

Health Cash Plan

EduHealth

Policy Terms



Welcome

To your BHSF health cash plan

We are pleased that **you** have joined the many hundreds of thousands of people across the UK who have a plan with BHSF.

You are now ready to access a range of health and wellbeing services and start claiming back **your** everyday health care costs.

About the Policy Terms

These policy terms contain everything **you** need to know about the plan, including how to claim, important information about the **benefits**, and the terms and conditions of **your** policy.

Your welcome letter, **policy schedule**, and these policy terms form the basis of **your** cover with BHSF.

What you need to know

1. Register a secure online account at <https://online.bhsf.co.uk/portal/customer/logon>
2. Find out how to make a claim at <https://www.bhsf.co.uk/make-a-claim>
3. If **you** need to speak to **us** call **0121 454 3601** or email helpdesk@bhsf.co.uk and a member of the team will be there to help.
4. Save this number to **your** phone to access **our** GP consultation services **0800 083 2035**.
5. And save this number to **your** phone to access **our** counselling support services **0800 107 6145**.
6. The latest version of these terms can always be found on **your** secure online account.

Our Helpdesk is available Monday to Friday between 9:00 -17:00. If **you** need to, **you** can also write to **us** at **BHSF, 14th Floor, 54 Hagley Road, Birmingham, B16 8PE**.

How to claim

Making a claim online couldn't be easier.

1. The quickest way to claim is through **our** customer portal, **you** can register for an account at <https://online.bhsf.co.uk/portal/customer/logon>.
2. **You** can claim online for most **benefits** or download a claim form. Alternatively, call **our** Helpdesk on **0121 454 3601** to request a claim form by post.
3. If **you** have additional requirements, a member of **our** Helpdesk will be more than happy to assist.

All claims are subject to the claims conditions in this document. Some **benefits** have additional requirements which can be found after the 'What is covered' section.

Before committing **yourself** to treatment, make sure **you** familiarise **yourself** with what is and isn't covered. If **you** have any questions about the validity of a likely claim covered under this plan, then please call **our** Helpdesk on **0121 454 3601**.

Important information about making a claim

You must make a claim within 26 weeks of the date of any consultation, treatment or service provided, and after the full balance has been settled. If treatment continues over an extended period **you** will need to submit claims regularly, at least every 26 weeks.

You cannot claim more than the total amount paid (for treatment, consultations, or services) from all insurance providers combined. If an **insured person** is covered by more than one insurance policy, **we** will only cover the amount not recoverable from the other insurance.

The claim date is deemed to be the date of treatment on the receipt or documentation submitted, unless specified otherwise.

The quickest way to claim is through **our** customer portal. If making a claim via post, **you** must send the original detailed receipt with a fully completed claim form signed by **you**. Copy receipts and card payment receipts are not accepted when submitted on their own.

Claim conditions

The following conditions apply to all claims made under this policy:

1. The supporting evidence must clearly show all the requirements to the **benefit** have been met, including:
 - The **insured person's** name.
 - An itemised breakdown of what has been purchased, including cost(s).
 - The date(s) of treatment – especially if treatment was conducted on several days, or over an extended period of time.
 - Confirmation the full balance has been settled with nothing outstanding.
 - Full details of the service provider, including name and contact information.
2. Any documentation submitted by post in support of a claim will be retained by **us** and become **our** property. If **you** need to, **you** should ensure that **you** make a copy for **your** records before making **your** claim.
3. In making a claim **insured persons** authorise the disclosure of any medical or other relevant information which is required by **us** for the processing or later auditing of the claim.
4. **Benefit** may not be claimed:
 - For any purchase where there is a balance still outstanding.
 - For any treatment which has not been received at the time of submitting a claim.
 - For any card payment receipts when submitted on their own.
 - For any payment(s) made using a voucher or gift card.
 - From multiple insurance policies for more than the total payment made. If any **insured person** has more than one form of insurance, the **benefit** will be restricted to the amount not recoverable from the other insurers.
 - For any costs paid by a Private Medical Insurance (PMI) provider directly to a service or treatment provider.
 - In respect of any expense which is not the direct responsibility of an **insured person**.
 - Claims for any treatment, consultation, services, or stays in Hospital arising from or in relation to an **epidemic** or **pandemic**.
5. Payment of **benefit** is always made directly to the **policyholder**.

Your cover and costs

We provide five levels of cover. Cover is available for **you**, or for both **you** and **your partner**. BHSF provides cover for **children** at no additional cost, and this is included as standard on all personal and family policies.

The maximum amount is shared among all **children** insured under this policy.

Monthly cost

Including Insurance Premium Tax (IPT).

	Bronze	Silver	Gold	Platinum	Diamond
Cover for you Our personal policy	£8.03	£17.70	£26.92	£37.89	£47.91
Cover for you and your partner Our family policy	£16.07	£35.38	£53.84	£75.79	£95.81

Your benefits

Benefits	%	Maximum per Insured Person per Policy Year				
		Bronze	Silver	Gold	Platinum	Diamond
Dental	100% of cost	£30	£80	£115	£150	£180
Dental Trauma	100% of cost	£150	£300	£500	£700	£900
Optical	100% of cost	£30	£80	£115	£150	£180
Diagnostic Consultation	75% of cost	£100	£175	£250	£400	£650
Therapies Combined maximum benefit covering the below therapies: Physiotherapy, Osteopathy, Chiropractic and Acupuncture	75% of cost	£70	£250	£300	£350	£400

Your benefits continued

Benefits	%	Bronze	Silver	Gold	Platinum	Diamond
Health and Wellbeing Therapies Combined maximum benefit covering the below therapies: Chiroprody, Podiatry, Homeopathy and Reflexology	75% of cost	£50	£75	£125	£175	£225
Hospital In-Patient Payable per night Up to 30 nights	Per night	-	£10	£20	£30	£40
Hospital Day-Case Surgery Payable per day Up to 10 days	Per event day	-	£10	£20	£30	£40
Recuperation	Lump sum	-	£75	£150	£225	£300
Maternity/ Paternity/ Adoption (adult only)	Per Child	-	£75	£150	£225	£300
Hearing Aids	75% of cost	£100	£150	£300	£500	£750
Health Screening/ Health Assessment	75% of cost	£50	£75	£125	£175	£250
NHS Prescription Charges/ Flu Vaccinations	100% of cost	£25	£25	£25	£25	£25
Ear Wax Removal	100% of cost	£50	£50	£50	£50	£50
Health, Fitness and Wellbeing Discounts	Discounts on health, fitness, and wellbeing essentials. Access discounted membership rates across the UK's largest network of gyms, studios, fitness centres and sports clubs as well as savings on home and digital fitness.					
GP Helpline and Private Prescription Service	Providing confidential access to a qualified registered GP, 24/7, 365 days a year offering diagnosis, advice and reassurance on a range of medical matters. The GP can also provide a private electronic prescription.					
Counselling and Support Helpline (adult only)	Confidential access to fully qualified counsellors and support specialists to discuss any emotional, personal, or work-related issues 24/7, 365 days a year.					

Your benefits continued

Benefits	All levels
Digital Skin Cancer Screening (adult only)	Quickly and easily scan a skin spot and receive an assessment and recommendation in minutes. Detects the signs of most common skin cancers.
Digital Eye Screening (adult only)	Access an online eye screening test, that checks vision, astigmatism, visual field and contrast sensitivity, colour vision and depth perception to provide you an indication of your vision and eye health
Digital Physiotherapy Assessment and Support (adult only)	Assess any musculoskeletal condition in minutes and get faster access to the right care, including, where appropriate, supported self-management.
Digital Dentistry	Access to a qualified registered Dentist on demand offering support, advice and reassurance on a range of medical matters. Dentists can also authorise a private electronic prescription.

Policy Definitions

The following terms and expressions used throughout this policy document are defined below, and where they appear in this policy they will be in **bold**.

Accident	A sudden, unexpected, unusual, specific event, which occurs at an identifiable time and location, after the policy start date and within a period of paid cover.
Benefit	The type of cover that we provide, up to the amount we will pay as shown in the summary of benefits.
Child/Children	Any born or legally adopted child of the policyholder or insured partner , who is below the age of 18 and permanently residing with the policyholder . This is inclusive of those with a permanent Special Guardianship Order (SGO).
Consultant	A medical or surgical specialist holding consultancy status on the specialist register of the General Medical Council (GMC).
Epidemic	An increase in the number of cases of an illness, specific health-related behaviour or health related event in a community or region than would normally be expected (unless defined otherwise by the Department of Health or World Health Organisation).
Insured Person(s)	All individuals who are insured under the policy as shown in the policy schedule . The total number of all insured children will be classed as one insured person .

Policy definitions continued

Pandemic	The worldwide spread of a disease with epidemics in many areas, countries or regions of the world (unless defined otherwise by the Department of Health or World Health Organisation).
Partner	The policyholder's lawful spouse or partner who permanently lives at the same address as the policyholder .
Policyholder	The one named individual, who is the designated account holder and responsible for the policy, as stated in the policy schedule .
Policy schedule	The document that shows the policy start date , the level of cover, the policyholder and any insured person(s) , and if there are any special provisions in place.
Policy start date	The date the policy begins as shown on your policy schedule .
Policy year	Is the period of 12 calendar months from the policy start date , or an anniversary of that date.
You/ Your	The policyholder .
We/ Us/ Our	BHSF Limited. 14 th Floor, 54 Hagley Road, Birmingham, B16 8PE. BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Premiums and benefits

Your policy will remain active as long as **you** continue to make **your** payments.

It is **your** responsibility to pay the appropriate premiums monthly in advance to **us** by direct debit. **Your** policy will be cancelled if the direct debit remains unpaid for three consecutive monthly premiums.

Our health cash plan policy operates on a monthly renewable basis. Each calendar month a new contract will be formed between **us** and **you**, however **we** will not issue **you** with a monthly reminder notice.

The payment of **benefits** depends upon premiums being up to date at the time of the incident which gives rise to the claim.

Premiums are not refundable if the policy has not been used or a claim submitted within any period of time. **Benefit** allowances do not roll over or accumulate if not used within a **policy year**.

All rights to **benefit** cease after the last day of the period covered by the final premium payment.

If **your** policy has been arranged by **your** employer, and should **you** stop working for them, **your** policy will end. However, **you** do have 13 weeks after leaving **your** employer to apply for a new policy with BHSF, with previously served qualifying periods waived.

Age limits

Cover is provided if **you** are age 16 or above at the time of application. The same age requirement applies to any **partner**. **Children** are covered until the day they reach the age of 18 and permanently residing with you.

Qualifying periods

This policy is subject to a 13-week qualifying period, so **you** cannot claim for any treatment received or purchased within the first 13 weeks of the **policy start date**, or before the **policy start date**.

If **you** choose to upgrade **your** policy to a higher level of cover, any treatment received or purchased within the following 13 weeks from **your** new **policy start date** will be payable under the previous level of cover, even if **your** treatment remains ongoing.

We will not pay any Maternity/ Paternity/ Adoption claim where the birth or adoption occurs within 10 months of the **policy start date**.

If **you** choose to upgrade **your** policy to a higher level of cover, for the following 10 months the Maternity/ Paternity/ Adoption **benefit** amount will be payable under the previous level of cover, provided **you** were covered for at least a full 10 months from the previous **policy start date**.

Pre-existing conditions – Hospital In-Patient

No Hospital in-patient claim will be paid during the first two years of a new or upgraded policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. **We** may wish to verify medical information to support a Hospital related claim.

If an **insured person** is admitted to Hospital as an immediate casualty patient following an accident, the requirement for the completion of the qualifying period for Hospital in-patient shall not apply.

Policy conditions

1. If **you** wish to make any change to the persons insured, or **your** level of cover, then **you** should contact **us** and, if the changes are agreed, a new **policy schedule** will be issued.
2. Premiums and claims are payable in sterling.

3. This policy is bound by the laws of England and Wales and shall be subject to the rule of the courts of England and Wales. The language **we** will use for communications is English.
4. All persons insured under this policy must normally reside in the United Kingdom.
5. If the **policyholder** passes away during the period of active cover, the insured **partner** may apply for a new policy in their own name within 13 weeks of the death, without an initial qualifying period applying.
6. An insured **child** may, within 30 days of their 18th birthday, apply for a new policy in their own name without any qualifying period applying.
7. Transfers to a lower level of cover are not normally permitted and are subject to review on application.
8. No sum payable under this policy shall carry interest.
9. No worldwide cover is included in this policy. All **benefits** must be purchased and received in the United Kingdom.
10. No cover is included for treatment or services purchased from, or conducted by, an **insured person**, family member or colleague.
11. **We** reserve the right to withhold processing any claims while a policy is under investigation, or any claims are being audited.

Cooling off period

You have 14 days from the date we issue **your** policy documentation to review it. If **you** are not satisfied with the policy, simply notify **us** within the 14 days and **we** will cancel **your** policy. Provided a claim has not been paid **we** will refund any premium collected.

Cancellation by you

You may cancel this policy at any time by providing **us** 30 days' notice by either:

Calling our Helpdesk on 0121 454 3601

Helpdesk opening hours: 9am-5pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and monitored for training and security purposes.

Emailing us at:

helpdesk@bhsf.co.uk

Writing to us at:

BHSF, 14th Floor, 54 Hagley Road, Birmingham, B16 8PE.

Should **you** cancel **your** policy, no premiums will be refunded after the 14 day cooling off period.

Cancellation by us

Your policy will end if **your** employer instructs BHSF to do so, or if **your** premiums cease without **us** being told by **you** or **your** employer.

The submission of false, altered or misrepresented information may result in policy termination and legal action against **you**. **You** are responsible for ensuring the accuracy of all the information **you** provide to **us**.

We reserve the right to decline or cancel **your** policy if:

- **We** suspect, or have proven, fraud or policy misuse, **you** did not tell the truth or, concealed information or failed to comply with these terms and conditions.
- Any **insured person** or their authorised representative, acts in a threatening, abusive or intimidating manner towards **our** organisation or any member(s) of **our** organisation, including, but not limited to: violent behaviour, verbal or physical abuse, sexual and/or racial harassment, threats or insults.

We reserve the right to withdraw this product or to change these terms, the premiums, **benefits**, inclusions, exclusions or rules of this plan, on providing **you** written notice in advance, to **your** online secure portal, or **your** last known address or the email registered to **your** policy.

What is covered

Dental

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**. Dental examination, treatment and dentures must be provided by a qualified dental professional on the registers of the General Dental Council (GDC).

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Dental examination✓ Dental treatment✓ Dentures✓ Medical Personal Protective Equipment (PPE), provided it is required to undergo treatment	<ul style="list-style-type: none">✗ Consumables and sundry items such as toothbrushes, toothpaste, mouthwash, interdental brushes etc✗ Whitening products or procedures✗ Veneers✗ Premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees✗ Mouthguards required for sport

Dental Trauma

Dental trauma **benefit** is available in the event of a trauma which occurs during the period of cover, which results in a dental injury. A trauma is an unfortunate event or **accident** that happens unexpectedly, involving an external blow to the mouth, causing a significant dental injury and requires medical or dental attention.

Benefit may only be claimed within the **policy year** the initial treatment took place. Dental examination and treatment must be provided by a qualified dental professional on the registers of the General Dental Council.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Emergency dental examination relating to a dental injury✓ Emergency dental treatment costs relating to a dental injury✓ Medical PPE, provided it is required to undergo treatment	<ul style="list-style-type: none">✗ Denture replacements✗ Dental treatment needed as a result of an injury caused by eating✗ Dental injury incurred under the influence of alcohol or drugs or due to any other substance abuse✗ Injuries incurred whilst participating in sport where the appropriate mouthguard was not in place✗ Damage caused by deterioration, or an aggravated condition

Optical

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**. Optical tests, prescription glasses and prescription lenses must be supplied or provided by a qualified optical practitioner registered with the General Optical Council. Laser eye surgery must be performed by a registered laser eye clinic.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Sight Tests and Optical Coherence Tomography (OCT) scans✓ Prescription: glasses, sunglasses and contact lenses✓ Medical PPE, provided it is required to undergo treatment✓ Prescription eye wear used for sporting activities or protection✓ Laser eye surgery	<ul style="list-style-type: none">✗ Anything purchased under an optical care contract scheme✗ Any non-prescription items✗ Frames only without lenses✗ Consumable or sundry items such as cleaning solutions, eyedrops, glasses cases, etc.✗ Cataract surgery✗ Postage, packaging or delivery charges

Diagnostic Consultation

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**.

After receiving a written referral from a General Practitioner (GP), Diagnostic Consultations must be carried out by a **Consultant** for an undiagnosed condition. In order to claim under this **benefit**, the supporting documentation must also evidence the initial GP referral. The date of claim is the date of the initial consultation or the applicable scan/ test.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ An initial GP referred diagnostic consultation only✓ Any scans or tests used by the Consultant which are required as a part of the diagnostic process	<ul style="list-style-type: none">× Any scans or tests referred or undertaken prior to the initial GP referral× Cost of treatment or room charges× Follow up consultations which take place after the initial consultation× Pregnancy related scans× Consultations required in connection with pension, insurance, emigration, or employment matters or for legal or industrial actions

Therapies

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**. Treatment and orthotics must be provided by a qualified practitioner who holds an up-to-date registration with one of **our** accepted professional organisations. Invalid or out of date provider qualifications, registrations or licences may result in a claim not being paid.

The practitioner registration must match the treatment being claimed, and it is **your** responsibility to verify this before starting treatment. When claiming for this **benefit**, **we** will need evidence of the practitioners name, the accepted organisation they are a member of, and their registration number.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Physiotherapy treatment (including orthotics)✓ Osteopathy treatment (including orthotics)✓ Chiropractic treatment (including orthotics)✓ Acupuncture treatment	<ul style="list-style-type: none">× Treatment which is not directly provided by the practitioner on a one-to-one basis× Any treatment other than defined× Sports massage× Consumables and sundry items such as creams and gels etc.

Health and Wellbeing Therapies

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**. Treatment and orthotics must be provided by a qualified practitioner who holds an up-to-date registration with one of **our** accepted professional organisations. Invalid or out of date provider qualifications, registrations or licences may result in a claim not being paid.

The practitioner registration must match the treatment being claimed, and it is **your** responsibility to verify this before starting treatment. When claiming for this **benefit**, **we** will need evidence of the practitioners name, the accepted organisation they are a member of, and their registration number.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Chiropody treatment (including orthotics)✓ Podiatry treatment (including orthotics)✓ Homeopathy (treatment only)✓ Reflexology (treatment only)	<ul style="list-style-type: none">× Treatment which is not directly provided by the practitioner on a one-to-one basis.× Any treatment other than defined.× Consumables and sundry items such as creams and gels etc.× Homeopathic medicines and remedies

Hospital In-Patient

This **benefit** may be claimed at the appropriate nightly rate as shown on the **benefit** table on discharge from, or after 30 nights stay, in a Hospital or Hospice registered with the Care Quality Commission (CQC). A night/ overnight stay is where an **insured person** is admitted to a ward on one calendar day and discharged from the next calendar day onwards.

Benefit is payable up to the maximum number of nights per **insured person**, in each **policy year** as shown in the benefit table. **Benefit** for children is payable at half the amount stated on the benefit table.

The claim date is deemed as the date an **Insured Person** is medically admitted to a ward, and claims cannot span more than one **Policy Year**, irrespective of the length of stay. If the maximum **benefit** has been paid for an **insured person** in a **policy year**, there must be a period of no less than one calendar month before payment for a consecutive **policy year** commences.

What we cover	What we do not cover
<ul style="list-style-type: none"> ✓ Overnight stays when admitted to a ward in a CQC registered Hospital or Hospice 	<ul style="list-style-type: none"> ✗ Stays as a result of cosmetic surgery ✗ Stays in either a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution ✗ Residential stays in Hospital for domestic reasons ✗ Any period of home leave during a period of Hospital in-patient treatment ✗ Hospital stays during which a birth occurs or which immediately follows a birth except: <ul style="list-style-type: none"> ○ When in-patient treatment for the insured person continues beyond six consecutive nights, in which case Hospital in-patient benefit may be claimed from the seventh night onwards ○ If in-patient treatment for the insured child continues after the date on which the mother is discharged, then Hospital in-patient benefit for the child may be claimed from the birth date of the child ✗ Stays where an Insured Person is not admitted to a ward or in overnight. ✗ Stays arising from an epidemic or pandemic.

Hospital Day-Case Surgery

This **benefit** may be claimed at the appropriate daily rate according to the benefit table, following an **insured person's** admission and discharge on the same calendar day, from a CQC registered Hospital, for a pre-arranged day-case surgery or endoscopic procedure. The procedure must be performed under sedation or general/ local anaesthetic. **Benefit for children** is payable at half the amount stated on the benefit table. The date of claim is the calendar day of admission and discharge.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Day-case surgery or endoscopic procedures, with admission and discharge on the same calendar day from a CQC registered Hospital	<ul style="list-style-type: none">✗ Any overnight stay✗ Cosmetic surgery, sterilisation, vasectomy, fertility treatment, pregnancy termination and outpatient treatments✗ Any injections or infusions administered

Recuperation

Benefit is payable according to the benefit table once in each **policy year** per **insured person**, following an **insured person's** admission to a CQC registered Hospital or Hospice. It is paid automatically with an eligible Hospital In-Patient claim after 10 consecutive nights in a Hospital or Hospice. **Benefit for children** is payable at half the amount stated on the benefit table.

Maternity/ Paternity/ Adoption (adult only)

This **benefit** is payable according to the benefit table once in each **policy year** for the birth of a **child** or **children**. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for **children** under the age of four that an insured adult legally adopts.

This **benefit** is only paid once per **child**. The date of claim is the date of birth or adoption of the **child**.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ The birth of an insured adult's child or children.✓ The legal adoption of an insured adult's child or children (under the age of four)	<ul style="list-style-type: none">✗ A birth or adoption which occurs within 10 calendar months of the policy start date

Hearing Aids

This **benefit** is payable according to the benefit table up to the maximum **benefit** per **insured person** in each **policy year** for new hearing aids supplied by a registered hearing aid dispenser who is on the register of the Health and Care Professions Council (HCPC).

What we cover	What we do not cover
<ul style="list-style-type: none">✓ New hearing aids supplied by a registered hearing aid dispenser	<ul style="list-style-type: none">✗ Hearing aids supplied under a hearing aid contract scheme.✗ Replacement batteries.✗ Repairs to an existing hearing aid.

Health Screening/ Health Assessment

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**. The health screen or health assessment must be performed by medically qualified staff, in a suitable clinical setting or environment, and include a medical consultation with a GMC registered Doctor or **Consultant** to discuss the results.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ Any full body health screen or health assessment which an Insured Person has to assess their general health, that includes a medical consultation by a GMC registered doctor or Consultant✓ Mammography screening✓ Osteoporosis screening✓ Heart disease screening✓ Cancer screening	<ul style="list-style-type: none">✗ Any screening other than as stated✗ Home-based screens (including kits or assessments conducted at home)✗ Screening or examinations in respect of pension, insurance, emigration, or employment matters or for legal or industrial actions✗ Health Screening for tests carried out at a retail outlet, health club, fitness centre.

NHS Prescription Charges and Flu Vaccinations

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year** for charges arising from the administration of flu vaccinations, provided by a qualified practitioner who holds an up-to-date registration with one of **our** accepted professional organisations; or the cost of NHS prescriptions.

Invalid or out of date provider qualifications, registrations or licences may result in a claim not being paid. The date of claim is the date of payment of the prescription charges.

What we cover	What we do not cover
<ul style="list-style-type: none">✓ NHS prescription charges, dispensed by a pharmacist registered with the General Pharmaceutical Council (GPhC)✓ NHS prescription prepayment certificates✓ The administration of vaccination against Influenza (Flu Vaccination)	<ul style="list-style-type: none">✗ Prescription delivery, dispensing or postage costs✗ Any inoculation or vaccination against any condition other than influenza (Flu)

Ear Wax Removal

This **benefit** is payable up to the maximum **benefit** per **insured person** in each **policy year**. Ear wax removal or ear microsuction must be provided by a qualified practitioner who holds an up-to-date registration with one of **our** accepted professional organisations. Invalid or out of date provider qualifications, registrations or licences may result in a claim not being paid.

Health, Fitness and Wellbeing Discounts

Access discounted or best corporate membership rates across the UK's largest network of gyms, studios, fitness centres and sports clubs as well as savings on home and digital fitness. A wide range of fitness, wellness and lifestyle discounts across a range of retailers are also available.

- i. The UK's largest network of participating gyms, health centres, leisure centres and bootcamps. Quickly and easily search for participating centres near **you**.
- ii. Access free guest trials (subject to availability, participating gyms only, terms and conditions apply).
- iii. Quick and easy access online. Access the service from anywhere, at any time

- iv. The level and type of discount will vary from centre to centre. Details of the specific offer at each participating centre are listed in 'The Offer' section within the listing for each gym. Some gyms may require **you** to contact them to confirm the current offer. The discount is applied on the membership options at the time of application and cannot be used in conjunction with other offers.
- v. **You** must pay for the cost of the centre membership and any costs from redeeming an offer.
- vi. This service is provided by **our** trusted service partner Epassi. **We** reserve the right to change this service partner or any elements of this service without prior notice.

How to access:

You can access these services through **your** BHSF portal.

GP Helpline and Private Prescription Service

The GP helpline is available 24/7, 365 days a year. Call to make an appointment with a qualified and registered GP at a time that suits **you**. The service is designed to offer diagnosis, advice, or reassurance on a range of medical matters.

- i. Access the service from anywhere, at any time, in a place **you** feel most comfortable.
- ii. GP's can authorise a private electronic prescription, which can either be used by a named pharmacy to dispense the prescription directly to **you**, or they can arrange for payment and delivery to **you**.
- iii. The service is not a replacement for **your** own NHS GP. **You** may still need to see **your** own GP or contact the emergency services if the doctor feels it is necessary. **You** should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency **you** should contact the emergency services.
- iv. **You** must pay for the cost of any prescriptions issued, the call to the helpline, and any costs from taking the advice **you** receive.
- v. This service is provided by **our** trusted service partner HealthHero. **We** reserve the right to change this service partner or any elements of this service without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.
- vi. This service is subject to the HealthHero patient terms and conditions which are subject to change from time-to-time and are published at the following location:
<https://www.healthhero.com/terms-and-conditions>

How to access:

For access to the GP helpline and private prescription service call 0800 083 2035 to arrange an appointment at a convenient time. Please have **your** policy number to hand.

Counselling and Support Helpline

The counselling and support line is available 24/7, 365 days a year. Call to access immediate advice or to make an appointment with a counsellor (subject to clinical assessment).

- i. **You** can speak to a team of qualified professionals 24 hours a day. The service is completely confidential and provides access to fully qualified counsellors and support specialists to discuss any emotional, personal, or work-related issues.
- ii. Access the service from anywhere, at any time, in a place **you** feel most comfortable.
- iii. This is not an emergency service and it will not provide a diagnosis or prescribe treatments but is limited to the supply of advice and information only. In the event of an emergency **you** should contact the emergency services.
- iv. **You** must pay for the cost of the call to the helpline and any costs from taking the advice **you** receive.
- v. This service is provided by **our** trusted service partner Vivup. **We** reserve the right to change this service partner or any elements of this service without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.

The service provides advice and information on areas including stress, anxiety, relationship difficulties, emotional problems, bereavement, family issues, health and wellbeing, personal financial and debt support, and personal legal support.

How to access:

For confidential support call 0800 107 6145 to arrange an appointment at a convenient time. Please have **your** policy number to hand.

Digital Skin Cancer Screening

Quickly and easily scan a skin spot and receive an assessment and recommendation in minutes through the SkinVision app.

The service is intended to provide an immediate risk indication for the most common types of skin cancer. Simply open the SkinVision application on your device and follow the guidance to take a photograph of your skin spot. The service analyses your photograph and provides a recommendation whether to visit a healthcare professional or your GP for further review and investigation.

- i. Access the service from anywhere at any time.
- ii. **You** should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency **you** should contact the emergency services.

- iii. The service is intended to support self-assessments but is not to be used or relied on solely for any diagnostic or treatment purposes. If **you** are still worried about a skin spot after using the SkinVision service **you** should arrange a visit to **your** GP. Any reliance by **you** is at **your** own discretion and risk.
- iv. **Your** assessment is provided to estimate the risk of **you** developing the most common forms of skin cancer (i.e. melanoma, basal cell carcinoma, squamous cell carcinoma) over time. The risk assessment is based on a smartphone generated picture which is assessed by artificial intelligence and may be further reviewed by a panel of Dermatologists.
- v. The service is included as **benefit** in this policy but **you** must pay for any costs associated with accessing the service through **your** device.
- vi. This service is provided by **our** trusted service partner SkinVision B.V. **We** reserve the right to change this service partner or any elements of this service without prior notice.
- vii. **We** do not accept any legal responsibility for any information or advice **you** receive.
- viii. Neither **we** nor SkinVision shall be liable for any decision **you** take not to discuss **your** skin health, personal risk factors and/ or results of **your** assessment with **your** GP.

How to access:

You can access these services through **your** BHSF portal.

Digital Eye Screening

Access an online eye screening test that checks vision, astigmatism, visual field and contrast sensitivity, colour vision and depth perception to provide you with an indication of your vision and eye health. The service is intended to provide a screening service to identify potential issues with your vision or problem with your eye health.

- i. Access the service from anywhere at any time.
- ii. **You** should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency **you** should contact the emergency services.
- iii. The service is intended to help understand and support **your** eye health, but is not to be used or relied on solely for any diagnostic or treatment purposes. This service does not replace a visit to **your** Optometrist or Optician. Any reliance by **you** is at **your** own discretion and risk.
- iv. The service is intended to provide an indication of notable issues with **your** eye health or vision. It does not replace a full eye examination. It is highly recommended that **you** discuss **your** personal risk factors and the results of **your** assessment with a qualified Optometrist or eye health professional.
- v. **You** must pay for any costs associated with accessing the service through **your** device and any costs from taking the advice **you** receive.

- vi. This service is provided by **our** trusted service partner Ocushield. **We** reserve the right to change this service partner or any elements of this service without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.
- vii. **We** shall not be liable for any decision **you** take not to discuss **your** personal risk factors and/or results of **your** assessment with a qualified optometrist or eye health professional.

How to access:

You can access these services through **your** BHSF portal.

Digital Physiotherapy Assessment and Support

Access a digital physiotherapy assessment support service Phio Access, and where clinically appropriate, self-managed care through Phio Engage. The service is intended to help assess musculoskeletal concerns and signpost individuals to the right care. Where appropriate, **you** can easily manage **your** own care, providing access to clinicians along the way.

It provides access to exercise programmes tailored to **your** condition, designed to support **your** recovery journey. The service also tracks progress and provides information to support **your** path to recovery.

- i. Access the service from anywhere at any time.
- ii. **You** should not use the service for emergencies or urgent conditions as this may delay necessary treatment. In the event of an emergency **you** should contact the emergency services.
- iii. **You** must pay for any costs associated with accessing the service through **your** device and any costs from taking the advice **you** receive.
- iv. This service is provided by **our** trusted service partner EQL. **We** reserve the right to change this service partner or any elements of this service without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.

How to access:

You can access these services through **your** BHSF portal.

Digital Dentistry

Providing access to a qualified registered Dentist on demand offering support, advice and reassurance on a range of matters. Dentists can also authorise a private electronic prescription. The service also provides access to a symptom checker and a range of information and support resources.

- i. Access the service from anywhere, on any Android or iOS device, at any time.

- ii. **You** must pay for the cost of any prescriptions issued, pay for any costs associated with accessing the service through **your** device and any costs from taking the advice **you** receive.
- iii. This service is provided by **our** trusted service partner Toothfairy™. **We** reserve the right to change this service partner or any elements of this service without prior notice. **We** do not accept any legal responsibility for any information or advice **you** receive.

How to access:

You can access these services through **your** BHSF portal.

BHSF approved list of registrations, licences and qualifications for therapies practitioners.

Therapy Type	Accepted Qualifications and Organisations
Acupuncture	<ul style="list-style-type: none"> • Registered with the British Medical Acupuncture Society (BMAS) • Registered with the British Acupuncture Council (BACc) • Member of the Acupuncture Association of Chartered Physiotherapists (AACP) • Licenced by the British Academy of Western Medical Acupuncture (BAWMA) • Member of the Chinese Medical Institute and Register (MCMIR) • Member of the Acupuncture Foundation Professional Association (AFPA) • Registered with the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM), for practitioners with the prefixes FM, CA, CB and CC. • British Acupuncture Federation (BAF) • British Acupuncture Association (BAA) • International Institute of Reflexology (IIR)* • International Federation of Reflexologists (MIFR)* • Complementary and Natural Healthcare Council (CNHC) • The Federation of Holistic Therapists (FHT)* • The Complementary Therapists Association (CThA)* <p>* Must show as a registered Acupuncturist</p>
Chiropractic	The General Chiropractic Council (GCC)
Chiropody and Podiatry	Chiropodists or podiatrists of the Health and Care Professions Council (HCPC).
Homeopathy	<ul style="list-style-type: none"> • Society of Homeopaths (RSHom) • Alliance of Registered Homeopaths (MARH) • Faculty of Homeopathy (MFHom) • Federation of Holistic Therapists (FHT) <p>* Must show as a registered Homeopath</p>
Flu vaccinations	<ul style="list-style-type: none"> • A pharmacist registered with the General Pharmaceutical Council (GPhC) • A nurse registered with the Nursing & Midwifery Council (NMC) • A doctor registered with the General Medical Council (GMC)
Osteopathic	<ul style="list-style-type: none"> • The General Osteopathic Council (GOsC)

BHSF approved list of registrations, licences and qualifications for therapies practitioners continued

Therapy Type	Accepted Qualifications and Organisations
Physiotherapy	Physiotherapists of the Health and Care Professions Council (HCPC)
Reflexology	<ul style="list-style-type: none"> • Member/Associate Member of the Association of Reflexologists (MAR/AMAR/AOR) • Fellow/Member of the British Reflexology Association (FBRA/MBRA) • International Institute of Reflexology registered (IIR) • Complementary and Natural Healthcare Council registered (CNHC) • The Federation of Holistic Therapists (FHT) • The Complementary Therapists Association (CThA) <p>* Must show as a registered Reflexologist</p>

The most up to date list can be found on **our** website at www.bhsf.co.uk or by calling **our** Helpdesk on **0121 454 3601**.

Additional claims requirements

The following **benefits** have additional claims requirements:

- Dental trauma
- Hospital in-patient
- Hospital day-case surgery
- Maternity/ Paternity/ Adoption

If **you** have additional requirements, a member of our Helpdesk will be more than happy to assist.

For dental trauma claims:

You can claim under this **benefit** within 26 weeks of the date of treatment.

You will need to request a dental trauma claim form from our Helpdesk and submit the completed form via our customer portal along with the receipts for your treatment. Alternatively, **you** can claim by post by sending the original receipt and completed claim form to the address at the top of the form.

Please note, **we** will contact your dentist for confirmation that the treatment was required as a result of a trauma.

A trauma is an unfortunate event or **accident** that happens unexpectedly, involving an external blow to the mouth, causing a significant dental injury and requires medical or dental attention.

The date of claim is deemed as the date of treatment as evidenced on the submitted documentation.

For hospital in-patient claims

You can claim under this **benefit** within 26 weeks from the date an **insured person** is discharged from a Hospital/ Hospice.

You can claim for this through the post or online customer portal, by submitting either:

- A claim form which has been fully completed (signed and stamped) by the Hospital/ Hospice, or,
- A copy of the official discharge paperwork, which clearly shows the dates of admission and discharge.

The claim date is deemed as the date the **insured person** was admitted into a Hospital/ Hospice for an overnight stay.

For Hospital day-case surgery

You can claim under this **benefit** online via **your** account on **our** customer portal within 26 weeks of the date of Hospital day-case surgery. **You** will need to either scan or take a photograph of the discharge paperwork which confirms the procedure and date it was performed.

Alternatively, **you** can send a completed claim form either with the back of the form completed and stamped by a Hospital official, or along with a copy of the discharge paperwork, to the address on the claim form within 26 weeks of the date the surgery took place.

The date of claim is deemed as the date of admission for a pre-arranged Hospital day-case surgery.

For maternity/ paternity/ adoption claims:

You or **your partner** can claim for this **benefit** by submitting either:

- A clear scan or photograph of the birth/ adoption certificate(s) when claiming through the online customer portal, or,
- A completed claim form along with a copy of the birth/ adoption certificate(s) when claiming through the post.

Fraud

You must not act in a fraudulent manner. Insurance fraud is a criminal offence.

If **we** identify, or are informed, that any **insured person(s)** or authorised individual or service provider, treating professional or practitioner, whether recklessly or negligently:

- Forges, falsifies or exaggerates a document or statement in any respect, or,
- Amends, conceals or withholds information vital to the administration of the policy (including any claims) in any respect, or,
- Makes a claim in respect of any injury caused by a deliberate act, or,
- Registers, updates or amends a policy with any incorrect, false or withheld information about any **insured person**, or,
- Makes a claim through one or more insurances, with the intention of receiving more than what was directly paid, for any **insured person** (this is called betterment), or,
- Attempts to withdraw a submitted claim or document to avoid an investigation.

Then **we** will:

1. Suspend all policies for the **insured person(s)** with immediate effect and not pay any claims which have been or will be made under any policy.
2. At our discretion:

- a. Cancel or declare any/ all policies void, with retrospective effect where appropriate.
 - b. Not grant **you**, or any **insured person(s)**, cover with **us** again in any form.
 - c. Inform (where appropriate): the Police, legal entities and governing bodies (including, but not limited to: IFED, Action Fraud, NHSCFA), **your** employer or third parties with a legitimate interest of the circumstances.
 - d. Instigate legal and/ or criminal/ civil proceedings, where **you** will not have the option to communicate with us directly once legal representation is involved.
3. Recover from **you**, any monies paid, including those incurred after the first fraudulent act (irrespective of their legitimacy), plus interest and any associated legal costs.
 4. Not refund any paid premium(s).

Protecting your personal data

BHSF Group Limited and its subsidiaries (“BHSF”) respects all **insured persons** privacy and is committed to processing and protecting all data in accordance with all applicable data protection laws.

BHSF is a data controller. This means that **we** are responsible for deciding how **we** hold and use any personal information.

Our privacy notice sets out the way in which any personal data **you** provide to **us** is used and kept safe by **us**. It also explains **your** rights as a data subject. **Our** privacy notice may be updated from time to time and is available at bhsf.co.uk/privacy. To request a copy of **our** privacy notice please call **0121 454 3601** or email helpdesk@bhsf.co.uk.

It is important that **you** read this notice, together with any specific privacy notice to inform **you** of what personal information **we** are collecting or processing about **you**.

Financial Services Compensation Scheme (FSCS)

You are protected by the Financial Services Compensation Scheme (FSCS) and compensation from that scheme may be payable in the event that **we** are unable to meet **our** obligations to **you** under this policy, **we** go out of business, are unable to trade, or enter into liquidation.

For more details on the scheme please visit www.fscs.org.uk or contact the FSCS direct on 0800 678 1100.

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Customer care

We aim to provide **you** with the very highest standards of customer care. **We** welcome feedback and take all matters regarding customer service and complaints seriously.

Should **you** wish to raise any concerns that **you** have, **you** should contact **our** Helpdesk on **0121 454 3601** or write to the Customer Care Team at **customercare@bhsf.co.uk** or to **BHSF, 14th Floor, 54 Hagley Road, Birmingham, B16 8PE**. **We** welcome all feedback, recommendations and will investigate any complaints and issue a final response.

We aim to resolve any complaints quickly and to **your** satisfaction, however if **you** are not satisfied with how **we** have dealt with **your** complaint, or **we** have not replied within eight weeks, **you** have the right to refer it to Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

- Call: 0800 023 4567 or 0300 123 9123.
- Email: complaint.info@financial-ombudsman.org.uk
- Website: www.financial-ombudsman.org.uk

Contact us

By calling our Helpdesk on:

0121 454 3601

Helpdesk opening hours: 9am-5pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and monitored for training and security purposes.

By emailing us at:

helpdesk@bhsf.co.uk

By writing to us at:

BHSF

14th Floor

54 Hagley Road

Birmingham

B16 8PE