



Your Plan Leaflet

Health cover made easy. **It's about time.**

**Health
365**



Welcome to Health365

You've already selected your cover online, offering you a simple, quick and affordable way to take care of your healthcare needs. Relax in the knowledge that your health cover is in safe hands, all you need to know is in this leaflet.

Core Health Cover

Take healthcare expenses in your stride

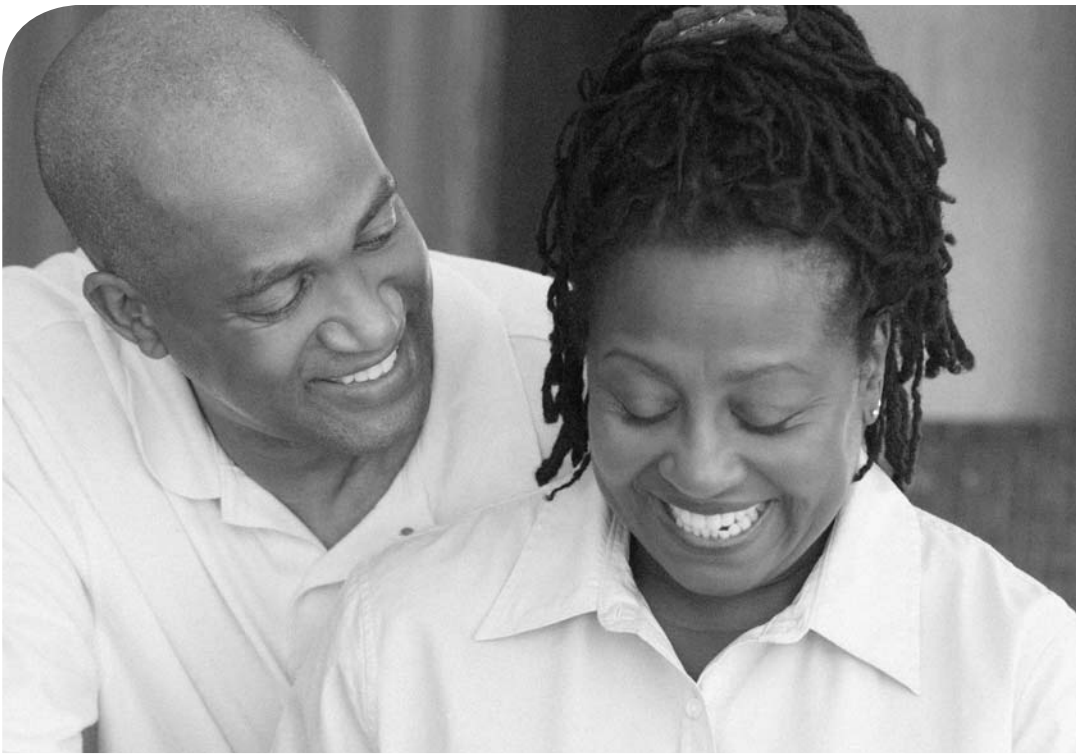
Your Core Health Cover allows you to claim back everyday health costs including therapy treatments, optical bills and dental fees. You'll also receive fixed cash payouts for nights spent in hospital. With Health365 you can take healthcare expenses in your stride, knowing that we'll help to cover the cost.

Therapies – cover, up to set limits, for Physiotherapy, Acupuncture, Chiropractic and Osteopathy treatments.

Optical – money back, up to set limits, towards optical bills including eye tests, new prescription glasses and contact lenses.

Dental – claim money back, up to set limits, towards check-ups and treatments, such as fillings.

In-patient – fixed cash amount for each night spent in hospital (up to 5 nights per benefit year).



Consultation

Fast, easy access to private consultants

This module allows you to claim cash back towards consultations. Empowering you to take control, it can help to reduce the time you wait by facilitating fast access to private consultants. You can tailor your appointment to fit in with your daily commitments as many private consultants offer appointments outside normal working hours, even on weekends.

When referred by your GP, they will be able to recommend an appropriate consultant or you may choose to go with a different one. Either way, you have the reassurance that you are being listened to by an expert.

Health365 will help cover the cost of consultations, diagnostic tests and even treatment. Diagnostic tests can include things like ultrasounds, blood tests and x-rays.



Scanning & Screening

Peace of mind, and fast

This module allows you to stay in control of your health; providing speedy access to diagnosis with state of the art MRI, CT and PET Scanning Facilities.

Once referred by your consultant, just call our dedicated scanning helpline and we'll arrange an appointment for you, often within two weeks. You can also use this module to claim money back towards an annual health screen, to give you peace of mind and help keep you fit and well.

Access to state of the art Scanning Facilities – MRI, CT and PET Scanning Facilities, which can provide pinpoint diagnosis to help detect conditions early, at a treatable stage, including serious conditions such as heart disease, brain disorders and cancer. Arranging a scan is easy, following a referral from your consultant call 0845 456 5020.

Health Screening – money back, up to a set limit, towards full health screening, well-woman screening, well-man screening, breast screening, heart disease screening and bone density screening.



Westfield Surgery Choices

Reduce waiting times, reduce stress

This module* covers you for 60 non-urgent surgical procedures and gives you access to a fixed price treatment package. Private treatment is covered; however, if you are treated by the NHS, Health365 will pay you a lump sum. No medical is required and new conditions are covered from the date your cover starts.

60 non-urgent surgical procedures – includes treatment for knee problems, hernias, slipped discs, gallstones, varicose veins, gynaecological conditions, cataracts and hip replacements. Please see Westfield Surgery Choices Section for the full list of procedures.

Peace of mind

We will arrange your private treatment package directly with you, including where and when you undergo your procedure, so you can rest assured that you will get the quality treatment you need – fast.

** The Terms and Conditions of Westfield Surgery Choices cover differs from your Core Health Cover and, if selected, Consultation and Scanning & Screening. Please refer to both sets of Terms and Conditions in this plan leaflet.*

Take it easy!

With Westfield Surgery Choices you can sit back and relax whilst we manage every step of your care. Following referral from a Consultant, you will be allocated a case manager who will source and arrange a private treatment package to suit your needs. This means that you don't have to be concerned about the cost of treatment because it is all taken care of. Terms and Conditions apply.

Private and NHS treatment covered – as an added bonus to you, if you prefer NHS treatment or are assessed as unsuitable for a private treatment package, we will pay you a cash lump sum after you have undergone your surgical procedure. You can spend the money that you receive from us as you like!

Each surgical procedure is classified according to its medical complexity and the payment you receive (if you undergo treatment on the NHS) is determined by the Band for your required surgical procedure:

Band A	£500	Band B	£1,500	Band C	£2,500
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How the plan works

With Health365 you're always in control. You can cover yourself, your partner and your children, then just click to buy.

It's simple, secure and best of all you can start using your plan as soon as your cover commences. Please refer to your Policy Schedule, which was sent to you with your Welcome Email, for your policy start date.

Using your plan

With Health365 making a claim is quick and easy. Exactly how it should be. Pay for your healthcare treatment, keep your receipt and submit your claim online by simply logging on to 'Your Account'. Alternatively you can download a claim form, or we can post one out to you. All claims must be made within 13 weeks of the date of each payment or date of discharge as an in-patient. We aim to process correctly presented claims within 5 days and pay the money directly into your bank account. It's that simple.

About Health365

Health365 is a trading name of Westfield Contributory Health Scheme Ltd., who have over 90 years experience in providing dependable health cover and have been voted Best Healthcare Cash Plan Provider** for the fifth time in seven years.

By being a not for profit organisation, Westfield is run for the benefit of their 356,000 policyholders and pride themselves on their ethical policies and dedication to offering exceptional value for money and first class service – every time.

Available exclusively online, Health365 makes health cover simple and affordable. With no pressure selling, you're in control 100% of the time. Is it any wonder that 9 out of 10 customers would recommend us?*

*The Leadership Factor Customer Satisfaction Survey 2009.

**Health Insurance Magazine Awards.



Customer Service

Our friendly Customer Service Department is on hand to help whether you have an enquiry about your account, or need advice with your claim. The standard of the service we deliver to our customers has been recognised as outstanding in an independent survey – placing us in the top 5% of companies surveyed for the third consecutive year*. We are also the proud recipients of the prestigious British Quality Foundation Customer Satisfaction Award 2010.

Contact us

Call our award winning Customer Service Department on **0845 2 100 365** – our lines are open from 8am to 6pm, Monday to Friday (except for Christmas Eve and public holidays). Customers with hearing or speech difficulties can contact us by textphone – **0114 250 2020** (opening hours as above).

You can email us at enquiries@health365.com

*The Leadership Factor Customer Satisfaction Survey 2009.

Confidentiality assured

In line with the Data Protection Act 1998, we will not discuss policy details with anyone other than the policyholder, unless you have given us written consent for a relative or friend to obtain account information on your behalf or indicated during the enrolment process for your partner, that you wish for them, to have access.

In the interest of continuously improving our service to customers and for training purposes your call will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.



Policy Summary



Health365 provides cover towards the costs associated with routine healthcare such as new prescription glasses, dental treatment, therapy treatments and in-patient stays. Additional modules are also available covering consultations for quick access to diagnosis, Scanning & Screening, as well as Westfield Surgery Choices cover.

Westfield Surgery Choices is primarily designed to give you the reassurance that if you cannot obtain speedy access to non-urgent operations and surgical procedures through the NHS, you can access private treatment quickly. Alternatively if you prefer to have NHS treatment, or a private treatment package is not suitable, then you will receive a cash benefit.

This health plan is underwritten by Westfield Contributory Health Scheme Ltd.

Key features and benefits of Health365

- Choose a minimum of 2 modules
- Core Health Cover must be selected
- Up to 3 additional modules to choose from – Consultation, Scanning & Screening and Westfield Surgery Choices
- Core Health Cover and the Consultation module offers the choice of 2 levels of cover – Minimum and Maximum
- Option to add a partner and/or dependent children
- 100% reimbursement for a range of routine healthcare expenses, up to set limits, included in Core Health Cover, Consultation and Health Screening
- Set lump sum payments following an in-patient stay, included in your Core Health Cover
- You do not have to wait a qualifying period before making a claim. You can

use the modules that you have selected from the date the cover starts

Key limitations and exclusions of Core Health Cover, Consultation and Scanning & Screening

- To be eligible to apply for cover for yourself, your partner, or to upgrade your policy you must be aged 18-65 (see section 1, General Terms and Conditions)
- Dependent Children must be under the age of 18 to receive cover under the Children's module
- To be eligible for cover you must live in the UK, Jersey or Isle of Man for a minimum of 6 months each year (see section 1, General Terms and Conditions)
- Professional and semi-professional sports people are not eligible for cover (see section 1, General Terms and Conditions)
- Pre-existing medical conditions are not covered for any benefit other than for Optical and Dental (see section 2, General Terms and Conditions)
- Health365 must receive claims within 13 weeks of the date of each payment made for treatment, goods or services (see section 8, General Terms and Conditions)
- Claims for In-patient must reach Health365 within 13 weeks of the date that the patient is discharged as an in-patient (see section 8, General Terms and Conditions)
- Scanning & Screening module is not available for your dependent children (see Benefit Rules, Scanning & Screening)
- MRI, CT and PET Scanning Facilities is not a cash benefit, your scan must be arranged through our Scanning Service (see Scanning & Screening, MRI, CT and PET Scanning Facilities)

Key features and benefits of Westfield Surgery Choices

- **Cover for 60 common surgical procedures**
- **Access for you to receive a private treatment package for eligible procedures, up to maximum monetary limits, that will be arranged on your behalf**
- **Cover for a new medical condition is available immediately. You will not have to wait a qualifying period**
- **No medical is required before you are accepted for cover**
- **If you have NHS treatment for an eligible procedure you will receive a cash benefit; the amount will depend upon the classification for that procedure**

Key limitations and exclusions of Westfield Surgery Choices

- **Westfield Surgery Choices can only be selected as part of your Health365 Plan; cannot be purchased independently** (see Westfield Surgery Choices, General Terms and Conditions)
- **Westfield Surgery Choices is not available for your dependent children** (see Westfield Surgery Choices, Terms and Conditions)
- **Cover under Westfield Surgery Choices is limited to a specified range of surgical procedures** (see section 1, Westfield Surgery Choices, Operations covered)
- **There is a monetary limit available for the provision of a private treatment package, according to the surgical procedure required** (see section 1 Westfield Surgery Choices, Operations covered)
- **You can claim for up to 3 operations in any consecutive 12 month period** (see section 1, Westfield Surgery Choices, Operations covered)
- **Benefit is restricted to a maximum of £100,000 throughout the lifetime of your cover** (see section 1, Westfield Surgery Choices, Operations covered)

- **Pre-existing medical conditions are not covered until you have had no symptoms, advice or treatment for two consecutive years from the date cover commenced** (see section 5, Pre-existing medical conditions – Westfield Surgery Choices)
- **Treatment that arises as a result of certain circumstances will not be covered** (see section 6, Westfield Surgery Choices Exclusions)
- **Some patients may be deemed unsuitable for a private treatment package** (see section 3, Westfield Surgery Choices, Private Treatment – How does a fixed price treatment package work?)

Duration of cover and cancellation rights

Your policy is based on a period of 12 consecutive months. Provided that you continue to remit the premium for your cover to Health365, and you abide by the terms and conditions of the plan your policy will remain in force. Your policy will be renewed on an annual basis unless your cover is cancelled or you allow it to lapse.

Your policy contains a 14 day cooling off period from your policy start date or renewal date. If you decide to change your mind during this cooling off period you should contact us. Providing that you have not made, or intend to make a claim, we will refund any premium that you have paid for that 12 months' term.

Making a claim

Detailed information on how to claim for Core Health Cover, Consultation and Scanning & Screening can be found in section 8, General Terms and Conditions. Details on how to access the Scanning Service can be found in the Benefit Rules.

Alternatively, you can download a claim form when you log into your account. Once completed, please send your claim form with the required supporting information to Health365, Westfield House, 87 Division Street, Sheffield S1 1HT.

We will pay your claims directly into your bank account.

Claiming on Westfield Surgery Choices

Information on how to claim Westfield Surgery Choices can be found in section 2, How to claim Westfield Surgery Choices, section 3, Private Treatment – How does a fixed price treatment work? and section 4 – NHS Treatment. Please telephone the Health365 helpline on 0845 2 100 365 to arrange for a Westfield Surgery Choices claim form to be sent to you.

If you wish to complain

We are committed to providing the highest possible level of service to our customers. However, if the services provided do not meet your expectations then you may contact us at: Health365, Customer Services, Westfield House, 87 Division Street, Sheffield S1 1HT.

In the event that you are not satisfied with our response, please ask for your complaint to be reviewed by an Executive Director. If you remain dissatisfied with our final response you can write to the Financial Ombudsman Service. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

Compensation

Westfield Contributory Health Scheme Ltd. is covered by the Financial Services Compensation Scheme. In the unlikely event that we are unable to meet our obligations you may be able to claim compensation.

Further information is available from the Financial Services Compensation Scheme, 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN.

This Policy Summary provides only an outline on the main features of your cover and should be read in conjunction with the full terms and conditions featured in this leaflet.

Benefit Rules

The information contained in this leaflet is effective from 1st May 2011 and replaces all previously published information.

You have selected the modules detailed on your Policy Schedule. Before receiving treatment or paying for goods and services for which you intend to claim, please check your Policy Schedule carefully to confirm your cover and, where applicable your partner's and/or dependent children's cover.

Full details of the Core Health Cover, Consultation and Scanning & Screening modules are listed on the following pages. Cover is subject to the General Terms and Conditions specified on pages 21 to 28.

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section on pages 29 to 32.

Information on how to claim benefits is given in section 8, and **benefit periods** in section 6, of the General Terms and Conditions on pages 21 to 28.

For details of the Westfield Surgery Choices module please refer to pages 33 to 44.

If there is anything about these benefit rules that you don't understand please contact our Customer Helpline on **0845 2 100 365** and we will be happy to help.

CORE HEALTH COVER

OPTICAL

Policyholder: The amount shown on your Policy Schedule is available during the benefit period, for you.

Partner Option: The amount shown on your Policy Schedule is available during the benefit period, for your partner.

Children's Option: The amount shown on your Policy Schedule is available during the benefit period, for your dependent children to share.

When...

- you pay an **Optician** and
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your level of cover, see your Policy Schedule

For...

- eyesight tests
- prescription spectacles, sunglasses and/or contact lenses
- prescription lenses to an existing frame
- payments that you make for prescription contact lenses supplied under a monthly scheme, when you obtain an itemised receipt

We will not cover...

- repairs to frames
- frames purchased without prescription lenses
- non-prescription spectacles or sunglasses or contact lenses
- solutions for contact lenses
- any insurance or peace of mind guarantee
- sundry items
- missed appointment fees
- exclusions (see section 7, General Terms and Conditions)

DENTAL

Policyholder: The amount shown on your Policy Schedule is available during the benefit period, for you.

Partner Option: The amount shown on your Policy Schedule is available during the benefit period, for your partner.

Children's Option: The amount shown on your Policy Schedule is available during the benefit period, for your dependent children to share.

When...

- you pay a **Dentist** and
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your level of cover, see your Policy Schedule

For...

- dental treatment, full or partial dentures and dental check-ups

We will not cover...

- insurance or dental care scheme premiums/payments, registration or administration fees
- teeth whitening
- prescription charges
- sundry items
- missed appointment fees
- exclusions (see section 7, General Terms and Conditions)

THERAPY TREATMENTS

Physiotherapy, Acupuncture, Chiropractic and Osteopathy

Policyholder: The amount shown on your Policy Schedule is available during the benefit period, for you.

Partner Option: The amount shown on your Policy Schedule is available during the benefit period, for your partner.

Children's Option: The amount shown on your Policy Schedule is available during the benefit period, for your dependent children to share.

The benefit allowances on your Policy Schedule represent the total for any one or combination of treatment types.

When...

- your **GP** or **Consultant Physician/Consultant Surgeon** recommends that you receive treatment (if requested at any time, you must provide us with written evidence of this recommendation) and
- you receive and pay for treatment from a registered **Physiotherapist, Chiropractor** or **Osteopath**, or an **Acupuncturist** who is a member of an approved professional organisation. Registration/membership must be relevant to the treatment that they are providing (see Definitions section) and
- you submit your claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for your level of cover, see your Policy Schedule

For...

- physiotherapy, acupuncture, chiropractic, osteopathy treatment
- charges made by your **GP, Consultant Physician** or **Consultant Surgeon**, for written evidence required by us, confirming that they have recommended your treatment, up to the value of £25 per request

We will not cover...

- any treatment that is not physiotherapy, acupuncture, chiropractic or osteopathy
- scans e.g. MRI, ultrasound (see Scanning Facilities or Consultation, where these benefits are included in your cover)
- sundry items

- missed appointment fees
- herbs, herbal remedies, supplements or vitamins even if these have been recommended or supplied by your **Physiotherapist, Acupuncturist, Chiropractor or Osteopath**
- exclusions (see section 7, General Terms and Conditions)

IN-PATIENT

Policyholder: The nightly rate shown on **your Policy Schedule** is available for up to 5 nights during the **benefit period**, for **you**.

Partner Option: The nightly rate shown on **your Policy Schedule** is available for up to 5 nights during the **benefit period**, for **your partner**.

Children's Option: The nightly rate shown on **your Policy Schedule** is available for up to 5 nights during the **benefit period**, for each of **your dependent children**.

When ...

- you are admitted as an **in-patient** to an **NHS** or private **hospital, registered treatment centre or hospice** and
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- you at the nightly rate detailed in **your Policy Schedule**

For ...

- overnight **in-patient** admissions for treatment, tests or investigations
- claims submitted when you are discharged as an **in-patient**

We will not cover...

- any type of **in-patient** admission where the **hospital** could be regarded as your permanent residence
- admissions for rehabilitation, domestic reasons or respite care
- exclusions (see section 7, General Terms and Conditions)

CONSULTATION

Please check **your Policy Schedule** carefully to confirm whether **your** policy includes the **Consultation** module.

CONSULTATION

Policyholder: The amount shown on **your Policy Schedule** is available during the **benefit period**, for **you**.

Partner Option: The amount shown on **your Policy Schedule** is available during the **benefit period**, for **your partner**.

Children's Option: The amount shown on **your Policy Schedule** is available during the **benefit period**, for **your dependent children** to share.

When...

- your **GP** recommends referral to a **Consultant Physician** or **Consultant Surgeon** and
- you pay a registered **Consultant Physician** or **Consultant Surgeon**, who holds an appropriate qualification (see Definitions section) and
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

- 100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

For ...

- diagnostic consultations
- payments you make to a **Consultant Physician** or **Consultant Surgeon** for treatment
- payments you make for a private medical insurance policy excess, providing the charge is for a diagnostic consultation and/or treatment by a **Consultant Physician** or **Consultant Surgeon**

We will not cover...

- consultations or treatment relating to vasectomy or sterilisation (including reversal)
- consultation or treatment relating to cosmetic surgery
- medical examinations, consultations or reports for the purpose of your employment, legal, or insurance reasons

- room fees, nursing charges, prescription items/charges or sundry items
- missed appointment fees
- exclusions (see section 7, General Terms and Conditions)

SCANNING & SCREENING

Please check **your Policy Schedule** carefully to confirm whether **your** policy includes the **Scanning & Screening** module.

Scanning & Screening is not available for **your dependent children**.

MRI, CT AND PET SCANNING FACILITIES

Policyholder: **You** can access **our** MRI, CT and PET Scanning Facilities.

Partner Option: **Your partner** can also access **our** MRI, CT and PET Scanning Facilities.

Scanning Facilities are provided on behalf of **Health365** by Alliance Medical Limited, Icen Centre, Warwick Technology Park, Warwick CV34 6DA a **UK** based provider of managed imaging services for MRI, CT and PET scans.

In order to access this facility you will first need to see your consultant in order to gain a referral for a scan. Once you have this referral please contact the Scanning Helpline on **0845 456 5020**, available Monday to Friday 8.00am-8.00pm. For the scan to be covered by **your plan you**, or where applicable **your partner**, must contact the Scanning Helpline and allow them to arrange the scan on your behalf.

Helpline staff will explain the process for booking your scan and will require written confirmation from your consultant confirming your validity in order that all necessary arrangements can be made. Under the **plan** appointments can be quickly arranged and often take place within 2 weeks of initial contact. You will be required to complete a full safety questionnaire prior to scanning. Following your scan a report will be sent to your consultant, usually within 10 days.

Patients will need to travel, at their own expense, to access the nearest available

Alliance Medical Scanning Facility. CT and PET scans are available at selected locations only.

MRI and CT Scanning If an eligible **insured person†** is referred by a registered **Consultant Physician/ Consultant Surgeon** for an MRI or CT scan this, and the associated Radiologist's report, will be provided under the **plan** at no charge to the patient.

For all MRI scans a consultant radiologist will check the appropriateness of your scan before it is arranged. For MRI scans, patients who have certain conditions will not be able to be scanned e.g. cardiac pacemaker; heart valves; metallic objects in eyes and metallic implants. Patients who are pregnant or who are over 21 stone in weight will not be able to be scanned.

Certain types of complex MRI scans or scans which involve contrast or specific x-rays are excluded e.g. those requiring general anaesthetic; for an in-patient; cardiac scans interventional MRI; including MRI athrography; contrast enhanced angiography; Oncology patients; Liver imaging with ferrous contrast agents (e.g. Endorem).

For all CT scans, the regulations relating to x-rays means that a Consultant Radiologist will have to authorise the scan for additional patient safety. For CT scans, patients who have certain conditions will not be able to be scanned e.g. diabetics taking metformin. Certain types of complex CT scans are excluded e.g. those requiring general anaesthetic; for an in-patient; virtual colonoscopy or angiography which requires the on site assistance of a Radiologist. Patients who are pregnant or who are over 21 stone in weight will not be able to be scanned.

PET Scanning If an MRI or CT scan indicates that a PET scan is necessary then a maximum of one PET scan and report, during a 12 month period, will be provided under the **plan** at no charge to the eligible patient†. For all PET

scans a referral will be required from a Consultant Oncologist or Surgeon. All PET Scans will also require authorisation from a Consultant Nuclear Medicine Consultant to comply with ARSAC and IRMER medical regulations, since the scan involves radiation. For PET scans, patients who have certain conditions e.g. diabetics taking metformin will not be able to be scanned. Patients who are pregnant or who are over 21 stone in weight will not be able to be scanned.

As an alternative to using **our** Scanning Facilities, an **insured person** with Consultation cover can claim towards costs you have paid for a MRI, CT or PET scan, subject to the terms and conditions of the **plan**.

Scanning Facilities are not available for **your dependent children**: however, if **you** have selected Consultation and Children's options, **you** can claim Consultation benefit towards the cost of a MRI, CT or PET scan for **your dependent child**, subject to the terms and conditions of the **plan**.

†Please refer to section 7. Exclusions, in the General Terms and Conditions, page 25.

HEALTH SCREENING

Policyholder: The amount shown on **your Policy Schedule** is available during the **benefit period**, for **you**.

Partner Option: The amount shown on **your Policy Schedule** is available during the **benefit period**, for **your partner**.

When ...

- you pay for and receive a health screening check **and**
- the screening check is carried out by medically qualified staff **and**
- **you** submit **your** claim in accordance with section 8, General Terms and Conditions

We will cover...

100% of the cost, up to the maximum for **your** level of cover, see **your Policy Schedule**

For ...

- full health screening; well-woman screening; well-man screening; breast screening; heart disease screening; bone density screening*

We will not cover...

- any other screening check or test not carried out as part of one of those listed above
- any health screening check, medical examination, consultation or report for the purpose of your employment, legal or insurance reasons
- missed appointment fees
- exclusions (see section 7, General Terms and Conditions)

*For a bone density screening check, **you** must supply evidence that it has been specifically recommended by your **GP**.

General Terms and Conditions

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the **plan** as detailed in the Definitions section on pages 29 to 32.

If there is anything about these general terms and conditions that you don't understand please contact **our** Customer Helpline on **0845 2 100 365** and **we** will be happy to help.

1. Eligibility

You must reside in the **United Kingdom**, Jersey or Isle of Man for a minimum of six months each year to be a Health365 Plan **policyholder**.

You must be 18 to 65 years old when **you**:

- apply for the **plan**
- apply to increase **your plan** level from Minimum to Maximum
- apply to add Consultation; Scanning & Screening; Westfield Surgery Choices

If **you** select the Partner option, **your partner** must be 18 to 65 years old when **you**:

- apply for the Partner option
- apply to increase **your plan** level from Minimum to Maximum
- apply to add Consultation; Scanning & Screening; Westfield Surgery Choices

Providing that **you** renew **your** policy each year **you**, and **your partner** if they are already included on **your** cover, can continue on this **plan** once you become 66 years old. There is no age restriction for reducing **your** level of cover.

To be eligible for cover a **dependent child** must be under 18 years old:

- on the date the Children's Option cover starts
- on the date that **you** renew the Children's Option

A **dependent child** already included on **your** policy will cease to be eligible for benefits

on the last day of the **benefit period** during which they become 18.

The Partner and/or Children's options can only be added when:

- **you** apply for a policy
- **you** renew **your** policy, on the anniversary of **your** policy **start date**

However, if **you** already have Children's cover, details of any new **dependent children** to be added to **your** policy can be provided to **us** at any time.

You must satisfy yourself that this **plan** and the level of cover **you** decide to apply for are right for **you** and where applicable **your partner** and/or **dependent children**. **Health365** will not provide any advice in this regard but **you** are of course free to seek information or advice from a professional advisor.

We like any responsible insurer and, to the extent permitted by all applicable laws, reserve the right to decline an application for a policy, renewal or request to upgrade **your** cover. If **your** application is not accepted, **we** will refund any premium that **you** have paid for the cover that **we** have declined to offer (providing **we** have not paid a claim under that cover).

Professional and semi-professional sportspeople are not eligible for the **plan**.

You can only hold one Health365 Plan policy at one time.

2. Pre-existing medical conditions

Your policy is only intended to cover **new** medical conditions. **No insured person** will be entitled to claim Therapy Treatments, In-patient, Consultation, MRI, CT and PET Scanning facilities or Health Screening for a **pre-existing medical condition**.

This exclusion does not apply to claims for Optical benefit and Dental benefit. If **you** have chosen Westfield Surgery Choices, please refer to Pre-existing Medical

Conditions – Westfield Surgery Choices on page 40.

It is **you** responsibility as the **policyholder** to give **us** details of any **pre-existing medical conditions** on behalf of everyone eligible to claim benefits on **your** policy when **you**:

- apply for a new policy;
- upgrade from Minimum to Maximum;
- add Consultation or Scanning & Screening.

If **you** are adding the Partner and/or Children's options to **your** existing policy, **you** must give **us** details of **your partner's** and/or **dependent children's pre-existing medical conditions**.

Please read the definition of a **pre-existing medical condition** on page 31 carefully, if **you** are not sure whether a fact needs to be declared **you** should tell **us** so that **we** can decide whether it is relevant or not. Failure to tell **us** about a **pre-existing medical condition** may invalidate **your** policy. **We** may ask for information from your **GP** to confirm any details that **you** have given regarding **pre-existing medical conditions**. **Your** application, together with any information that **you** give, forms part of the contract of insurance.

If **you** are providing information about another person **you** should ensure that **you** have their consent to do so.

We will usually agree to accept **your** application on condition that any **pre-existing medical conditions** are not covered on **your** policy.

If **you** already have a Health365 Plan policy and are applying to increase **your** level of cover from Minimum to Maximum, and/or adding the Consultation or Scanning & Screening modules, **you** will not be entitled to claim for **pre-existing medical conditions** from the date that **your** revised cover starts. Any **pre-existing medical conditions** that have arisen after **you** took out the **plan**, which **your** policy previously covered, will **not** be covered.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical**

condition, **we** will seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the terms and conditions of the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs that **we** have incurred.

It may be necessary for **us** to request a medical report from your **GP**, **Consultant Physician** or **Consultant Surgeon**. **We** will only request a report when it is reasonably necessary and under the Access to Medical Reports Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you**, or where applicable **your partner** or **dependent child**, do not give **us** your consent **we** may decline **your** application for cover, or terminate **your** policy.

3. Your Cancellation Rights and Annual Renewal

Cooling Off Period - If you change your mind

You have 14 days to change **your** mind and cancel **your** policy, from **your** registration date/renewal date or, if it is later, 14 days from the date **we** accept **your** application/renewal.

If **you** decide to cancel during this Cooling Off Period **you** should contact **us**. If **you** have not made (or do not intend to make) a claim during the Cooling Off Period, **we** will refund any premium that **you** have paid for that 12 month term.

If **you** have claimed during that **benefit period**, **you** must pay **us** back the full amount that **we** have paid to **you** and **we** will refund any premium that **you** have paid to **us** for that 12 month term.

Cancellation

If **you** decide to cancel **your** policy, after the 14 day Cooling Off Period has expired, **your** cover will end on the day on which **we** receive **your** notification.

You, and everyone covered on **your** policy, will not be entitled to use any of the services included in the **plan**, and **you** cannot claim any benefits, beyond the date **your** policy ended.

For mid-term cancellations:

- If **you** have not made a claim during the current **benefit period**, a £25 administration fee (inclusive of Insurance Premium Tax at the current rate) will be charged, but **you** will not be liable for premiums for the remainder of the 12 month term. **We** will refund any premiums that **you** have paid in advance on a pro-rata basis (from **your** cancellation date up to the end of the 12 month term) minus the administration fee
- If **you** have made a claim for the current **benefit period**, **you** will be liable for premiums for the full 12 month term.

You can cancel at any time the Partner option/Children's option if the **insured person** dies, and **we** will refund any premiums paid for the cancelled cover for the remainder of the 12 month term.

How to cancel your policy

To cancel **your** policy, please email enquiries@health365.com or call us on 0845 2 100 365.

Annual Renewal

Your Health365 Plan policy is based on a period of 12 consecutive months cover, renewable each year on the anniversary of **your** policy **start date**.

We will send **you** a renewal notice at least 21 days before the end of **your** current 12 month term. **You** can request any changes to **your** cover at www.health365.com prior to **your** renewal date: amendments will take effect at the start of the next **benefit period**.

Renewing **your** Health365 Plan policy is easy. Unless **you** notify **us** that **you** do not wish to continue, **we** will automatically renew **your** policy, providing that all the information that **we** require to collect **your** premiums is up to date. A 14 day Cooling Off Period, detailed above, applies to **your** policy renewal.

If **you** notify **us** prior to **your** annual renewal that **you** do not wish to renew **your plan**, **your** policy will terminate on the last day of the current 12 month term.

4. Terminating your cover

We reserve the right to cancel **your** cover at any time by notice in writing, (with retrospective effect where appropriate) if: -

- Under the terms and conditions of the **plan you** are not eligible for cover
- **You** provided false information and/or failed to disclose all the relevant required information when **you** applied for any cover, or submitted a claim
- **You**, or anyone covered on **your** policy, fails to comply with **our** request for information relating to a claim or an application for cover
- **You** submit a claim that is fraudulent or that **we** reasonably believe to be intentionally false, and/or misleading, and/or exaggerated
- **You** (or anyone covered on **your** policy) act in a threatening or abusive manner, e.g. violent behaviour; verbal abuse; sexual or racial harassment, towards a member of **our** organisation, or one of **our** suppliers
- **You** fail to abide by any of the terms and conditions of this **plan**
- **We** have not received payment of premiums due and payable to **us** in connection with **your plan**

Should **we** cancel **your** cover **you** will not have any right to make any further claim on the **plan**. In addition, **we** may also seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the Terms and Conditions of this **plan**.

If premiums for **your** cover have been paid in advance **we** may refund premiums paid beyond the date for which **you** have had the benefit of cover. However, **we** retain the right to withhold such premiums if **you** owe **us** money.

We will notify **you** in writing **our** reason for cancelling **your** cover and **you** have the right to appeal to **us** through **our** published Complaints Procedure, which is available on request.

If **your** policy is terminated **we** will not accept **you**, or any **insured person**, for cover with **us** again on any plan.

Death of the policyholder

If the **policyholder** dies the policy will be cancelled and **we** will refund any premiums paid for the remainder of the 12 month term on a pro rata basis. If a **policyholder's partner** wishes to take out a new policy **our** Customer Helpline will be happy to assist.

5. Premiums

If **you** are paying **your** annual premium by monthly instalments and any payment has not been received by the due date, services and payment of claims will be suspended until a payment is made to cover the date(s) for which **you** are claiming. If **you** do not bring **your** instalments up to date, or pay the full premiums for the remainder of the 12 month term, **we** will cancel **your** policy when **your** instalments are 3 months in arrears.

If either **you** or **we** cancel **your** policy, **we** will not pay any of **your** claims and you will not be entitled to use any of the services included in the **plan**, beyond the date that **your** premiums are paid up to.

Premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation.

Consumer Credit Agreement

If **you** have selected to pay **your** annual premium by monthly Direct Debit instalments **you** agree to enter into a Credit Agreement. **We** will provide **you** with the terms of the Credit Agreement when **you** complete the Direct Debit instruction and also when **we** welcome **you** as a **policyholder**.

6. Benefit Periods and Benefit Availability

Your benefit period commences on **your** policy **start date** and renews annually on that date. **We** will confirm **your benefit period** and **start date** in **your policy schedule**.

An **insured person** can use Core Health Cover, Consultation and Scanning & Screening modules from **your registration** date for that specific module.

During each **benefit period** **you** can submit more than one claim under each benefit, however **we** will not pay more than the maximum allowance for **your** level of cover. Any unused benefit will not be carried forward from one **benefit period** to the next.

You must have benefit available for the date(s) on which you pay for treatment, goods or services. For In-patient benefit **you** must have benefit available for the date(s) that you were an **in-patient**.

The **benefit period** that each claim falls into is determined by:

the date of each payment for treatment, goods or services;
the date that you are an **in-patient**.

If you have the Westfield Surgery Choices module, please refer to page 33 for details of the benefit availability and exclusions.

Changes to your level of cover

The level of cover that **you** select when **your** policy starts and at annual renewal (i.e. modules and Partner or Children's options), are for the full 12 month term.

Entirely at **our** discretion, **we** may invite **you** to upgrade **your** cover mid-term. If **your** level of cover is increased from Minimum to Maximum mid-term, when **we** assess **your** entitlement to benefit for the remainder of the 12 month term, **we** will deduct any claims already paid for each benefit during that **benefit period**.

Former policyholders

If **your** policy is cancelled or lapses, and **we** permit **you** to take out cover again within the same 12 month term claims already paid during that **benefit period** will be taken into account when **we** assess **your** benefit entitlement.

7. Exclusions

The list of exclusions, below, should be read in conjunction with the Core Health Cover, Consultation and Scanning & Screening Benefit Rules section before receiving treatment or paying for goods and services for which **you** intend to claim.

We will not cover:

- any claim that is not submitted in accordance with section 8, General Terms and Conditions;
- any claim that is submitted where the **policyholder**, or **insured person**, is in breach of the **plan** and/or General Terms and Conditions;
- any claim that arises as a result of a **pre-existing medical condition** (with the exception of Optical and Dental benefit);
- any charges that a **hospital**, practitioner or any other organisation makes for filling in a claim form or providing any information **we** ask for relating to a claim, unless the Benefit Rules explicitly state that the charge is included;
- any claim or expense of any kind arising as a direct consequence of any criminal proceedings brought against you;
- any claim or expense of any kind caused directly or indirectly by ionising radiation or contamination by any nuclear fuel, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear machinery or part of it;
- any claim or expense of any kind directly or indirectly arising as a result of war, invasion, rebellion or revolution.

8. How to claim

You can submit Core Health Cover, Consultation and Health Screening claims online, or by post on one of **our** claim forms. Worldwide claims must be sent to **us** with the original receipts and/or supporting evidence, please refer to page 27.

To be entitled to claim, an **insured person's** premiums must be paid up to and including:

- the date on which you made each payment for a treatment, goods or service;
- the nights you were an **in-patient**;
- the date of your scan for MRI, CT and PET Scanning Facilities.

We will not pay **your** claim unless it is received within **13 weeks** of the following:

- the date that you tender **each** payment (i.e. cash; credit/debit card; cheque) to the

- practitioner/supplier for treatment, goods or services
- the date on which you were discharged as an **in-patient**

It is **your** responsibility to ensure that **you** allow sufficient time for the claim to reach **us** within the **13 weeks** deadline. **We** will not accept any responsibility for claims submitted online that **we** have not acknowledged with a submission number, or claims (and supporting evidence) that are lost, delayed or damaged in the post.

If you pay for a course of treatment, goods or service in advance **you** should not submit the claim until you have received the treatment, goods or service. The receipt must detail the date(s) that you received the treatment, goods or service and **we** must still receive **your** claim within 13 weeks of the **payment** date – see above.

You should not submit a claim for a part payment, deposit, or when there is any balance outstanding for payment. The only exception to this is when **you** provide **us** with written evidence that you have entered into a payment arrangement/credit agreement for treatment, goods or services that you have received. The date that you pay the first instalment determines the **benefit period** that **your** claim falls into and **we** will pay **you** up to the benefit balance available **on that date** ONLY towards the full cost of the treatment, goods or service purchased by the credit agreement. **We** do not cover administration/interest charges. Dental insurance or care scheme premiums/payments are not covered on the **plan**.

If you can claim part or all of your costs under another Westfield Contributory Health Scheme Ltd. plan, or from any other source, you are not entitled to receive more than the total amount that you have paid. If you are claiming from another insurer **we** will pay **our** proportionate share of the cost, subject to benefit being available and the terms and conditions of **your plan**.

You should only submit a claim if the person who has received the treatment, goods or service is eligible to claim under that specific

benefit. If the claim is for **your partner** or **dependent child** we may require proof of **your** relationship with them. It is **your** responsibility to provide complete and accurate information with the claim. When **you** submit a claim, for audit purposes we will carry out checks on the information **you** and practitioners provide to **us** and **we** will not process that claim, or any further claims on **your** policy, until **we** have successfully completed **our** audit checks. **If we** make a reasonable request for additional information, this must be provided at **your** own expense.

Pre-existing medical conditions are not covered for Therapy Treatments, In-patient, Consultation, Scanning Facilities or Health Screening. In order for **us** to verify a claim it may be necessary for **us** to request a medical report from your **GP, Consultant Physician or Consultant Surgeon** at any time. **We** will only request a report when it is reasonably necessary and, under the Access to Medical Reports Act 1988, if a medical report is required **we** will write to **you** first to tell **you** why. If **you**, or where applicable **your partner** or **dependent child**, do not give **us** consent **we** will withhold payment of all claims and may terminate **your** policy.

If **we** discover that **we** have paid any claims relating to a **pre-existing medical condition** **we** will seek to recover any monies from **you** that have been paid to **you** that **you** were not due to under the terms and conditions of the **plan**. **We** may terminate **your** policy and **we** may seek to recover from **you** any costs that **we** have incurred.

If **you** are providing information about another person **you** should ensure that **you** have their consent to do so.

If **you** submit a claim that is false **we** will terminate **your** policy and **your** benefits as a **policyholder** will end immediately. **We** will not refund premiums paid for the **plan** and always take legal action for fraudulent claims.

Submitting a Claim Online

For audit purposes **we** may ask **you** to send **us** receipts and/or proof of the claim at any time, so please keep the original documents

safe and handy for at least 12 months from the date **you** submitted the claim. If **we** ask for proof, **we** do not accept photocopies of receipts, invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt.

Simply visit www.heath365.com to log in to **your** account and then follow the instructions on the screen. **You** will be given a submission number confirming that **you** have successfully completed the online claims process.

Please make sure that, where applicable, **you** have the following information to hand:

- The dates and amounts of each payment you have made for treatment, goods or services
- Your treatment dates
- Your **Optician's** unique General Optical Council number, name, address and contact details
- Your **Dentist's** unique General Dental Council number, name, address and contact details
- For Therapy Treatments and Consultation: your practitioner's name, address, contact details and qualifications (see the Definition section on pages 29 to 32)
- For Therapy Treatments and Consultation: the name, address and contact details of the **GP** who has recommended the treatment
- For In-patient claims: the admission and discharge date; Hospital Number; name, address and telephone number of the **hospital, hospice, or registered treatment centre**
- For Health Screening: the name, address and contact details of the provider

Claiming by post

Claims can only be submitted on one of **our** claim forms, these are available to download online. Alternatively **you** can contact **our** Helpline and **we** will send **you** a claim form.

The claim form must be signed and dated by the **policyholder**.

For all benefits where **you (your partner or your dependent child)** have paid for treatment, goods or services **you** must send

us a full receipt detailing the payment you have made. This must include the supplier's or practitioner's name and address. When **you** are claiming for Therapy Treatments and Consultation benefits your receipt must also specify the practitioner's qualification (see Definitions section on pages 29 to 32) and **you** must give **us** details of the **GP** who recommended the treatment. The receipt must also name the person who has received the treatment, goods or service.

We do not accept photocopies of receipts, invoices without a supporting receipt or credit/debit card receipts without an accompanying itemised receipt.

To claim In-patient benefit **your** claim form must be completed, signed and stamped by the **hospital, registered treatment centre or hospice**. **We** do not accept photocopies of completed claim forms.

How we pay you

We will pay **your** claims directly into **your** bank/building society account and email **you** a remittance advice as confirmation.

MRI, CT and PET Scanning Facilities

For information on how to access this service please refer to the Benefit Rule on page 19.

Westfield Surgery Choices

For full details of Westfield Surgery Choices please refer to pages 33 to 44.

9. Worldwide cover

If a claim arises when an **insured person** is temporarily travelling away from home anywhere in the World, on business or for pleasure, **you** can still make a claim.

You (and if the claim relates to them **your partner or dependent child**) must be resident in the **UK, Jersey or Isle of Man** for a minimum of 6 months each year to be eligible for cover on this **plan**.

You must submit a claim, including receipts for payments you have made and/or documentation supporting the claim, by post to **us**: **we** do not accept online claims for worldwide cover.

When **you** submit a receipt for money that **you** have paid, **we** will use the currency exchange sell rate, supplied by **our** bank, on the date **we** process the claim.

If **we** request it **you** must provide **us** with evidence of your travel dates. All documentation supporting **your** claim should be in English. Entirely at **our** discretion **we** may agree to accept an English translation accompanying the original documents, when **you** have provided this at **your** own expense.

This **plan** is not a travel insurance policy.

10. General Conditions

Governing Law

Once **your** application to register for the **plan** has been accepted by **us**, this **agreement** shall be governed by and construed in accordance with the laws of England and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of England in respect of any dispute or difference between them arising out of this **agreement**.

Changes to this Contract

From time to time upon renewal it may be necessary for **us** to increase the amount of the premium for the **plan**, alter the benefits payable under the terms of the **plan** or amend the rules relating to the **plan**. If **we** decide to make any such changes **we** will give **you** reasonable notice to enable **you** to decide if **you** do not wish to continue **your** policy, except when it is not possible for **us** to do this, for example changes required by law. Any revisions will not extend the **benefit period** relating to each separate benefit.

A person who is not a party to this **agreement** shall not have any rights under or in connection with it.

We reserve the right to cancel the **plan**. If **we** intend to completely withdraw the **plan** **we** shall provide **you** with reasonable notice. Where possible, **we** will try to offer **you** an alternative plan.

Data Protection/Fair Processing Notice

Information provided to **us** or collected concerning **your plan** in the future will be used by **Health365**, or selected third parties to:

- provide the benefits for which **you** have applied
- maintain **your** records
- manage the underwriting and/or claims handling procedures (including **your** dependants' claims)
- prevent and detect fraud

This will include the recording and monitoring of Sensitive Personal Data such as health and medical conditions for all claims processed under **your plan**.

This information may be shared with:

- other insurance providers
- police and enforcement agencies

In the interests of continuously improving **our** services to customers and for training purposes telephone calls to **Health365** will be recorded and monitored. This will include the recording and monitoring of Sensitive Personal Data such as data relating to health and medical conditions.

Where you have provided information about another person you should ensure that you have their consent to do so. For a small fee you are entitled to a copy of the information which **we** hold about you. Please email enquiries@health365.com, write to the Data Subject Rights Officer, Health365, 87 Division Street, Sheffield S1 1HT, or telephone **0845 2 100 365**.

Marketing Preferences

We may occasionally use your contact information to contact you by post, email, text or phone with marketing offers and details of **our** other products and services. To opt out please contact **us** at the above address. **We** may also share all contact details with other selected organisations who may contact you by post or phone about other products and services. To opt out please contact **us** at the above address. If you are also happy to receive emails/texts from these other selected organisations

please contact us at the above address.

Language

In accordance with FSA regulatory guidance **we** confirm the language **we** will use for communication purposes. It is: English.

Additional Information

We are required to notify **you** that there may also be other taxes or costs which are not paid through, or imposed by, the insurance underwriter.

Definitions

Definitions

Wherever the following words or phrases appear in this document in **bold type**, they have the special meaning for the purposes of the **plan**, as detailed below.

Definitions specific to Westfield Surgery Choices are detailed on pages 42 to 44.

£	United Kingdom pounds sterling.
Acupuncturist	A fully qualified practitioner who is a Member of the British Acupuncture Council or Fully Accredited Member of the British Medical Acupuncture Society. The Acupuncturist must not be you , your partner or a member of your family.
Agreement	The contract between Health365 and you for the provision of the plan governed by the terms and conditions set out in this leaflet.
Benefit Period	12 consecutive months, commencing on your policy start date and renewing on the same date each year. For more information please refer to page 24.
Chiropractor	A fully qualified practitioner who is registered with the General Chiropractic Council. The Chiropractor must not be you , your partner or a member of your family.
Consultant Physician/ Consultant Surgeon	A registered Consultant Physician or Consultant Surgeon , including any individual holding an appropriate consultant position within a private or registered hospital , or registered treatment centre . The Consultant must not be you , your partner or a member of your family.
Dentist	A fully qualified dental practitioner holding current registration with the General Dental Council, who works in a general dental practice. The Dentist must not be you , your partner or a member of your family.
Dependent Child	A child who is: <ul style="list-style-type: none">• your child, your partner's child, a child that you have legally adopted or have legal guardianship of and• is under 18 years old when the Children's Option starts/renews (a dependent child already included on your policy will cease to be entitled to benefits on the last day of the benefit period during which they become 18) and• unmarried and• lives with you or is financially dependent on you.

GP	General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice. The GP must not be you, your partner or a member of your family.	Policyholder	The person in whose name the plan is held.
Health365	Health365 is a trading name of Westfield Contributory Health Scheme Ltd., and as applicable, where it is used in the policy documentation represents Westfield Contributory Health Scheme Ltd.	Policy Schedule	The statement from Health365 confirming your (and where applicable your partner and/or dependent children's) cover.
Hospice	An institution that provides palliative care for the terminally ill.	Pre-existing Medical Condition	Your policy is only intended to cover <u>new</u> medical conditions. No insured person will be entitled to claim Therapy Treatments, In-patient, Consultation, MRI, CT and PET Scanning facilities or Health Screening for a <u>pre-existing</u> medical condition. This exclusion does not apply to claims for Optical benefit and Dental benefit. When you apply for a new policy; upgrade from Minimum to Maximum; add Consultation or Scanning & Screening; add the Partner or Children's options, you must tell us about any pre-existing medical conditions. Please refer to pages 21 to 22 for more information. Please give details of the condition/symptoms; dates; GP's name, address and telephone number if you , or where applicable your partner or dependent child : <ul style="list-style-type: none"> • Are currently taking any prescribed medication, or have taken prescribed medication in the last 12 months; • Have consulted a GP or Consultant Physician/Consultant Surgeon during the last 12 months; • Have received advice or treatment from a qualified practitioner or therapist i.e. Physiotherapist, Acupuncturist, Chiropractor, Homeopath, Osteopath, Chiropractor, Podiatrist or <u>any other</u> complementary medicine practitioner, during the last 12 months; • Have attended a hospital or registered treatment centre during the last 12 months; • Are awaiting any medical tests, investigations or treatment, or are awaiting the results of any medical tests or investigations, whether or not the condition has been diagnosed; • Attend your GP, Consultant Physician/Consultant Surgeon or hospital for monitoring or check-ups; • Have an illness, injury or condition that is permanent, or has ever previously recurred or that is likely to recur. If you are not sure whether a fact needs to be declared you should tell us so that we can decide whether it is relevant or not.
Hospital	An institute which: has permanent facilities for caring for patients; and has facilities for medical practitioners to diagnose and treat injured or sick people and provides nursing services supervised by Registered General Nurses or nurses with similar qualifications and is not intended to be a nursing home, hospice , convalescent home or a residential care home.	Registered Treatment Centre	A treatment centre that is registered with the Department of Health and appears on the National Administrative Code Service Register.
In-patient	Admission to a hospital, hospice or registered treatment centre for a full night stay, or longer. An in-patient stay will only be classed as a full night stay if the patient is admitted before 12, midnight.	Registration	If your cover has lapsed and is then re-instated a new registration date may apply. For applications accepted by us before the 15 th of the month your registration date will be the first day of the current month. For applications accepted by us on or after the 15 th of the month your registration date will be the first day of the following month.
Insured Person	A named person whose premiums have been paid for cover on this policy, for the benefits or services specified in your Policy Schedule .		
NHS	National Health Service.		
Optician	A fully qualified Optician who is registered with the General Optical Council. The Optician must not be you, your partner or a member of your family.		
Osteopath	A fully qualified practitioner who is registered with the General Osteopathic Council. The Osteopath must not be you, your partner or a member of your family.		
Partner	A person you live with that you are married to, or a person that you permanently live with as if you are married to them or A person you live with in a civil partnership, or a person that you permanently live with as if you are in a civil partnership.		
Physiotherapist	A fully qualified practitioner who is registered with the Health Professions Council (HPC). The Physiotherapist must not be you, your partner or a member of your family.		
Plan	The Health365 Plan that is detailed in this leaflet.		

Start date	The date, confirmed in your Policy Schedule , that your Health365 Plan policy commenced. For applications accepted by us before the 15 th of the month your start date will be the first day of the current month. For applications accepted by us on or after the 15 th of the month your start date will be the first day of the following month.
UK/United Kingdom	The United Kingdom of Great Britain and Northern Ireland i.e. England, Scotland, Wales and Northern Ireland.
We/us/our	Westfield Contributory Health Scheme Ltd. (trading as Health365). Westfield Contributory Health Scheme Ltd. is a provider of general insurance, we are authorised and regulated by the Financial Services Authority. Details of registration can be found at www.fsa.gov.uk/pages/register or by calling 0300 500 5000. Westfield Contributory Health Scheme Ltd. is registered and incorporated in England as a company limited by guarantee; registered number 303523.
You/your	The Health365 Plan policyholder named in the policy schedule .

Westfield Surgery Choices

You have selected the modules detailed on your Policy Schedule. Please check your Policy Schedule carefully to confirm your cover, and where applicable your partner's cover, before seeking treatment for which you intend to claim.

Westfield Surgery Choices is only available as part of your health plan: cover cannot be purchased independently.

Westfield Surgery Choices cover is not available for your dependent children.

Where words or phrases appear in **bold type**, they have the special meaning for the purposes of the Westfield Surgery Choices module; these are detailed in the Westfield Surgery Choices Definitions on pages 42 to 44.

If there is anything about **your** cover that you do not understand please contact **our** Customer Helpline on **0845 2 100 365** and **we** will be happy to help.

WESTFIELD SURGERY CHOICES

Policyholder: **You** have cover for 60 common **surgical procedures**, listed in the table on pages 34 to 38.

Partner Option: **Your partner** also has cover for 60 common **surgical procedures**, listed in the table on pages 34 to 38.

1. Operations covered

Westfield Surgery Choices covers an **insured person** for the 60 common **surgical procedures** listed in the table on pages 34 to 38.

An **insured person** can claim for up to three operations in any consecutive 12 month period, with a maximum lifetime benefit of £100,000 throughout the time that you have Westfield Surgery Choices cover. If an **insured person** undergoes more than one **surgical procedure** at the same time then cover will be provided up to one band

higher than the highest banded individual procedure being conducted (except when the highest band procedure is the maximum Band C).

Each **surgical procedure** is classified into one of three bands according to its medical complexity. Band A are the least complicated procedures and Band C the most.

The amount shown under Private Treatment Package, below, is the maximum monetary amount that **we** will use for the provision of your **private treatment** package.

If an **insured person** has **NHS treatment** for an eligible **surgical procedure** you will be paid the amount shown below under NHS Benefit.

Surgical Procedure Classification	Private Treatment Package	NHS Benefit
Band A	Up to £3,000	£500
Band B	Up to £6,000	£1,500
Band C	Up to £10,000	£2,500

NAME AND DESCRIPTION OF SURGICAL PROCEDURE*		BAND
Cataracts	Operations in this section are aimed at improving vision when the lens in the eye has become cloudy (a cataract).	
1	Phakoemulsification of lens without implant - unilateral The removal of the eye lens using ultrasonic vibrations.	A
2	Phakoemulsification of lens without implant - bilateral The removal of the eye lens on both sides using ultrasonic vibrations.	A
3	Phakoemulsification of lens with implant - unilateral The removal of the eye lens using ultrasonic vibrations then replacing the lens with an implant.	A
4	Phakoemulsification of lens with implant - bilateral The removal of the eye lens on both sides using ultrasonic vibrations, then replacing the lens with an implant.	A
5	Extracapsular extraction with an implant - unilateral The removal of the eye lens as well as the front portion of the lens capsule, normally replacing the lens with an implant.	A
6	Extracapsular extraction with an implant - bilateral As above except that both eyes are treated.	B
7	Lens implant/exchange The removal and replacement of an older implant.	B
Ears	Operations in this section are aimed at improving ear pain or hearing problems related to infections.	
8	Combined approach tympanoplasty - intact canal wall tympanoplasty The repair of a hole or perforation in the eardrum.	B
9	Myringotomy and the insertion of a tube through the tympanic membrane (one ear or both) The insertion of a small tube in the eardrum(s) to assist drainage of secretions.	A
Sinus Problems	Operations in this section are aimed at treating sinus problems. When sinuses become blocked or inflamed they can cause severe headaches.	
10	Caldwell-Luc Procedure The emptying and cleaning of the sinus in the cheek.	A
11	Trephining of the frontal sinus Creating a hole in the forehead sinus to allow drainage.	A
12	Operation(s) on the sphenoid sinus including those done by keyhole surgery Draining, cleaning or emptying the sphenoid sinus in the head.	A
Tonsils	Operations in this section are aimed at treating tonsil problems. When tonsils become inflamed they can cause sore throats and make swallowing difficult.	
13	Tonsillectomy-adult (on one or both sides) The removal of the tonsil(s).	A

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NAME AND DESCRIPTION OF SURGICAL PROCEDURE*		BAND
Abdominal Hernias	Operations in this section are aimed at treating abdominal hernia problems. Hernias represent a weakness in the muscle wall through which bowel or other tissue pushes through under the skin. The weaknesses are often exacerbated by heavy lifting or other physical activity.	
14	Primary repair of an inguinal hernia Strengthening of the lower abdominal/groin muscle wall.	A
15	Repair of recurrent inguinal hernia Repeat strengthening of the lower abdominal/groin muscle wall.	A
16	Repair of a primary femoral hernia Strengthening of the upper leg/groin muscle wall.	A
17	Repair of a primary incisional hernia Strengthening of the abdominal wall at the site of a previous operation.	A
18	Repair of an umbilical hernia Strengthening of the lower abdominal muscle wall around the belly button.	A
19	Transthoracic repair of diaphragmatic hernia (acquired) The closure of a hole in and strengthening of the diaphragm muscle in the chest through a cut in the chest. Diaphragm hernias present from birth are excluded.	B
Gall Bladder and Gallstones	Operations in this section are primarily aimed at treating gallstone problems, which can cause abdominal pain.	
20	Cholecystectomy (including mini-cholecystectomy) The removal of all or part of the gall bladder by either using keyhole surgery or a cut in the abdomen.	B
21	Excision of a lesion of the bile duct The removal of a section of the bile duct.	B
22	Therapeutic ERCP (including insertion of biliary or pancreatic prosthesis, sphincterotomy and stone extraction) The insertion of a fibre-optic camera down the gullet and into the bile duct/pancreas area to treat a variety of conditions.	A
Heart Blood Vessels	Operations in this section are aimed at treating and opening up narrowed blood vessels in the heart, thus avoiding a heart attack.	
23	Percutaneous transluminal angioplasty of coronary artery(ies) (including laser) The insertion of a wire into the heart arteries and using a balloon or laser to reduce any blockage.	C
24	Percutaneous transluminal angioplasty of coronary artery(ies) with stent insertion The insertion of a wire into the heart arteries, using a small pipe to keep any blockage open.	C
Veins in the Legs	Operations in this section are aimed at treating poorly functioning veins in the leg. Varicose veins cause ankle swelling, leg aching and sometimes leg ulcers.	
25	Ligation/stripping of long and short saphenous veins (including local excision/multiple phlebectomy) Tying off and removing weakened veins in the legs.	A
26	Operations for recurrent varicose veins with re-exploration of groin - unilateral Repeat tying off and removing of weakened veins in one leg.	A

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	NAME AND DESCRIPTION OF SURGICAL PROCEDURE*	BAND
Bladder	Operations in this section are aimed at either treating abnormalities of the bladder itself or improving the functioning of the bladder such as leaking/ incontinence.	
27	Endoscopic resection of lesion of bladder (including cystoscopy) The insertion of a fibre-optic camera into the bladder and the removal of an abnormality of the bladder wall.	A
28	Combined abdominal and vaginal operations to support outlet of female bladder (including sling procedures) The strengthening of the tissue around the bladder to prevent leaking.	B
29	Combined abdominal and vaginal operations to support outlet of female bladder (including sling procedures) - redo operation A revision of the above procedure involving different techniques.	B
30	Retropubic suspension of neck of bladder (including colposuspension) An alternative method for strengthening the tissue around the bladder to prevent leaking.	B
Men's Health	Operations in this section are aimed at treating prostate problems.	
31	Open excision of prostatic adenoma The removal of a prostate lesion through a cut in the abdominal wall.	B
32	Radical prostatectomy, reconstruction of bladder neck including bilateral pelvic lymphadenectomy The complete removal of the prostate gland and surrounding tissue, including lymph nodes, and the strengthening of the tissue around the bladder to prevent leaking.	C
33	Endoscopic biopsy of the prostate The insertion of a fibre-optic camera down the penis and removal of a sample of the prostate gland.	A
34	Transurethral microwave therapy The insertion of a fibre-optic camera down the penis and the treatment of an abnormality of the prostate gland using heat treatment.	A
Women's Health	Operations in this section cover a wide range of common gynaecological problems.	
35	Excision of lesion of vulva The removal of pre-cancerous lesions on the outside of the vagina.	A
36	Anterior +/- posterior colporrhaphy and amputation of the cervix uteri (including primary repair of enterocele) Tightening of the front and back of the vaginal wall with removal of the cervix.	B
37	Anterior +/- posterior colporrhaphy (including primary repair of enterocele) Tightening of the front and back of the vaginal wall.	B
38	Posterior colporrhaphy Tightening of the back of the vaginal wall.	A
39	Total abdominal hysterectomy (+/- oophorectomy) The removal of the womb, with or without the removal of the tubes and ovaries, by making a cut through the abdomen.	B
40	Subtotal abdominal hysterectomy (+/- oophorectomy) The removal of most of the womb, with or without the removal of the tubes but leaving the cervix, by making a cut through the abdomen.	B

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	NAME AND DESCRIPTION OF SURGICAL PROCEDURE*	BAND
41	Vaginal hysterectomy (including laparoscopically assisted) The removal of the womb through the vagina with or without the assistance of keyhole surgery techniques.	B
42	Myomectomy (including laparoscopically) The removal of fibroids embedded in the wall of the womb either by a cut in the abdomen or using keyhole surgery techniques.	B
43	Therapeutic endoscopic operations on uterus (including endometrial ablation) The insertion of a fibre-optic camera through the cervix into the womb and the treatment of a variety of conditions.	B
44	Oophorectomy and salpingectomy as sole procedure (one or both sides) The removal of both ovaries and tubes on one or both sides but leaving the womb intact.	B
45	Laparoscopy and therapeutic procedures including laser, diathermy and destruction e.g. endometriosis, adhesiolysis, tubal surgery The insertion of a fibre-optic camera through the abdominal wall ('key-hole surgery') and the treatment of a variety of conditions.	B
46	Ovarian cystectomy as sole procedure (one or both sides) The removal of a cyst or cysts on one or both ovaries where not conducted as part of a larger procedure.	B
Spine/ Slipped Disc	Operations in this section are aimed at improving neck/back stiffness or pain often resulting from physical activity such as lifting or poor posture while sitting at a desk.	
47	Posterior decompression +/- foraminotomy (cervical region) Relieving pressure on the spine in the neck by moving and stabilising a slipped disc.	C
48	Revisional posterior decompression +/- foraminotomy (cervical region) A revision of the first posterior decompression in the neck.	C
49	Posterior decompression (thoracic region) Relieving pressure on the spine in the upper back by moving and stabilising a slipped disc.	C
50	Revisional posterior decompression with fusion (thoracic region) A revision of the first posterior decompression in the upper back.	C
51	Primary anterior discectomy, decompression and anterior fusion (lumbar region) Relieving pressure on the spine in the lower back by moving and stabilising a slipped disc.	C
52	Anterior discectomy (cervical region) Removal of a part or all of a disc from the neck.	C
53	Revisional anterior discectomy (cervical region) Further removal of a part or the remainder of a disc in the neck.	C
54	Posterior excision of disc prolapse including microdiscectomy (lumbar region) Removal of a disc from the lower back using a variety of different approaches.	B
55	Revision of posterior excision of disc prolapse with undercutting facetectomy (lumbar region) A revision of the first posterior excision in the lower back.	C

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NAME AND DESCRIPTION OF SURGICAL PROCEDURE*		BAND
Joints	Operations in this section cover the major joint replacements as well as keyhole surgery on the knee.	
56	Primary total hip replacement with or without cement Basic replacement of a hip joint.	C
57	Complex primary total hip replacement requiring bone grafting or femoral osteotomy A more complicated replacement of the hip joint.	C
58	Total hip replacement, with or without cement, after excision arthroplasty or arthrodesis, including conversion of hemiarthroplasty or revision of other previous hip surgery which involved internal fixation A complicated type of hip replacement sometimes involving revision of previous work.	C
59	Total prosthetic replacement of knee joint, with or without cement, +/- patella Replacement of a knee joint.	C
60	Multiple arthroscopic operation on knee (including meniscectomy, chondroplasty, drilling or microfracture) Insertion of a fibre-optic camera ('key-hole surgery') into the knee joint and treatment of a variety of conditions.	B

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2. How to claim Westfield Surgery Choices

Westfield Surgery Choices cover will continue on condition that the premium due has been paid to **Health365**. **We** will not pay a claim if premiums are not paid to cover the date(s) on which your **treatment** was received.

If an **insured person** needs one of the **surgical procedures** listed, or wants to enquire whether an operation is covered, simply call **Health365** on **0845 2 100 365** and **we** will send you a claim form to complete.

You should read the list of Westfield Surgery Choices exclusions in section 6 on pages 40 to 41, before making a claim.

If an **insured person** is seeking **private treatment**, the **Medical Specialist** who considers your surgery to be necessary must fill in a section of the claim form BEFORE the **treatment** package can be arranged. If an **insured person** decides to have **treatment** under the **NHS** a member of the medical team should complete the form AFTER your operation has been carried out. If your operation differs slightly

from one of the **surgical procedures** listed it may possibly still be covered and you should submit a completed claim form for consideration.

Any charges that a practitioner or any other person makes for filling in a claim form will not be covered and must be paid for by you.

It may be necessary for **us** to request additional medical information from your **GP**, or any other doctor or practitioner who has been involved in your care, in order to assess your claim. If this information is not available, or if you do not complete the section on the claim form consenting to this, **we** may not be able to proceed with the claim. Your cover includes the cost of any report that **we** request.

It is the **policyholder's** responsibility to ensure that complete and accurate information is provided with the claim. For audit purposes **we** will carry out checks on the information you and practitioners provide to **us**. If an **insured person** submits a claim that is false **your** cover will be terminated and **your** benefits will end immediately. **We** will not refund premiums

paid for **your** healthcare cover and always take legal action for fraudulent claims.

3. Private Treatment - How does a fixed price treatment package work?

On receipt of your claim form a case manager will contact you and, taking into account your personal circumstances, will work closely with you to arrange the most appropriate treatment possible. They will arrange a package of **treatment** for you in a **private hospital**, spending up to the maximum allowance for your **surgical procedure**.

Private treatment packages normally include: the consultant surgeon/physician and anaesthetist fees; the **private hospital** charges relating to use of the operating theatre; accommodation either as an in-patient or day case; personal meals; drugs and dressings; and in-patient tests and treatments such as x-rays, pharmacy and physiotherapy. Some **private treatment** packages may also include a specified number of post-operative outpatient physiotherapy sessions. Your case manager will carefully explain the full details of your **private treatment** package, so that you know exactly what is included. If you have any out of pocket expenses that are not included in the package, such as travel or telephone calls, these will not be covered. Jersey residents may have to travel to the **UK** for **treatment**: you will not be able to claim towards your travel expenses or for any accommodation that is not part of your **private treatment** package.

Private treatment packages include the cost of treating any **surgical complications** relating to your **treatment** that occur within 30 days of the original **surgical procedure**. However, **surgical complications** that arise more than 30 days after your operation will only be covered if they qualify as a separate **surgical procedure**, and will be treated as a separate claim.

While it is the intention of the policy to provide care in a **private hospital** if requested, the decision to decline to provide an **insured person** with a **private**

treatment package will be at the absolute discretion of Westfield Health, or one of **our** representatives. The reasons why a **private treatment** package may not be made available to you include:

- if for medical reasons **private treatment** will not be appropriate for you;
- a **private treatment** package is not available within the monetary limit;
- **private hospitals** decline to provide a package price for a particular case

In such circumstances **treatment** under the **NHS** will then be recommended.

4. NHS Treatment

If an **insured person** prefers to have **NHS treatment**, or if a **private treatment** package is unsuitable, you will be entitled to payment of a NHS Benefit, which is a fixed monetary amount that is determined by the band for your **surgical procedure**.

If an **insured person** chooses to have **NHS treatment**, once you have undergone your **surgical procedure** a member of the **NHS** medical team should complete the relevant section of the claim form. Alternatively, providing that they have all the necessary information regarding your **NHS treatment**, the claim form can be completed by your **GP**. **We** will offer any assistance or advice that you need in connection with making a claim.

Completed forms must then be returned to **us** within 26 weeks of the date of your **surgical procedure**. Once the claim has been verified **we** will send payment of the NHS Benefit to you by cheque.

However, if **we** notify you that a **private treatment** package is not available, **we** will not require confirmation that **NHS treatment** has been carried out before payment of the NHS Benefit can be made to you.

5. Pre-existing medical conditions – Westfield Surgery Choices

Cover for eligible **treatment** for any new **medical condition** is available from **your** date of **registration** for Westfield Surgery Choices. If **you** add the Partner Option at

a later date, **your partner** will be entitled to claim for any new **medical condition** from the **registration** date of **your** policy upgrade.

An **insured person** does not need to have a medical or declare any **pre-existing medical condition(s)** before being accepted for cover. However, you will not be covered for any **medical condition** (or **related medical condition**), that you knew about, or for which you had symptoms, received **advice** or treatment in the two year period prior to the start of your cover on Westfield Surgery Choices. You will be covered for eligible **treatment** once you have been free of symptoms, treatment or **advice** for two continuous years from the date of **registration** for your current Westfield Surgery Choices cover.

Westfield Surgery Choices is only available if the **insured person** resides in the **United Kingdom**, Jersey or Isle of Man for a minimum of six months each year. Treatment received when you are travelling outside the **UK**, Jersey or Isle of Man will not be covered; except when the **surgical procedure** has been arranged through Westfield Surgery Choices or you are a Jersey resident receiving **treatment** in the **UK** that is being funded by States of Jersey.

6. Westfield Surgery Choices Exclusions

You should read this list of exclusions before applying for **treatment** or making a claim.

We will not cover:

1. Any procedure which is not listed in the table on pages 34 to 38 (except when at **our** discretion **we** agree to cover a procedure that does not substantially differ from one of those listed);
2. Any claim that arises as a result of a **pre-existing medical condition** (or **related medical condition**), until the **insured person** has been free of symptoms, treatment or **advice** for 2 continuous years from the date that your current Westfield Surgery Choices cover commenced;
3. Consultations or scans that are used to diagnose your need for a **surgical procedure** (please refer to **your policy schedule** and the Benefit Rules section on pages 18 to 20 for details of any benefits that may be available to you);
4. **Emergency procedures**;
5. Any charges that a **hospital**, practitioner or any other organisation makes for filling in a claim form;
6. Services or treatment at any long-term care facility, nursing home, spa hydro-clinic or sanatorium that is not a **hospital**;
7. **Medical conditions** either directly or indirectly arising from or associated with alcohol, solvent abuse, and/or drug dependency;
8. Any claim if you do not seek and follow the medical advice of a **Medical Specialist** relating to the **treatment** of a specific condition;
9. Self-inflicted injuries, illness, disease or any condition intentionally self-inflicted or self-infected or arising from suicide attempts, including treatment required as a result of attempted suicide;

10. Psychiatric Treatment – treatment associated with psychiatric conditions and any **related medical condition**;

11. **Treatment**, directly or indirectly arising from, or as a consequence of:

- a) War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, terrorism, military or usurped power.
- b) Any criminal action, including provoked assault, fighting (except in bona fide self defence).
- c) Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel;

12. **Treatment** directly or indirectly arising from or as a consequence of:

- a) Work that involves handling explosives, toxic chemicals, deep-sea diving or outdoor activity at heights above 50 feet.
- b) Professional Sports where a fee is received for training or playing.
- c) Injury sustained whilst participating in dangerous or hazardous sporting activity including, but not limited to: mountaineering; rock climbing; motor sports, including motor cycle sport; aviation, other than as a fare paying passenger; ballooning; bungee jumping; hang gliding; micro lighting; parachuting; paragliding or parasailing; potholing or caving; power boat racing; white water rafting; competitive yachting or sailing; bobsledding; competitive canoeing or kayaking; judo or martial arts; scuba diving or extreme sports such as free-diving; base jumping, ski-racing and ice climbing;

13. Any claim arising from a sexually transmitted disease.

14. Cosmetic treatment, whether or not required for psychological or religious purposes or following accident, illness or injury. In addition, cover will not be provided for **treatment** either directly or indirectly arising from or associated with cosmetic treatment.

Westfield Surgery Choices Definitions

Where words or phrases in the Westfield Surgery Choices module appear in **bold type**, they have the special meaning for the purposes of Westfield Surgery Choices cover, as detailed below.

£	United Kingdom pound sterling.
Advice	Any consultation regarding a pre-existing medical condition or related medical condition from a GP, Medical Specialist or therapist including the issue of any prescription or repeat prescription.
Diagnosed	The unequivocal discovery and identification of a medical condition from the examination of symptoms using investigations such as x-rays or blood tests, by a Medical Specialist .
Emergency Procedures	Procedures usually carried out in an Accident and Emergency Department or procedures carried out following admission into a hospital via an Accident and Emergency Department or procedures carried out following same-day referral to the hospital by a GP or Medical Specialist or any other person.
GP	General Practitioner i.e. a physician registered with the General Medical Council, who is currently in general practice and is not a Medical Specialist . The GP must not be you, your partner or a member of your family.
Health365	Health365 is a trading name of Westfield Contributory Health Scheme Ltd., and as applicable, where it is used in the policy documentation represents Westfield Contributory Health Scheme Ltd.
Hospital	An independent hospital or nursing home registered in accordance with the Registered Homes Act 1984 or a NHS hospital in the United Kingdom with specialist facilities for medical and surgical procedures. Or The Jersey General Hospital: any other hospital on Jersey with specialist facilities for medical and surgical procedures. Hospitals in other countries may be included in this definition at Westfield Health's discretion.
Independent Sector Treatment Centres (I.S.T.C.)	A treatment centre that is registered with the Department of Health and appears on the National Administrative Code Service Register.
Insured Person	A named person whose premiums have been paid for cover on this policy, for the benefits or services specified in your Policy Schedule .

Medical Condition	Any disease, illness or injury.
Medical Specialist	A Doctor who: <ul style="list-style-type: none"> holds an NHS Consultant post and; is on the Specialist Register held by the General Medical Council Or <ul style="list-style-type: none"> holds a Consultant post on Jersey and; is on the Specialist Register held by the General Medical Council Or <ul style="list-style-type: none"> who is otherwise approved by Westfield Health prior to any treatment being administered.
NHS	National Health Service. Means the free-to-use public health service. For the purposes of Westfield Surgery Choices benefit, patients who undergo NHS -subsidised procedures at either independent hospitals or Independent Sector Treatment Centres (I.S.T.C.) will be deemed to have received NHS treatment. For residents of Jersey this will include health care funded by the States of Jersey Health and Social Services.
Partner	<ul style="list-style-type: none"> A person you live with that you are married to, or a person that you permanently live with as if you are married to them Or <ul style="list-style-type: none"> A person you live with in a civil partnership, or a person that you permanently live with as if you are in a civil partnership
Policy Schedule	The statement from Health365 confirming your (and where applicable your partner's) cover.
Pre-existing Medical Condition	Any disease, illness or injury for which: <ul style="list-style-type: none"> An insured person has received consultation, medication, monitoring, advice or treatment Or <ul style="list-style-type: none"> An insured person has experienced symptoms in the 2 years prior to your date of registration for the insured person's current cover on Westfield Surgery Choices, whether the condition has been diagnosed or not.
Private Hospital	An independent hospital or NHS pay bed, or any other establishment e.g. an Independent Sector Treatment Centre (I.S.T.C.) , which Westfield Health may decide to treat as a private hospital for the purpose of this benefit.
Private Treatment	Treatment not funded by the NHS or States of Jersey, whether in a NHS/States of Jersey hospital or a private hospital .

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