expiry of the **policy term**; or
- when **you** are no longer eligible for cover according to the eligibility rules defined by the **employer**; or
- the **employee** ceasing employment with the **employer**; or
- **you** are no longer a **UK resident** or a resident of a **UK Territory**; or
- if **we** make a commercial decision to no longer offer the product included in the **policy**; or
- if **we** decide at the **renewal date** not to continue to offer the **policy**; or

- if the number of **members** on the **policy** falls below the minimum number required for the **policy** (we would do this at the **renewal date**); or
- **our** cancellation of the **policy** due to the **employee's** failure to pay premiums; or
- if **you** are abusive to or subject **our** staff to any threatening behaviour in any way, including any staff of **our** third party suppliers.

5.5 If **your** contact details or circumstances change **you** must tell **us** as soon as **you** can. If **you** do not then **we** may not be able to tell **you** about any changes **we** intend to make to this **policy**, including changes to the premium or benefits. **We** will cancel the **policy** if **we** become aware that communications from **us** are not being received.

5.6 How long cover lasts

**Your** cover starts from the day that **we** and the **employer** agree to include **you** on the **policy** and continues from one month to the next until either **we**, **you** or the **employer** cancel it.

## Section 6: Paying premiums, tax and changing cover

6.1 **We** may ask you for the first payment by debit or credit card rather than wait until the payment is set up before starting this **policy**.

6.2 If **we** don't receive the full premium, **we** will not pay claims and **we** may suspend or cancel this **policy**. **We** will tell the **employee** if this happens and what they need to do to continue cover.

6.3 This is a **policy** for **UK residents** or residents in a **UK territory**, and IPT is included in the premium (where applicable). If there are changes to IPT **we** may need to change the premium to reflect this. **We** will tell **you** about this in **your** renewal communication. Whilst IPT does not apply in the Isle of Man, Jersey and Guernsey the premium will also change.

6.4 The **employee** can only make one change to **your** level of cover during the **policy** year. However, if any **member** is over the maximum joining age shown in the **table of cover**, or if **we** have waived the premium for any reason, **you** will not be able to change to a higher level of cover.

6.5 Changing **your** level of cover will not change **your policy** year.

## Section 7: Ending the policy

7.1 The **employee** can cancel this **policy** for any reason by notifying **us** during the 14 day 'cooling off' period which begins on the start date, or the day that they receive their **policy** documents if that is later. **We** will refund the premium for the 'cooling off' period, if payment has been received but **we** will deduct the costs of any claims paid during that time from the refund. If the cost of those claims is higher than the premium that **you** have paid, then **you** will not be entitled to a refund. The **employee** can cancel this **policy** after the 'cooling off' period, by giving **us** one month's notice. **We** will not backdate the cancellation to before the date that the **employee** tells **us** and **we** will not refund any premiums that **we** have received. If **you** do this, cover will end and no further premiums will be collected. To cancel this **policy**, please contact **us** on 0370 908 3304.

7.2 **We** will be entitled to cancel the **policy** or remove a person from this **policy**:

- if **you** are abusive to or subject **our** staff to any threatening behaviour in any way, including any staff of **our** third party suppliers
- if **we** have not received the premium for three months in a row. If this happens, **we** will tell the **employee**
- if **we** stop receiving the premiums that have been taken from the **employee's** salary or their **employer** tells **us** that the premium deductions have stopped. If this happens **we** will tell the **employee** that cover has ended and the **policy** will be cancelled from the date that **we** received the last premium
- if the **employee** dies. If there are any other **members** on this **policy**, **we** may contact them about alternative cover
- if the **employee** and their partner no longer live together at the same address
- when a **child** reaches the age of 24.

7.3 If Simplyhealth or the **employee** cancels the **policy**, cover will end for all **members** on the **policy**. The **employee** should tell all **members** that the **policy** has been cancelled. Cancellation of the **policy**, or **your** membership of the **policy**, means that **we** will not pay for any treatment or services that **you** receive after the cancellation date.

## Section 8: Changes to this policy

- 8.1 **We** reserve the right to make changes to this **policy** at any time. **We** will give **you** reasonable notice of any changes.
- 8.2 **We** could make:
- changes to **policy** cover such as benefits, benefit limits, payback levels
  - changes to **policy** rules
  - changes to premiums
  - any other changes **we** may need to make for legislative or regulatory reasons.
- 8.3 To tell the **employee** about a change **we** will contact them at the email address or postal address that they gave **us**. This is why it is important to make sure that **you** keep **your** contact details updated.
- 8.4 If the **employee** does not want to accept any changes made to this **policy**, they have the right to cancel from the **renewal date**.

## Section 9: Fraud

- 9.1 What is Fraud?
- We** would consider someone (which includes the treating professional or practitioner) to be committing fraud by:
- making a claim,
  - submitting a statement in support of a claim, or
  - sending **us** a document in support of a claim,
- knowing that it was false, misleading, or exaggerated in any way, with the intention of deceiving **us** into paying them more than they are entitled to.
- 9.2 How do **we** protect ourselves from fraud?
- We** have strong anti-fraud measures to protect ourselves and **our** customers.
- These may include:
- reviews of all activity and claims on this **policy** (**we** may use private investigators to support any reviews)
  - passing details of suspected fraudulent

claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts

- sharing information with NHS counter fraud teams, health professionals' trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud
  - other actions that **we** think are necessary.
- 9.3 What happens if **we** suspect fraud?
- If **we** suspect fraud **we** will take appropriate action to protect **our** rights, which may include:
- suspending the **policy** whilst **we** review the matter. **We** will tell **you** and the **employer** if **we** do this, and **we** will not pay claims until **we** have received any premiums that **we** did not collect whilst the **policy** was suspended
  - recovering the full amount (including any element that is not fraudulent) that **we** have paid to a **member** for any fraudulent claim made by them on this **policy**
  - no longer accepting claims for treatment that has been provided by a particular professional
  - cancelling cover for the **member** who submitted the fraudulent claim, or for all **members** on this **policy** if **we** think that is necessary
  - cancelling all policies the **member** has with the Simplyhealth Group
  - taking legal action to recover any of **our** costs as a direct result of fraud, plus interest and legal costs
  - contacting the **employer** to inform them of any fraudulent or suspected fraudulent activity
  - any other actions that **we** think are necessary.

## Section 10: General rules

- 10.1 If at any time **we** have not applied any of these **policy** rules, **we** can still apply them in the future.
- 10.2 The terms of this **policy** can only be enforced by **us** or by the **employer**, or any **member** covered by this **policy**.
- 10.3 **We** will use English for all **policy** documents and letters.

10.4 The law of England governs this **policy**.

10.5 Terms under this **policy** can only be enforced under the Contracts (Rights of Third Parties) Act 1999 ('the Act') by **us**, the **employer**; or an **employee**.

10.6 This **policy** is governed by the laws of England. Any disputes arising in connection with the **policy** which are not resolved through **our** complaints process shall be dealt with by the courts of England.

### Complaints

**We** aim to provide **you** with the very highest levels of customer service and care at all times. To maintain this service standard, **we** have a procedure which **you** can use to raise any concern, complaint or recommendation that **you** have. In the first instance **you** should contact Customer Services on 0300 100 1020, email [customerrelations@simplyhealth.co.uk](mailto:customerrelations@simplyhealth.co.uk) or write to Simplyhealth Customer Services at **our** registered office address of Anton House, Chantry Street, Andover, Hampshire SP10 1DE. **We** will investigate any complaint and issue a final response.

If **you** are not satisfied with **our** response, or **we** have not replied within eight weeks, **you** have the right to refer **your** complaint to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

- Telephone: 0800 023 4567 or 0300 123 9123.
- Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)
- Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect any legal rights that **you** may have. **We** will send **you** full details of **our** complaints procedure if **you** ask **us** for them.

**You** are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. If this happens, any valid outstanding claims **you** have at that point would be paid by the FSCS.

For more details on the scheme please visit [www.fscs.org.uk](http://www.fscs.org.uk) or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

### How we use your personal data (privacy notice)

Simplyhealth respects **your** privacy and is committed to protecting **your** personal data. This privacy notice sets out the way in which any personal data **you** provide to **us** is used and kept safe by **us**. For a more detailed explanation of how **we** use **your** data please take the time to read **our** full privacy policy online at the bottom of **our** website or alternatively request a copy from **our** Data Protection Officer. Please ensure that **you** show the following information to others covered under **your policy** or make them aware of its contents.

### Why do you need my personal data and what do you use it for?

**We** need and use **your** data to:

- service the **policy** / contract that **you** have
- identify, analyse and calculate insurance risks
- improve **our** services to **our** customers
- comply with legal obligations which **we** are subject to
- protect **our** interests
- detect and prevent fraud.

Sometimes **we** may use automation and profiling to evaluate information about **you**, which may include to determine whether an application for a product is accepted by **us**, to tailor **our** marketing material to **your** needs, to identify and investigate fraudulent activity, to understand claiming behaviour and patterns or to tailor **our** services to provide **you** with a more efficient, consistent and fair customer experience. If **you** want to know more please contact **us**.

### Who holds my personal data?

Simplyhealth Access who are part of the Simplyhealth group of companies.

### What personal data will Simplyhealth need to know?

If **you** have a policy, **we** need to know, for example, **your** name, address and date of birth. **We** may also take **your** phone number and email address. In order to take payments and to pay claims, **we** will need **your** bank account details. For members with policies arranged by a company, **we** will know who **your** employer is and **we** might hold **your** payroll details. **Your** employer may provide **us** with details such as **your** name, address and date of birth.

**We** may record and monitor both inbound and outbound calls for training and monitoring.

### How does Simplyhealth protect my personal data?

By law **we** must have measures in place to protect data. As a result, **we** have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data. **We** may send **your** personal data outside the UK or European Economic Area. If **we** do this, **we** ensure the same level of protection is afforded to it by ensuring an appropriate safeguard is implemented.

### Who can see my personal data?

**We** may share **your** personal data:

- with persons who provide a service to **us** or act as **our** agents
- with anyone to whom **we** may transfer rights and duties under this **policy**
- with persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- with persons that the **employer** appoints (such as a broker) in order to service the **policy**
- with **your** employer, where appropriate
- where **we** have a duty to provide personal data (such as to regulatory bodies), or if the law allows **us** to do so.

### How long is my personal data kept for?

**We** keep **your** personal data for seven years after this **policy** has ended.

### What rights do I have around the use of my personal data?

**You** have the right to see **your** personal data that **we** hold. **You** also have the right to ask **us** to amend personal data that is incorrect. **You** can ask **us** to delete personal data, or not use it in certain ways. **You** have the right to move, copy or transfer **your** personal data. If **you** wish to exercise any of the rights set out above, **you** will need to contact the Data Protection Officer to do this.

### If I have given you my consent to use my personal data for a reason, can I change my mind?

Yes. **You** can change your mind at any time. But if this means that **we** cannot service the **policy**, **we** may have to cancel it.

### Who can I contact if I want to talk about my personal data?

If **you** have any questions or comments regarding any aspect of **your** personal data, please contact **our** Data Protection Officer either by email: [thedataprotectionofficer@simplyhealth.co.uk](mailto:thedataprotectionofficer@simplyhealth.co.uk) or by post, at:  
The Data Protection Officer  
Simplyhealth Access  
Anton House  
Chantry Street  
Andover  
Hampshire  
SP10 1DE

### Who should I talk to if I am unhappy with the way my data is being used?

If **you** are not happy with the way **we** use **your** personal data, **you** can contact **our** Data Protection Officer, or the Information Commissioner's Office (ICO). **You** can contact the ICO on 0303 123 1113, or via their online form: [ico.org.uk/global/contact-us/email/](https://ico.org.uk/global/contact-us/email/)

### About Simplyhealth

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. **Our** Financial Services Register number is 202183. **You** can check this on the Financial Services Register by visiting the Financial Conduct Authority's website [register.fca.org.uk/](https://register.fca.org.uk/) or by contacting the Financial Conduct Authority on 0800 111 6768.



You can contact us here:

**[simplyhealth.co.uk/customercontact](https://simplyhealth.co.uk/customercontact)**

or call on:

**0300 100 1020**

Lines are open Monday to Friday

Simplyhealth is a trading name of Simplyhealth Access. Simplyhealth Access is incorporated in England and Wales, company no. 00183035. Registered office: Anton House, Chantry Street, Andover, Hampshire, SP10 1DE. Simplyhealth Access 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 Access 2025. All rights reserved

Some of our services are provided by Third Party suppliers

T&C-ASDA-Health-Plan-0226

