

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: Simplyhealth 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 five levels of cover. Depending on the level you select, each benefit has an annual limit we will pay up to, for each person covered. The table of cover will provide you with more information. You can add your partner and up to four of your children to the policy.



What is insured?

- **GP, nurse and general health support services** - access to an online GP or nurse 24/7 through the app or via the telephone. The app also provides information on how to access 24/7 mental health support and a digital muscle and joint pain triage service.
- **Physiotherapy, osteopathy, chiropractic, acupuncture** - the annual limits payable for this benefit range from £50 for level one to £350 for level five. We pay 100% of your receipt up to the annual limit.
- **Prescription charges** - the annual limits payable for this benefit range from £20 for level one to £50 for level five. We pay 100% of your receipt up to the annual limit.

Covered on levels two to five only

- **Dental** - the annual limits payable for this benefit range from £60 for level two to £220 for level five. We pay 100% of your receipt up to the annual limit.
- **Optical** - the annual limits payable for this benefit range from £50 for level two to £200 for level five. We pay 100% of your receipt up to the annual limit.
- **Chiropody/podiatry & reflexology** - the annual limits payable for this benefit range from £50 for level two to £200 for level five. We pay 100% of your receipt up to the annual limit.

- **Hospital admission** - we pay for each night or day you are admitted, up to a maximum of 20 nights or days each policy year. The amounts payable for this benefit is £20 on levels two to five.



What is not insured?

- People who are not residents of the United Kingdom or UK Territories.



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 by this policy must live with the policyholder and be on the same level of cover as the policyholder.
- A child covered by this policy must be under the age of 18 and be on the same level of cover as the policyholder.



Where am I covered?

Treatment and services are covered in the UK and UK Territories only, 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 contact details.
- **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 by monthly Direct Debit.



When does the cover start and end?

The cover starts from the date we include you on the policy and lasts for one year. It will renew automatically if it is not cancelled in accordance with the policy terms. If you buy or renew this product, your summary of cover will show these dates.



How do I cancel the contract?

You can cancel your policy by contacting us via our website, by the telephone, or by post.

If you cancel within 14 days of receiving your policy documentation, we will refund the premium, unless you have made a claim. If you cancel this policy after the 14 day 'cooling off' period, and before the end of your minimum 12 month contract term, you will be required to pay the remaining premiums for the policy year in which you have cancelled.

Alternatively you can elect for the policy not to renew at the next renewal date, at which point no further payments will be taken and you will no longer be on cover.