

YOUR GUIDE TO YOUR ADVANTAGE HEALTH CASH PLAN

making a healthy difference



WELCOME TO WESTFIELD HEALTH

Welcome to your Westfield plan!

We are confident that when you start using your plan, you'll see just how valuable your cover is.

Usually there is a short qualifying period to wait before you can make your first claim – please refer to your welcome letter for details.

However, your **Health and Wellbeing Services** (GP Telephone Consultation, Health Club Concession, 24hr Counselling and Advice Line and A-Z Health Website) are available immediately from your date of registration, so you can start using these today! Please refer to the **Policy Document** for full details on how to access these services.

If you have any questions please don't hesitate to contact our friendly Customer Service Department on **0114 250 2000**.

We look forward to a healthy future together.

The information included in this booklet is designed as a guide to help you get the most out of your cover. Please ensure you use this guide in conjunction with the full Terms and Conditions within your Policy Document.



USING YOUR PLAN

As soon as your qualifying period has come to an end you can start to enjoy all the benefits your cover has to offer – helping you to budget for your essential health costs.

Before you make a claim there are a few key points to remember.

- 1. 13 week rule** – you have up to 13 weeks to submit your claim to us. The 13 weeks start from the date you make each payment for treatment, goods or services, the date you were discharged as an in-patient from hospital, the date you attended for day surgery, or the date of birth or adoption placement for Maternity/Paternity benefit.
- 2. Therapy Treatments** – for all your therapy treatments please obtain a recommendation from your GP/Consultant before submitting a claim. We may ask for written evidence of the recommendation at any time.
- 3. Benefit period** – the time you have to use your maximum benefit allowance for each separate benefit is called a benefit period. A benefit period will not start until you send us the first claim for that benefit. You can keep sending in claims for a benefit until you reach your maximum allowance, or your benefit period expires. When the benefit period expires the full allowance will renew, but remember your next benefit period will not start until you submit your next claim. Please refer to Section 6, General Terms and Conditions for full details of how your benefit periods work.
 - For benefits where you are **claiming money back from us**, your benefit period will start on the date that you paid for the treatment, goods or services. This rule applies for each cash benefit individually.
 - **EXAMPLE** – if the first claim you make under your Dental benefit has a receipt date of the 3rd April 2009, your full Dental benefit amount will renew again on the 3rd April 2010. However, the next Dental benefit period will not start until you submit your next dental receipt.
 - For **In-patient, Day Surgery** and **Recuperation** your benefit period begins on the first day or night that we pay benefit for.
 - For **Maternity/Paternity** your benefit period begins on the date of birth or the date the child is placed with you for adoption.

4. Checking your balance – to ensure we can process your claim, please check that you have benefit allowance remaining before arranging any healthcare appointments or treatments. Even if you don't have enough benefit left to cover the full amount you can still claim whatever you have left to help cover the cost! (Subject to the Terms and Conditions of the plan).

There are three easy ways to check your balance:

- 1. Online**
- 2. Text message** (Optical, Dental and Chiropody benefits only)
- 3. Phone**

Details of how to access these services are found in the Customer Services section of this leaflet.

5. 75% payback – some of the benefits offer 75% payback. This means that you can claim back 75% of the amount that you have paid, up to your maximum benefit allowance. Please refer to the table of benefits for details.

6. Worldwide cover – if you need any treatment whilst travelling abroad, on holiday or business, you can still use your plan to claim your money back. Please remember that all documentation supporting your claim should be in English.

Please refer to the full Terms and Conditions within your Policy Document for full details of what is and what isn't covered by your policy.

NEED MORE COVER? WHY NOT UPGRADE?

To enjoy even more from your plan you can upgrade your level of cover by completing the application form at the back of the **Policy Document**. Our table of benefits shows you how much you can claim back under each level.

COVER FOR FAMILY AND FRIENDS

To arrange cover for family and friends simply complete an application form and hand it to your HR/payroll department. The cost of their cover will be deducted from your wages or salary. Please check with your employer first as they would need to facilitate this. Family and friends will each hold a separate policy.

HOW TO MAKE A CLAIM

Please refer to the full Terms and Conditions within your **Policy Document** for full details of what is and what isn't covered by your policy.

THERE ARE FOUR DIFFERENT TYPES OF CLAIMS

1. Receipt-based claims (for claiming money back)
2. Hospital claims
3. Maternity/Paternity claims
4. Personal Accident claims

FOR ALL CLAIMS

- We aim to process 100% of correctly presented claims within five working days of receipt (with the exception of Personal Accident cover).
- We will pay your money directly into your bank or building society account.

RECEIPT-BASED CLAIMS (FOR CLAIMING MONEY BACK)

- Simply receive and pay for your healthcare treatment as normal.
- Complete a claim form and send it to us, together with your receipt.
- All receipts for treatments must be dated and include your name. For receipts for therapy treatments we also require details of your practitioner's name, address and qualifications.

HOSPITAL CLAIMS

- Your Westfield claim form must be completed, signed and stamped by the hospital, registered treatment centre or hospice where you were admitted/received treatment.
- Complete your personal details on the claim form and send it back to us.
- For Day Surgery claims we require the name of the procedure you have received. Please refer to the full Terms and Conditions within your **Policy Document** for further details.

MATERNITY/PATERNITY CLAIMS

- Complete a claim form and send it to us together with your child's full birth certificate or confirmation that the child has been placed with you for adoption.



PERSONAL ACCIDENT CLAIMS

- Simply contact us and we will send you a claim form for Personal Accident.
- Complete your claim form and send it to ACE (the insurance provider we use for Personal Accident claims).
- Once your claim form has been submitted to ACE you will deal directly with them.

WHERE CAN I ORDER MORE CLAIM FORMS?

You will receive a claim form in your welcome pack. You can order additional claim forms via our **text messaging service** or you can download a claim form **online** from the **My Westfield** area on our website. Alternatively you can contact our Customer Service Department over the **phone**.

REMITTANCE ADVICE

Once we have processed your claim we will send you a remittance advice, detailing the amount you have been paid and the amount remaining for that benefit.

Because we take our environmental responsibilities very seriously we like to communicate via email wherever possible. If you would like to receive your remittance advice by email simply register your details on the **My Westfield** section of our website.

ESSENTIAL COVER

OPTICAL For you and shared between your children. 2 year benefit period

DENTAL For you and shared between your children. 1 year benefit period

DENTAL TRAUMA For you and shared between your children. 1 year benefit period

CHIROPODY Just for you. 1 year benefit period

CONSULTATION Shared between you, your partner and children. 1 year benefit period

THERAPIES *includes: Physiotherapy, Osteopathy, Acupuncture and Chiropractic* * Just for you. 1 year benefit period

ADDITIONAL BENEFITS

IN-PATIENT For you and each of your children. 1 year benefit period**

DAY SURGERY For you and each of your children. 1 year benefit period**

RECUPERATION For you and each of your children. 2 year benefit period

MATERNITY/PATERNITY (Including adoption) per child

HOMEOPATHY Just for you. 1 year benefit period

HOME CARE For you or your partner. 1 year benefit period

SURGICAL APPLIANCE Just for you. 1 year benefit period

HEALTH SCREENING Just for you. 2 year benefit period

YOUR HEALTH AND WELLBEING SERVICES

GP Telephone Consultation*** For you and your family

A-Z Health Website*** For you and your family

Health Club Concession*** Just for you

24hr Counselling and Advice Line*** For you and your family. Counselling, legal, health and wellbeing advice

Personal Accident/Accidental Death Just for you

Personal Accident/Permanent Disability Just for you

ADVANTAGE LEVEL 1
£1.06 PER WEEK
 OR **£4.60** PER MTH

☀ UP TO **£39**
 ☀ UP TO **£39** dependent children

☀ UP TO **£28**
 ☀ UP TO **£28** dependent children

☀ UP TO **£56**
 ☀ UP TO **£56** dependent children

⚙ UP TO **£35**

⚙ UP TO **£70**

⚙ UP TO **£200**

☀ **£11.50**
 ☀ **£5.50** per child

☀ **£13**
 ☀ **£6** per child

☀ **£50**
 ☀ **£30** per child

☀ **£55**

⚙ UP TO **£35**

⚙ UP TO **£125**

⚙ UP TO **£55**

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✓

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ADVANTAGE LEVEL 2
£2.13 PER WEEK
 OR **£9.25** PER MTH

☀ UP TO **£82**
 ☀ UP TO **£82** dependent children

☀ UP TO **£67**
 ☀ UP TO **£67** dependent children

☀ UP TO **£134**
 ☀ UP TO **£134** dependent children

⚙ UP TO **£75**

⚙ UP TO **£135**

⚙ UP TO **£425**

☀ **£22**
 ☀ **£9** per child

☀ **£24**
 ☀ **£10** per child

☀ **£130**
 ☀ **£70** per child

☀ **£115**

⚙ UP TO **£70**

⚙ UP TO **£275**

⚙ UP TO **£125**

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✓

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ADVANTAGE LEVEL 3
£3.18 PER WEEK
 OR **£13.80** PER MTH

☀ UP TO **£132**
 ☀ UP TO **£132** dependent children

☀ UP TO **£105**
 ☀ UP TO **£105** dependent children

☀ UP TO **£210**
 ☀ UP TO **£210** dependent children

⚙ UP TO **£115**

⚙ UP TO **£290**

⚙ UP TO **£625**

☀ **£38**
 ☀ **£16.50** per child

☀ **£42**
 ☀ **£18** per child

☀ **£220**
 ☀ **£110** per child

☀ **£195**

⚙ UP TO **£100**

⚙ UP TO **£450**

⚙ UP TO **£175**

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✓

✓

✓

✓

✓ **£15,000**

✓ UP TO **£15,000**

ADVANTAGE LEVEL 4
£4.42 PER WEEK
 OR **£19.15** PER MTH

☀ UP TO **£187**
 ☀ UP TO **£187** dependent children

☀ UP TO **£140**
 ☀ UP TO **£140** dependent children

☀ UP TO **£280**
 ☀ UP TO **£280** dependent children

⚙ UP TO **£155**

⚙ UP TO **£390**

⚙ UP TO **£850**

☀ **£55**
 ☀ **£21** per child

☀ **£61**
 ☀ **£23** per child

☀ **£270**
 ☀ **£135** per child

☀ **£265**

⚙ UP TO **£150**

⚙ UP TO **£625**

⚙ UP TO **£230**

⚙ UP TO **£115**

✓

✓

✓

✓

✓ **£25,000**

✓ UP TO **£25,000**

ADVANTAGE LEVEL 5
£6.65 PER WEEK
 OR **£28.80** PER MTH

☀ UP TO **£265**
 ☀ UP TO **£265** dependent children

☀ UP TO **£205**
 ☀ UP TO **£205** dependent children

☀ UP TO **£410**
 ☀ UP TO **£410** dependent children

⚙ UP TO **£225**

⚙ UP TO **£575**

⚙ UP TO **£1250**

☀ **£77**
 ☀ **£33** per child

☀ **£85**
 ☀ **£36** per child

☀ **£440**
 ☀ **£220** per child

☀ **£385**

⚙ UP TO **£200**

⚙ UP TO **£900**

⚙ UP TO **£335**

⚙ UP TO **£150**

✓

✓

✓

✓

✓ **£50,000**

✓ UP TO **£50,000**

Please note, the benefit amounts shown for your dependent children represent the maximum that you can claim up to. The featured premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation. * In the case of therapy treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one, or combination of treatments. ** See Benefit Rules for nightly/daily rate and maximum nights/days per benefit period. *** More information on how to access these services can be found within the Benefit Rules. More information on each healthcare benefit, including details of limitations and exclusions, can be found in the Benefit Rules. The qualifying periods for each healthcare benefit are stated in Section 4, General Terms and Conditions.

☀ **100% payback** – up to specified maximum amount
 ☀ **75% payback** – up to specified maximum amount
 ✓ Benefit available on this level

ABOUT WESTFIELD HEALTH

Now in our 90th year, we are one of the UK's most successful and secure health insurance providers.

We always put our customers first. Being a not for profit organisation means that we can invest more in our policyholders and the community. We make regular donations to the NHS and medically related charities and use environmentally friendly practices.

We're proud to have won awards for our excellent customer service and dedicate ourselves to offering exceptional value for money products.

AWARD-WINNING CUSTOMER SERVICE

The standard of the service we deliver to our customers has been recognised, for the second year running, as outstanding by nine out of ten customers in an independent survey*. In addition we have been voted Best Healthcare Cash Plan Provider 2007 (Health Insurance Awards) for the fourth consecutive year.

CONTACTING US

Our friendly Customer Service Department is on hand to help whether you have an enquiry about your account, or need advice with your claim.

PHONE

Call our Customer Service Department on **0114 250 2000** – 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** (operating hours as above).

TEXT MESSAGING SERVICE

Order more claim forms and receive up to date balances on Optical, Dental and Chiropody benefits direct to your mobile phone!

To register for this service simply text your **Westfield account number, surname** and the word **register** to **07781 472 000** (texts to this number will be charged at your normal tariff rate).

You will receive a welcome message confirming the service has been activated.

To use this service simply text your **Westfield account number** along with the relevant **keyword** from the table below to **07781 472 000**.

Request	Key words
Optical benefit balance	Opt
Dental benefit balance	Den
Chiropody benefit balance	Chirop
Claim form request	Claim
Change of mobile phone number	NEWNUMBER

You can send us multiple requests in one text – simply separate the keywords with a space i.e. Den Opt Chirop Claim.

ONLINE

An easy and convenient way to access your account details around the clock. Simply log on to **www.westfieldhealth.com** and go to the **My Westfield** area.

Here you can download more claim forms, check your benefit balance, make a claim for Optical, Dental and Chiropody benefits, update your address details and more!

You can email us too at **enquiries@westfieldhealth.com** – we're only a click away!

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.

TRANSLATION SERVICE

For customers who do not speak English, a verbal translation service is available when calling in person to the Customer Service counter at our Sheffield office.

*The Leadership Factor Customer Satisfaction Survey 2008

CHANGE OF CIRCUMSTANCE?

If your circumstances change and you are no longer eligible for cover under this plan, don't worry – your cover can continue uninterrupted with our Good4you plan.

Simply call our Customer Service Department today:
0114 250 2000

WESTFIELD HEALTH

REGISTERED OFFICE. Westfield House 87 Division Street Sheffield South Yorkshire S1 1HT
ENQUIRIES. 0845 602 1629

Available 8am-6pm, Mon-Fri (except Christmas Eve and public holidays)

EMAIL. enquiries@westfieldhealth.com

westfieldhealth.com

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