

# Your Simply Cash Plan

Policy document Part 1 – benefits and exclusions

The accompanying Part 2 for this policy document is 'Part 2 – general terms and conditions for monthly paid cash plans'

2015



# Your table of cover

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		Basic	Standard	Extra	Family Standard	Family Extra
Weekly premium for you	Payback level	£1.86	£4.19	£7.13	-	-
Weekly premium for you and your partner		£3.72	£8.38	£14.26	£7.80	£13.28
Weekly premium for up to four of your children under the age of 18		Free	Free	Free	Free	Free

Annual limit for each person

<b>Dental</b> Includes check-ups, hygienist's fees, fillings, dentures, crowns and bridges	100%	£60	£120	£185	£135	£195
<b>Dental accident (3 month qualifying period)</b> Treatment to return you to your pre-accident state of oral health if you see a dentist or doctor within 30 days of the accident	100%	£150	£300	£450	-	-
<b>Optical</b> Includes sight tests, prescription glasses, sunglasses and contact lenses	100%	£55	£100	£170	£110	£180
<b>Physiotherapy, osteopathy, chiropractic and acupuncture</b> Treatment carried out by a qualified practitioner that we recognise	50%	£350	£600	£800	£600	£800
<b>Chiropody / podiatry</b> Treatment carried out by a qualified practitioner that we recognise	50%	£40	£60	£90	£50	£80
<b>Homeopathy / reflexology</b> Treatment carried out by a qualified practitioner that we recognise	50%	-	-	£100	-	£100
<b>Full body health screening (adult only)</b> A full health screen at a hospital, registered health screening clinic or service provider	50%	-	£110	£170	£110	£170
<b>Diagnostic consultation</b> Specialist's fees for a diagnostic consultation, plus allergy testing and blood tests	50%	-	£260	£355	£260	£355
<b>X-ray / scans</b> X-rays and scans following referral by a specialist (this does not include CT, MRI or PET scans)	50%	-	£80	£100	£80	£100
<b>Medical apparel</b> Includes specialist items such as surgical shoes, prosthetics and hearing aids	50%	-	£400	£650	£400	£650

<b>Hospital cover</b> Cash amount for each day or night to help towards everyday expenses. This covers day-patient, in-patient and parental stay. Pre-existing conditions are excluded for the first 12 months	Adult	20 days/ nights max each year	-	£33	£44	£33	£44
	Child			£15	£20	£33	£44
<b>New child payment (12 month qualifying period)</b> Single payment for each child that you or your partner give birth to or adopt		For each child	-	£160	£250	£350	£550
<b>Funeral expenses (50 week qualifying period)</b> Cash amount towards the cost of funeral expenses		100%	-	£750	£750	-	-
<b>myWellbeing</b> Speak to a GP; telephone counselling services; health evaluation tools; useful health information and more. These services can be accessed via your Online Self Service at <a href="http://www.simplyhealth.co.uk/youremployeebenefit">www.simplyhealth.co.uk/youremployeebenefit</a>			✓	✓	✓	✓	✓
<b>Personal Accident cover (adult only)<sup>1</sup></b>							
<b>Permanent total disablement</b> Payment made if you suffer permanent total disablement. When you reach 66 years old you are no longer covered for this benefit		A single payment	-	-	£15,000	-	£15,000
<b>Accidental death</b> Payment made as a result of accidental death		A single payment	-	-	£7,500	-	£7,500

**European cover** You'll receive these benefits for stays up to and including 28 days, wherever you are in the EEA and Switzerland.

[Your equivalent monthly payment options](#)

<b>Equivalent monthly premium for you</b>	<b>£8.06</b>	<b>£18.16</b>	<b>£30.89</b>	<b>-</b>	<b>-</b>
<b>Equivalent monthly premium for you and your partner</b>	<b>£16.12</b>	<b>£36.32</b>	<b>£61.78</b>	<b>£33.80</b>	<b>£57.54</b>

<sup>1</sup>To be eligible for the Personal Accident cover you must be aged 65 or under when you join. Personal Accident cover is administered by FirstAssist Insurance Services and underwritten by CIGNA Europe Insurance Company S.A.-N.V. FirstAssist Insurance Services is a trading style of Cigna Insurance Services (Europe) Limited.

The joining age for this policy is from 18 years old up to 79. If anyone on the policy is aged 80 or over, you will not be able to increase the level of cover. Premiums include Insurance Premium Tax.

[You can find full details about the policy in your Policy Documentation](#)

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# Introduction

These terms and conditions set out the way **we** provide **you** with cover under the **policy**. As a **member**, they bind **you**, whether or not **you** have signed the application form or other documents. Please read them carefully and keep them in a safe place for future reference. If **you** have any questions about these terms and conditions, please contact Customer Services on 0370 908 3481. Calls to 03 numbers are no more expensive than calling numbers starting with 01 or 02 and are included in free call packages from landlines and mobiles.

**We** recommend that **you** review **your** cover on a regular basis to ensure that it continues to meet **your** needs.

## Making information about us accessible

**We** aim to make information about **us** accessible to **you**, whatever **your** needs, and information is available in large print or audio.

## Section 1: Definitions

To avoid repetition, the following words or expressions, wherever used in this **policy**, have the specific meanings given below. To identify the defined words or expressions, these are shown in **bold** print throughout this **policy**.

### Accident

An incident that happens by chance, which could not have been expected, causes a significant dental injury and requires medical or dental attention.

### Acupuncture

Acupuncture provided by a practitioner who is qualified and registered with an approved professional organisation recognised by **us** in the appropriate field. To check the organisations that **we** recognise please call Customer Services on 0370 908 3481.

### Child/children

Natural or legally adopted dependent children of the **policyholder** or their **partner**. Children must be under the age of 18.

### Claiming year

The period of time during which **you** can claim the benefit for **your** chosen level of cover. **Your** summary of cover shows the dates for **your** claiming year.

### Date of treatment

The date that the treatment or service was supplied. For new child payment this will be the date of adoption or birth of the child.

### Homeopathy

Homeopathy provided by a practitioner who is qualified and registered with an approved professional organisation recognised by **us** in the appropriate field. To check the organisations that **we** recognise please call Customer Services on 0370 908 3481.

### Member

Anyone who **we** have accepted for cover under this **policy**.

### Partner

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

### Policy

The insurance contract between Simplyhealth and the **policyholder**.

### Policyholder

The first person named on the Summary of Cover.

### Qualifying period

A set period of time in which **we** will not pay claims:

- for any treatment or service that **you** receive
- if **you** have a baby or adopt a **child**
- if **you** die

during that time. The qualifying period starts from the date that **you** join the **policy** or the date of any increase in cover. The **table of cover** shows any qualifying periods that apply to the **policy**.

### Reflexology

Reflexology provided by a practitioner who is qualified and registered with an approved professional organisation recognised by **us** in the appropriate field. To check the organisations that **we** recognise please call Customer Services on 0370 908 3481.

### Sport

Sports or activities that carry a higher than average likelihood of dental injury where it is reasonable to expect **you** to wear face or mouth protection, for example hockey or rugby.

### Table of cover

The table (current at the **date of treatment**) that **we** give **you**. This will show:

- the levels of cover available and the premiums for each level
- the benefit entitlements available under each level of cover

- any age rules for joining and changing **your** level of cover
- whether or not **partners** or **children** can be covered by the **policy**.

### 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**.

## Section 2: Details of what is covered and not covered

This section explains what is and is not covered for each of the benefits on the **policy**. **You** decide the treatments and services that **you** receive, and the people who provide them. **We** make no claims about the effectiveness or safety of treatments, or the people who provide the treatment and services which the **policy** covers.

**We** will pay **you** up to the maximum amount of **your** chosen level shown in the **table of cover** for each benefit, every **claiming year**. **You** will need to pay the cost of the treatment and claim this back from **us**.

Rules for making a claim are in section 5 of the Part 2 policy document - general terms and conditions.

## Dental

Payback level: 100%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	£60	£120	£185	£135	£195

This benefit is to help towards the costs when **you** see a qualified dental professional (for example a dentist or hygienist) in a dental surgery.

### What the dental benefit covers

- ✓ dental check-ups
- ✓ treatment provided by a dentist, periodontist or orthodontist
- ✓ endodontic (root canal) treatment
- ✓ hygienists' fees
- ✓ local anaesthetic fees and intravenous sedation
- ✓ dental brace or gum-shield provided by a dentist or orthodontist
- ✓ dental crowns, bridges and fillings
- ✓ dentures
- ✓ laboratory fees and dental technician fees referred by a dentist or orthodontist
- ✓ dental X-rays
- ✓ denture repairs or replacements by a dental technician.

### What the dental benefit doesn't cover

- × dental prescription charges
- × dental consumables, for example toothbrushes, mouthwash and dental floss
- × dental implants and bone augmentation procedures, for example sinus lift, bone graft

- × cosmetic procedures, for example dental veneers, tooth whitening and the replacement of silver coloured fillings with white fillings
- × laboratory fees not connected to dental treatment or performed by a dentist
- × dental treatment provided at a hospital as a day-patient or in-patient
- × general exclusions.

## Dental accident

Payback level: 100%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	£150	£300	£450	-	-

This benefit is to help towards the costs of returning **your** oral health to its pre-**accident** state following an **accident**.

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

If **you** make a claim under this benefit, **you** must provide reasonable evidence of the **accident** having taken place and of the treatment being clinically necessary as a direct result of the **accident**. The evidence that **we** ask for may include the date of the **accident**, witness statements, photographs, X-rays, medical and dental reports and police incident numbers.

To make a claim for a dental accident, please call 0370 908 3476.

### What the dental accident benefit covers

- ✓ restorative treatment to return **your** oral health to its pre-**accident** state if **you** receive medical or dental attention within 30 days of the **accident**

- ✓ the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a dentist or doctor. This does not cover Prescription Prepayment Certificates (PPC).

#### What the dental accident benefit doesn't cover

- × dental treatment that **you** need as a direct result of an **accident** that occurred before or within the **qualifying period**
- × dental treatment where **you** did not receive medical or dental attention within 30 days of the **accident**
- × further dental treatment that **you** need after the immediate restoration of the **accident** damaged area, for example remedial improvements to, or the modification of, work carried out as a result of the **accident**
- × dental treatment that **you** need as a result of participating in a **sport** where **you** were not wearing the appropriate face or mouth protection
- × dental treatment that **you** need as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking
- × any dental treatment undertaken in a hospital following a referral from a dentist
- × any preparation for and treatment connected with having implants or veneers fitted. This exclusion does not apply to an existing veneer which is damaged in an **accident** covered by the **policy**, or for an existing implant abutment, crown or bridge which is damaged in an **accident** covered by the **policy**
- × claims relating to treatment arising directly or indirectly from:
  - **you** participating in a criminal act
  - an **accident** while **you** were under the influence of alcohol or drugs
  - deliberate self-inflicted injury

- × dental treatment that **you** need as a result of war or terrorist activity
- × general exclusions.

## Optical

Payback level: 100%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	£55	£100	£170	£110	£180

This benefit is to help towards the costs when **you** see a qualified optical professional (for example an optometrist or optician).

#### What the optical benefit covers

- ✓ sight-test fees, scans or photos for an eye test
- ✓ fitting fees
- ✓ prescribed lenses and accompanying frames for:
  - glasses
  - sunglasses
  - safety glasses
  - swimming goggles
- ✓ adding new prescribed lenses to existing frames
- ✓ glasses frames
- ✓ contact lenses (including contact lenses paid for by instalment)
- ✓ consumables supplied as part of an optical prescription, for example solutions and tints
- ✓ repairs to glasses.

#### What the optical benefit doesn't cover

- × eye surgery (for example laser eye surgery, lens replacement surgery or cataract surgery)

- × optical consumables, for example contact lens cases, glasses cases and glasses chains/cords, cleaning materials
- × solutions that are not part of a prescription
- × magnifying glasses
- × eyewear that does not have prescription lenses
- × ophthalmic consultant charges or tests related to an ophthalmic consultation
- × general exclusions.

## Physiotherapy, osteopathy, chiropractic, acupuncture (POCA)

Payback level: 50%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	£350	£600	£800	£600	£800

**Important:** In order to be able to practise in the UK:

- Physiotherapists must be registered with the Health and Care Professions Council (HCPC)
- Osteopaths must be registered with the General Osteopathic Council (GOC)
- Chiropractors must be registered with the General Chiropractic Council (GCC).

**We** will not pay for treatment by someone who is not registered with the HCPC, GOC or GCC (as appropriate).

#### What the POCA benefit covers

- ✓ physiotherapy, including consultations with a physiotherapist
- ✓ osteopathy
- ✓ chiropractic
- ✓ **acupuncture**.

### What the POCA benefit doesn't cover

- × any other treatments, for example reflexology, aromatherapy, herbalism, sports/remedial massage, Indian head massage, reiki, Alexander technique
- × X-rays and scans
- × appliances, for example lumbar roll, back support, TENS machine
- × general exclusions.

### Chiropody/podiatry

Payback level: 50%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	£40	£60	£90	£50	£80

**Important:** In order to be able to practise in the UK chiropodists / podiatrists must be registered with the Health and Care Professions Council (HCPC).

**We** will not pay for treatment by someone who is not registered with the HCPC.

### What the chiropody/podiatry benefit covers

- ✓ treatment supplied by a chiropodist or podiatrist
- ✓ assessments, for example gait analysis, performed by a chiropodist or podiatrist
- ✓ consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment, for example orthotics, dressings
- ✓ consultations with a podiatric surgeon.

### What the chiropody/podiatry benefit doesn't cover

- × cosmetic pedicures
- × X-rays and scans

- × consumables not bought from the chiropodist or podiatrist at the time of treatment, for example corn plasters bought from a pharmacy
- × surgical footwear, for example corrective footwear
- × general exclusions.

### Homeopathy and reflexology

Payback level: 50%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	-	£100	-	£100

### What the homeopathy and reflexology benefit covers

- ✓ **homeopathy** and homeopathic medicines prescribed by and bought directly from a homeopath
- ✓ **reflexology**.

### What the homeopathy and reflexology benefit doesn't cover

- × homeopathic medicines bought from a professional who is not a homeopath or bought from a chemist, health food shop, by mail order or over the internet
- × general exclusions.

### Full body health screening

Payback level: 50%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	£110	£170	£110	£170

### What the full body health screening benefit covers

- ✓ a health risk assessment undertaken for preventative reasons by qualified staff at a hospital, registered health screening clinic or service provider. The health screen must include:
  - a full blood test/screen,
  - urinalysis,
  - lifestyle questionnaire,
  - blood pressure measurement,
  - body composition measurement (height, weight, hip to waist, BMI and body fat percentage).

### What the full body health screening benefit doesn't cover

- × medical examinations
- × medical and radiological tests when not part of a full body health screen for preventative reasons. For example ultrasounds, scans, X-rays, cholesterol, bone density scans and blood tests
- × magnetic resonance imaging (MRI) scans
- × diagnostic procedures and tests
- × tests related to a symptom or condition
- × home testing kits
- × internet screening
- × medical screening for employment purposes
- × emigration examinations
- × general exclusions.

## Diagnostic consultation

Payback level: 50%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	£260	£355	£260	£355

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

### What the diagnostic consultation benefit covers

- ✓ the fees for a diagnostic consultation that **you** have as a private patient. The consultation must be with a medical professional who is (or has been) a consultant in an NHS hospital or the Armed Services. The consultant post must be a substantive appointment (that is to say not as a locum).

In addition, the consultant must hold a current licence to practise and also be included on the:

- General Medical Council's specialist register (please see [www.gmc-uk.org](http://www.gmc-uk.org))

or

- General Dental Council's dentist's register (please see [www.gdc-uk.org](http://www.gdc-uk.org)).

If **you** have any questions as to whether **your** consultant meets these criteria then please contact Customer Services on 0370 908 3481.

- ✓ blood tests or visual field tests directly connected to a diagnostic consultation
- ✓ allergy tests performed by a GP or consultant (not tests or advice about nutrition or food intolerance).

### What the diagnostic consultation benefit doesn't cover

- × follow-up consultations and check-ups after **you** have been diagnosed, for example cancer remission checks or management of a condition

- × treatment charges, for example private hospital charges, operation fees, anaesthetic fees
- × consultations with a podiatric surgeon
- × diagnostic tests and procedures, for example X-rays and scans, endoscopy, tests on body tissue samples, ECGs, health screening
- × counselling, for example psychological counselling, speech therapy and dyslexia services
- × assisted conception, fertility treatment or termination, pregnancy care
- × consultations on a cruise ship where the cruise itinerary is outside the waters of the European Economic Area
- × general exclusions.

## X-rays and scans

Payback level: 50%

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	£80	£100	£80	£100

### What the X-rays and scans benefit covers

- ✓ X-rays and scans when **you** have been referred by a specialist. The specialist must be a consultant in an NHS hospital or the Armed Services. The consultant post must be a substantive appointment (that is to say not as a locum).

In addition, the consultant must hold a current licence to practise and also be included on the:

- General Medical Council's specialist register (please see [www.gmc-uk.org](http://www.gmc-uk.org))

or

- General Dental Council's dentist's register (please see [www.gdc-uk.org](http://www.gdc-uk.org)).

If **you** have any questions as to whether **your** consultant meets these criteria then please contact Customer Services on 0370 908 3481.

### What the X-rays and scans benefit doesn't cover

- × dental X-rays
- × any form of imaging using computerised tomography (CT), magnetic resonance (MR) or positron emission tomography (PET)
- × general exclusions.

## Medical apparel

Payback level: 50% (maximum two items / repairs to items each **claiming year**)

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	£400	£650	£400	£650

This benefit is to help towards paying the costs of items that **you** need to wear for medical reasons.

### What the medical apparel benefit covers

- ✓ surgical shoes
- ✓ mastectomy items
- ✓ prosthetic, back support, truss items
- ✓ arch supports and orthotic insoles
- ✓ surgical hosiery, when supplied through a medical prescription
- ✓ wigs, when supplied through a medical prescription
- ✓ hearing aids
- ✓ repairs to medical apparel.

### What the medical apparel benefit doesn't cover

- × invalid equipment, medical equipment and batteries
- × general exclusions.



## Hospital cover

Maximum number of days or nights each **claiming year**: 20

Level	Basic	Standard	Extra	Family Standard	Family Extra
Cash amount each day or night	Adult -	Adult £33	Adult £44	Adult £33	Adult £44
	Child -	Child £15	Child £20	Child £33	Child £44

This benefit is to give **you** money to help towards the incidental costs involved with being admitted to hospital.

**We** will pay the amount shown in the **table of cover** for **your** premium level for each day or night where **you** are admitted to a hospital. If **you** are admitted as a day-patient and then stay overnight, **we** will pay one night's hospital cover (not one day and one night).

**We** will not pay hospital cover for any pre-existing condition during the first 12 months that **you** are covered by the **policy**. **We** may ask for evidence that **your** condition is not pre-existing if **you** claim for this benefit during the first 12 months of cover.

A day-patient is a patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons.

A pre-existing condition is any condition for which **you**:

- have been referred to a consultant or hospital for either tests or treatment before the date **you** joined the **policy** or

- are receiving consultant or hospital tests or treatment before the date **you** joined the **policy** or
- reasonably believe that **you** would be referred to a consultant or hospital for tests or treatment within 12 months of joining the **policy**.

To claim hospital cover **you** can send **your** claim form and a copy of **your** discharge letter as evidence of **your** admission. If **you** do not have **your** discharge letter **you** can get the hospital cover section of the claim form stamped and signed by a doctor, nurse, or medical record department from the hospital where **you** were a patient.

### What the hospital benefit covers

- ✓ an admission to hospital as a day-patient for tests or treatment
- ✓ an overnight stay in a hospital as an in-patient for tests or treatment
- ✓ an overnight stay in a hospital for one parent who has accompanied their **child** where the **child** is an in-patient for tests or treatment. Both the parent and **child** must be covered by the **policy**
- ✓ out-patient cancer treatment, for example chemotherapy or radiotherapy.

### What the hospital benefit doesn't cover

- × the first 14 nights of any stay in hospital during which **you** give birth
- × out-patient visits, for example consultations, tests, scans
- × out-patient treatment (although treatment for cancer is covered)
- × day care, for example psychiatric, respite care (short term temporary relief for a carer of a family member) and maternity care
- × kidney dialysis

- × attendance at an accident and emergency department, or treatment not in a hospital, for example operations carried out in a GP's surgery or clinic
- × pregnancy termination
- × laser eye surgery
- × cosmetic surgery
- × hotel ward admission
- × ante or post-natal admission for a **child** registered on the **policy**
- × a parent staying with their **child** during the post-natal period following the **child's** birth
- × general exclusions.

## New child payment

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	£160	£250	£350	£550

This benefit has a **qualifying period** of 12 months.

If, after the **qualifying period**, **you** have a baby or adopt a **child** **we** will pay new child payment for that baby or **child**. **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.

**We** will also make a payment following a stillbirth of **your child** after 24 weeks of pregnancy.

To claim under this benefit **we** may ask **you** for supporting documents, for example a birth or stillbirth certificate, or adoption papers.

### We will make a new child payment after:

- ✓ the birth of **your child**
- ✓ the legal adoption of a child by **you** or **your partner**. However, **we** will not pay new child payment if that **child** is already related to either **you** or **your partner** (for example if **you** adopt **your partner's child**)
- ✓ the stillbirth of **your child** after 24 weeks of pregnancy.

### We will not make a new child payment for:

- × a miscarriage of up to 24 weeks' gestation
- × foster children
- × a baby born to a **child** who is covered under the **policy**
- × pregnancy termination
- × a **child** born or adopted before or during the **qualifying period**.

## Personal accident

Level	Basic	Standard	Extra	Family Standard	Family Extra
<b>Permanent total disablement</b>					
Adult	-	-	£15,000	-	£15,000
Child	-	-	-	-	-
<b>Accidental death</b>					
Adult	-	-	£7,500	-	£7,500
Child	-	-	-	-	-

The terms and conditions that apply to the personal accident benefits are set out in the separate Personal Accident Protection Policy Document.

If **you** suffer a loss covered under the terms of the **policy** please contact Customer Services on 0370 908 3481.

## Funeral expenses

This benefit will help towards the costs when someone covered by the **policy** dies, for example funeral costs or solicitor's fees. There is a 50 week **qualifying period**.

If **you** die whilst **you** are covered by the **policy**, **we** will make a single payment of:

Level	Basic	Standard	Extra	Family Standard	Family Extra
Annual limit	-	£750	£750	-	-

If **we** do not receive the premium, cover under the funeral expenses benefit will end immediately.

If the **policyholder** dies, **we** will pay the funeral benefit to the next of kin or executor of their estate. If any other **member** dies **we** will pay the funeral benefit to the **policyholder**. **Our** claims team can be contacted on 0370 908 3481 - **we** will advise of any documentation that **we** need in order to pay a claim.

## myWellbeing

**We** have a wealth of services and health-related information available to **you**. **You** can access this information through **your** Online Self Service. If **you** haven't already registered for Online Self Service, please visit [www.simplyhealth.co.uk/register](http://www.simplyhealth.co.uk/register) and follow **our** simple registration process. The information and services available on the website can change without notice from time to time.

## Health and counselling helpline

This service allows **you** to call for advice on a range of basic medical, health and wellbeing matters, as well as telephone counselling. This service is available 24 hours a day, seven days a week - just call free on 0800 975 3346.

**You** will find further information about the health and counselling helpline on 'myWellbeing' which can be accessed through Online Self Service. If **you** haven't already registered for Online Self Service, please visit [www.simplyhealth.co.uk/register](http://www.simplyhealth.co.uk/register) and follow **our** simple registration process.

## General exclusions

- × This **policy** will not pay for:
  - any benefit if **your date of treatment** is before the date that **you** cover under the **policy** started
  - any treatment or service that **you** receive from a:
    - member of **your** immediate family – a parent, **child**, brother or sister, or **your partner**
    - business that **you** own
  - any consultation with, or treatment by, a trainee (even if they are supervised by a qualified professional)
  - any consultation which is not face to face, for example telephone, video or internet consultations
  - 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
  - postage and packing costs
  - administration or referral costs, joining fees or registration fees

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

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