

## Tailored Health Cash Plan Policy Summary

The Health Shield Tailored Membership Plan (“the plan”) is a Health Cash Plan provided by Health Shield Friendly Society Limited (“Health Shield”). This Policy is governed by English law and shall have jurisdiction in any legal proceedings in the English Court.

Health Cash Plans provide cover for everyday healthcare needs allowing Members to claim money back for benefits, up to an annual limit. The benefits within your plan are chosen by your employer and could include dental check-ups, fillings, physiotherapy, eye tests, prescriptions and much more.

This Policy Summary does not contain the full terms and conditions of your plan; you can find these at the back of your Membership Plan. Please make sure you read this document carefully as it contains key information about your cover.

### Key Features

- Your employer will have chosen a level of cover which they have agreed to pay on your behalf. Should you wish to increase your level of cover, you can choose from a range of benefit levels, with the option to add cover for your partner and dependent children where applicable – you should refer to the benefit table and terms and conditions to see what your plan allows.
- If you wish to join the Health Shield Tailored Scheme or increase your level of cover you must be resident in the UK and between the age of 16 and 70 when you apply and be employed by a company that offers the Health Shield Tailored Scheme.
- Benefit limits are refreshed at the beginning of each benefit year. This is detailed in the welcome letter or email we send to you when you join. You can also confirm your start date and other membership details by visiting the Members’ Area of the Health Shield website.
- Up to 100% of the value of claims for receipt-based claims will be paid up to the appropriate benefit maximum – you should refer to the benefit table and terms and conditions to see what your plan allows.
- No GP referral required before having treatment.

### Key Limitations and Exclusions

- We cannot accept your application if you are over the age of 70 when you apply to join.
- Dependent children must be registered to your membership before you can claim for them.
- If you apply to join the plan, or if you are an existing member applying to increase your level of cover, and you have a pre-existing condition, you will be entitled to receive a benefit for that condition. Any applications must be made during the pre-arranged selection window or within 30 days of a life-changing event, please see your terms and conditions for further information.
- If you wish to increase your level of cover, claims that have already been paid to you within the benefit year will be taken into account when determining the maximum amount available to claim at your new level.
- If you apply to join the plan, or if you are an existing member applying to increase your level of cover, you will receive a special ‘immediate benefit concession’. This means we will overlook the normal qualifying periods, allowing you and your partner (if they are covered) to claim benefits as soon as your first subscription payment is received (except for maternity-antenatal appointment and adoption benefit and all benefits connected with maternity, which have a 40-week qualifying period).
- If you are a new member or an existing member applying to increase your level of cover, and you have a pre-existing condition, as long it’s within 30 days of your company-sponsored scheme beginning you will be entitled to receive a benefit for that condition.
- We may decline any application to join or to change your level of cover if we believe that the change goes against the spirit of friendly society membership and may cause detriment to the Society (for example, if you increase and decrease your level of cover over a short period of time with the intention of taking advantage of higher benefit levels at limited additional cost in membership contributions). Please see ‘Ending your membership’ section of your terms and conditions.
- Should you leave the company that offers this Cash Plan you will no longer be eligible for the scheme, however, we do have other schemes which may be beneficial to yourself, such as our Connect scheme.

### Duration of cover

Although claim limits are refreshed each year, your membership has no fixed term and will typically continue from one benefit year to the next unless you request otherwise.

### Premiums and Benefits

All premiums include Insurance Premium Tax (IPT). Health Shield reviews its pricing and benefits annually and will tell you beforehand if a review will lead to a change in the benefits or contributions paid in the future.

### What if I change my mind?

You can cancel your Health Shield membership at any time by letting us know in writing or by telephone.

If you tell us that you do not wish to proceed with the plan within 30 days of the commencement date, we will return all contributions you have made, but you must also return any claims we have paid to you.

If you pay for your Health Shield membership via a salary sacrifice arrangement, then we will return your contributions to your employer who will then manage the refund in line with their scheme rules.

If you wish to cancel after 30 days have passed, we may not return any contributions.

### How to make a claim

Simply submit your receipt-based claim online via the Health Shield Members’ Area or complete a paper claim form and post back to us at Health Shield Friendly Society, Electra Way, Crewe, CW1 6HS.

We aim to process your claim within two working days and if valid, we will credit your bank account usually within three working days of us processing your claim. If you are claiming for an excess payment in connection to private medical insurance your claim procedure will be different. Please call on 01270 588555 if you are unsure of how to proceed.

### Making a complaint

We always try our best for our members, however, if you are unhappy with any aspect of our service, please contact our Head Office.

We have our own internal complaints processes but if you can’t settle your complaint with us you may be entitled to refer it to the Financial Ombudsman Service.

The Financial Ombudsman Service,  
Exchange Tower,  
London E14 9SR  
0800 0234567

### Financial Services Compensation Scheme

We are members of the Financial Services Compensation Scheme (FSCS). If we are unable to meet our obligations, you may be entitled to compensation from the FSCS. Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

**You should review your level of cover regularly to ensure it continues to meet your needs.**