

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 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 that you pay for and claim back from us, up to an annual limit. 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 table of cover will provide you with more information.



What is insured?

- **GP, nurse and general health support services** – speak to a GP or nurse 24/7 (excluding Christmas Day) through our SimplyPlan app. This also provides information on how to access 24/7 mental health support, and a digital muscle and joint pain triage service.
- **Eye care** - the annual limits payable for this benefit range from £60 for level one up to £250 for level six.
- **Dental** - 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.
- **Muscles, bones and joints** - the annual limits payable for this benefit range from £150 for level one up to £500 for level six.
- **Foot care** - the annual limits payable for this benefit range from £25 for level one up to £150 for level six.
- **Diagnostics** - 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.
- **Prescriptions** - the annual limits payable for this benefit range from £15 for level one up to £35 for level six.
- **Private GP / dietitian / vaccinations** - the annual limit for this benefit is £75 on all levels.
- **Hospital** – we pay for each time you are admitted as a day patient or inpatient, up to a maximum of 20 days/nights each policy 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. It is not payable for the first six months of cover.

Optional choice – can be selected by your employer only
PMI 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 residents of the United Kingdom or UK Territories.
- People who do not meet the eligibility criteria.



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 and be on the same level of cover as the employee.
- A child covered by this policy must be under the age of 24 years old and be on the same level of cover as the employee.
- Children covered on the policy share an annual entitlement on all benefits except for PMI excess cover (where they have their own entitlement).



Where am I covered?

Treatment 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, let us know of changes to your address.
- **When making a claim?** Give us the information that we need to assess the claim properly.



When and how do I pay?

- From a company we accept payment by monthly Direct Debit, BACS or in some cases, where it has been agreed the company may pay us the premium directly from employee salaries.



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 (or earlier if you no longer meet the eligibility criteria for cover as set out in the terms of the policy). It will renew automatically if it is not cancelled. If you buy or renew this product, your summary of cover 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.