

The **Health Cash Plan** from OneFamily

Looking after your health is important, but everyday health treatments can add up. The Health Cash Plan from OneFamily is a straightforward, affordable plan that helps you manage the cost of health treatments.

From just £10 a month

Choose the level of cover that suits you and you'll get money back on a range of common medical costs, including new spectacles and contact lenses, dental check ups and physiotherapy treatments. Benefits limits and periods apply. It's easy to apply and easy to claim and rather than charge you for benefits you may never use, we offer real-life benefits that make a difference to you.

- Claim money back on dental, optical and physiotherapy costs
- Guaranteed acceptance without a medical if you're 17-65 and living in the UK
- Life cover as part of your plan to provide financial help for your family in difficult times – exclusive to OneFamily.
 Please be aware that life cover applies only after your plan has been open for 2 years
- Personal accident cover also included with your plan.

How does the Health Cash Plan work?

Our affordable Health Cash Plan comes with three levels of cover - everyday, deluxe and superior - so you can pick one that meets your individual needs. The amount of money back you receive depends on what level of cover you choose.

If you need to make a claim, it's simple. Just ask for a receipt from your practitioner after you have received and paid for your treatment. Fill in a claim form and send it to us together with your receipt and any other required supporting information (see page 5 for how to claim).

Health Cash Plan in a little more detail

In 2012, 59% of all claims made on health cash plans were for dental and optical treatments alone*. Our Health Cash Plan provides money back on these everyday healthcare costs, rather than a long list of other treatments. It's a simple, straightforward plan designed to cover the health costs that come with normal life.

By paying a regular premium, you could get money back on a range of medical costs whether you're a private customer or an NHS patient. Take a look at these examples to see which level of cover suits you best and to find out how much money back you could receive...

*Laing & Buisson, Health Cover UK Market Report 2013

At a glance - benefit levels

Treatment covered	Everyday (£10 a month)	Deluxe (£14 a month)	Superior (£18 a month)
Optical (per benefit	Claim back up to £100.	Claim back up to £150.	Claim back up to £200.
period)	Could cover the cost of an eye test ¹ and a pair of standard glasses ²	Could cover the cost of an eye test ¹ and a 9-month supply of contact lenses ³ or a pair of designer frames and lenses ⁴	Could cover the cost of an eye test ¹ and a 12-month supply of contact lenses ⁵ or two pairs of designer frames and lenses ⁴
Dental (per benefit	Claim back up to £100.	Claim back up to £150.	Claim back up to £200.
period)	Could cover the cost of two NHS Band 2 treatments ⁶ or a large amalgam filling by a private dentist ⁷	Could cover the cost of a basic examination and 2 small amalgam fillings by a private dentist ⁷	Could cover over 90% of the cost of one NHS Band 3 treatment such as crowns, dentures and bridges ⁶
Complementary Therapies	Claim back up to £250.	Claim back up to £375.	Claim back up to £500.
(per benefit period)	Could cover the cost of five 30-minute Osteopath appointments ⁸ sourced privately	Could cover the cost of five 1-hour Chiropractic appointments ⁹ sourced privately	Could cover the cost of an initial Acupuncture appointment and eight follow-up appointments ⁹ sourced privately
Personal Accident	Personal Accident cover is also included with your plan. If you were to have an accident and break a major arm bone (Radius, Ulna, or Humerus) you could claim up to £150 on all plan levels.		

Source 1 & 2 - boots.com/opticians - 07/01/14 Source 3, 4 & 5 - specsavers.co.uk - 07/01/14 Source 6 - nhs.uk - 07/01/14 Source 7 - which.co.uk -16/01/14 Source 8 - osteopathy.org.uk -16/01/14

Source 9 - nhs.uk -16/01/14

The benefit period runs for one year from the date of the first claim under each benefit heading. For full details of the benefit period and exclusions of the cover provided, please see our health cash plan Terms and Conditions from page 10.



Frequently asked questions?

Do I need a medical?

If you're aged 17-65 and living in the UK, you'll be accepted for our Health Cash Plan without a medical. There's no hassle, no fuss, and we won't ask you any intrusive health questions. You won't be covered for any preexisting conditions, but that doesn't include dental or optical benefits, which are both covered by our health cash plan. Professional sports, hazardous pursuits and self-inflicted injuries are not covered by the plan. For more details, please see our product Terms and Conditions from page 10.

What are the differences between the Health Cash Plan from OneFamily and Private Medical Insurance?

Private Medical Insurance (PMI) is designed to give you a greater choice of when and where you have your treatment. It pays out on the costs associated with a hospital stay, various medical treatments and procedures as well as therapies. A health cash plan on the other hand, provides money back on everyday health treatments including dentists' and opticians' costs - regardless of whether they're provided privately or by the NHS. It isn't intended to fund the full cost of treatment, just to help you out with everyday healthcare bills. The two types of cover can easily complement each other - they're not the same thing at all.

What about personal accident cover and life cover?

Your Health Cash Plan includes personal accident cover provided by a third party insurer and life cover which is provided by FAFSL. These benefits are available for the policyholder only. For more details on personal accident and life cover, see pages 12-14.

How do I make a claim?

If you need to make a claim on your health cash plan, you can rely on us to act quickly. Our friendly team are always on hand to help and there are no complicated forms to wrestle with.

Claims are submitted using our simple claims form. You can download one from our website, **onefamily.com** or request one by calling us on **0800 988 2128***. When everything's sorted, we normally pay your claim directly into your bank account.

All claims, with the exception of personal accident cover and life cover, must be submitted within 13 weeks of the date on the receipt. Your original receipt must show your full name and address details. Photocopies, faxes, credit card vouchers and till receipts are not accepted.

Claims for personal accident cover must be submitted within 3 months of the incident. If there's anything else you need, please call our Customer Services team on **0800 988 2128***, who'll be happy to help.

Benefits and premiums

Choosing the right level of Health Cash Plan cover is really easy. The table below shows you how much cover each of our plan options provides – just choose the one that suits you best. You should be aware that you may pay more in premiums than you could receive back in benefits.

If you have children, they're covered for dental and optical treatments by your plan at no extra cost. Dependant child cover is split between all eligible children and is not per child.

The values shown are the maximum amounts paid in a benefit period.

Benefit table

Treatment covered	Cash back per benefit period	Everyday £10 a month (£120 a year)	Deluxe £14 a month (£168 a year)	Superior £18 a month (£216 a year)
Optical cover*	100%	Up to £100	Up to £150	Up to £200
Dental cover*	100%	Up to £100	Up to £150	Up to £200
Complementary therapies*	100%	Up to £250	Up to £375	Up to £500
Life cover*	100%	£1,000	£1,500	£2,000
Personal accident cover (worldwide)		Up to £10,000	Up to £15,000	Up to £20,000

Also included as part of your personal accident cover:

Accidental death cover (worldwide)	Lump sum	£10,000	£15,000	£20,000
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You don't need to purchase a separate plan for your children - they have their own limited dental and optical entitlement.

Free dependant child cover

Benefits	Cash back per benefit period	Dependant child cover with a single adult plan
Optical cover	100%	Up to £50
Dental cover	100%	Up to £50

Dependant child cover is to be split between all eligible children and is not per child.

The Personal Accident benefits depend on the level of cover that you choose. Please see the Personal Accident Cover table on page 13 for full details.

^{*}All benefits are available for treatments incurred anywhere within the European Community when travelling for business/pleasure purposes up to 28 days.





Policy summary

This policy summary contains an outline of the main features of the Health Cash Plan from OneFamily. This section should be read in conjunction with the Terms and Conditions, Benefit Rules and Benefit Tables.

The Health Cash Plan from OneFamily offers cover that gives you money back for a range of everyday health care expenses.

Key features and benefits of your Health Cash Plan

- Cover is provided without the need for a medical
- Payment of set amounts directly to you to help cover the cost of expenses incurred for everyday health care treatments such as optical, dental and complementary therapies
- 5 health care benefits and services are available
- 100% reimbursement of a range of key benefits up to your plan limit
- · Individual cover for yourself
- Children aged 16 or under have their own limited dental and optical entitlement
- Set lump sum payments within the personal accident cover.

How much will it cost to arrange the Plan?

Part of your premium is used to pay the following:

 Commission for support that Engage Mutual Services Limited (EMSL) provides to Engage Mutual Health (EMH) for assisting in arranging the plan. The amount of commission and support is calculated at £23, this is an inter company agreement Wakefield and District Hospitals'
Contributory Scheme Limited
(WDHCS) will receive a fee for new
sales generated from leads passed
onto EMH by WDHCS which is 5%
of the premiums you pay each year.
WDHCS, a Wakefield based charity, is
an organisation with a long history of
caring for the needs of its community.

Key limitations and exclusions of your health cash plan

- To be eligible for cover or to upgrade your policy you must be aged 17-65 and be a UK resident
- Qualifying period applies to Life Cover (see section 7 of Terms and Conditions)
- Pre-existing conditions do not qualify for benefit. Existing conditions at the time of upgrade are payable at the old rate
- We will not pay claims for any treatment required as a result of participation in any professional sport, hazardous pursuit or through self inflicted injury
- When you increase your cover the new contribution rate must be paid for the relevant qualifying period before the higher benefit rates can be paid

Making a claim

Full details of how to claim are included in the Terms and Conditions under section 5. If you wish to make a claim, claim forms can be downloaded online at **onefamily.com** or can be obtained by calling our claim line on **0800** 988 2129*.

Once completed, please return your claim form with the required supporting information to OneFamily, Hornbeam Park Avenue, Harrogate, North Yorkshire HG2 8XE.

- All claims must be submitted within 13
 weeks of the date on the receipt with
 the exception of optical continuing
 supply scheme payments where we
 must receive receipted claims within
 6 months of the prescription date
- Claims for personal accident cover must be submitted as soon as possible and within 3 months of date of the incident
- You may pay more in premiums than you could receive in benefits.

Duration of cover and cancellation rights

- Your plan will automatically be renewed on a monthly basis provided that you continue to pay your premiums and comply with our Terms and Conditions
- Your policy has a 28 day cooling off period from the date we accept your application. If you cancel within this period, providing you are claim free, we will refund any premium paid. After the initial 28 days of your plan you may cancel at any time by notifying us in accordance with our Terms and

Conditions. Otherwise we will continue to collect premiums and you will remain covered.

If you wish to complain

If you wish to register a complaint then please contact us:



In writing to the Customer Relations Team at OneFamily, Hornbeam Park Avenue, Harrogate HG2 8XE



By phone on 0800 781 2920*.

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

Making a complaint will not affect your rights to take legal action.

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet your obligations. This depends on the type of business and the circumstances of the claim. For claims in respect of death or incapacity due to injury, sickness or infirmity the level of cover is 100% of the claim and in all other cases the level of cover is 90% of the claim.

Further information is available from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU. Telephone: 0800 678 1100 or 020 7741 4100.

Terms and conditions

These Terms and conditions, along with benefit rules and application form, make up the policy agreement between the policyholder and OneFamily part of Engage Mutual Health (EMH).

Member information

1. Joining and Upgrading

- 1.1 Apply to join:
 - in writing by completing an application form and sending it to OneFamily Health (EMH)
 - by telephoning 0800 988 2128* and applying over the telephone
 - via the web, by completing the application form at engagemutual.com
- 1.2 To be eligible for this policy you must:
 - reside within the United Kingdom for the duration of the policy
 - be 17-65 years attained at the time of application
- You do not need a medical to apply for cover.
- 1.4 Partners are eligible to join under the same eligibility criteria.
- 1.5 Dependant children of the adult member can receive free cover at child rates
- 1.6 The maximum child benefit is shared between all dependant children.
- 1.7 A dependant child is eligible for free child cover between the ages of O-16 years attained.
- Children must upgrade to the adult scheme upon their 17th birthday to remain in benefit.
- Renewals are automatic and binding and no renewal notices or documentation are issued.

- 1.10 All information supplied must be completely true and accurate.
- 1.11 Any amendments should be notified in writing as soon as possible.
- 1.12 Upgrades in membership are subject to the applicable qualifying periods during which time benefit will be paid at the lower level.
- 1.13 We reserve the right to decline an application for cover or to upgrade the policy when we believe this would be detrimental to the scheme and/or a significant number of our policyholders.
- 1.14 You can only hold one Health Cash Plan from OneFamily at any one time.
- 1.15 You must satisfy yourself that this plan and the level of cover you decide to apply for are right for you. EMH will not provide any advice in this regard but you are free to seek information or advice from a professional adviser.
- 1.16 We will accept applications under Power of Attorney.

2. Premiums

- 2.1. Premiums may be paid by:
 - Direct Debit
- 2.2. the adult plan is available on three levels. The level of premium paid determines the level of benefits available to the adult.
- 2.3. the additional child benefit is available in addition to the adult benefits, as part of the adult policy. The child benefit amounts are not affected by the level of cover chosen by the adult.

- 2.4. All premiums include 6% Insurance Premium Tax (IPT). Changes in the rate of IPT may affect premium amounts.
- 2.5. If no premiums are paid for 13 consecutive weeks the plan will cease due to non-payment. The plan may be re-instated providing all arrears are repaid but the qualifying periods will be re-applied.
- 2.6. Where a benefit under the plan is underwritten by another insurer, our agency agreements with insurers allow us to hold the premiums you pay in respect of these elements as an agent of the insurer and therefore payment to us means the same as if you have paid that insurer direct.

3. Qualifying periods

- 3.1. New policyholders or those who transfer to a higher level of cover will have to wait the relevant qualifying period before being eligible to most benefits:
 - 24 months life assurance benefit.
- 3.2. There is no qualifying period for Personal Accident Cover or any other benefits.
- 3.3. If the policyholder upgrades their plan level the qualifying periods will be re-applied. During the qualifying period benefits will be paid at the lower plan level.
- 3.4. If the policy holder downgrades their plan level, qualifying periods will not be re-applied.
- 3.5. When a policy is re-instated following repayment of arrears, the qualifying periods will be re-applied.

4. Benefit period

 The benefit period is the period of time over which each benefit can be claimed.

- 4.2. The benefit period commences from the date of your first claim under each benefit heading.
- 4.3. Any monetary benefit still available at the end of the benefit period will be lost and will not roll over into the forthcoming benefit period.
- 4.4. All benefits operate a one year benefit period.
- 4.5. The benefit period will not be affected by any change in plan level.
- 4.6. Any changes in plan levels will notaffect the benefit period. Any benefits paid at the old level will count towards the benefit limits available to claim on the new plan.

5. Claiming

- 5.1. Claim forms are supplied by OneFamily and are available by telephoning 0800 988 2129*, or can be downloaded from the website onefamily.com
- 5.2. Claims must be submitted using one of our claim forms.
- 5.3. All claims must be submitted within 13 weeks of the date of receipt.
- 5.4. Claims must be submitted with the original bill/receipt showing full name and address details. Photocopies, faxes, credit card vouchers and till receipts are not accepted.
- 5.5. Original receipts must be provided with the claim form and will be retained by OneFamily.
- 5.6. Receipts that have been altered will be rejected.
- 5.7. Fraudulent claims will result in immediate withdrawal of membership.
- 5.8. Claims will not be paid:
 - for any treatment required as a result of taking part in any professional sport, or for selfinflicted injuries

- for any claim as a result ofactivities outlined within section 6.4
- for any illness, injury or condition that existed prior to policy registration date or upgrade, with the exception of optical and dental claims
- for any treatment carried out during the qualifying period
- any charges made by a hospital, practitioner or other for filling in a claim form or for providing information we request relating to a claim.
- 5.9. Where the most recent premium due has not been received, the claim will still be paid providing the month that the treatment/injury occurred in has been paid for.
- 5.10. Additional medical clarification may be required.
- 5.11. Fees incurred for doctor's referral or for medical information to support a claim are the responsibility of the claimant.
- 5.12. Claims payments are paid to the policy holders direct to their nominated bank account. Alternatively, we may pay the claim by cheque.

6. Personal accident cover

- 6.1. The Personal accident cover is provided by a third party insurer, details available upon request.
- 6.2. Cover applies to all members over the age of 17 years.
- 6.3. If more than one injury results from one accident the benefits for each injury will be added together, but will be limited to the total plan level.
- 6.4. There will be no cover for any claim resulting from
 - a) an insured person engaging in active service in the armed forces for any nation;

- an insured person committing or attempting to commit suicide or intentionally inflicting self injury;
- an insured person engaging in flying other aerial activity other than as a passenger;
- d) injuries resulting from Osteoporosis disease;
- e) deliberate exposure to exceptional danger (except in an attempt to save human life) the insured person's own criminal act or an insured person engaging or taking part in civil commotion or riots of any kind;
- f) an insured person being in a state of insanity (temporary or otherwise) or any psychiatric mental, nervous or stress related disorder or anxiety state;
- g) an insured person engaging in or taking part in a rock climbing or mountaineering normally involving ropes or guides, hang gliding, parachuting or driving or riding in any kind of race;
- h) War within the insured persons country of permanent residence
- i) an insured person participating in any sport as a professional;
- j) radioactive contamination;
- k) pregnancy or childbirth.
- 6.5. Personal accident cover will cease if contributions are not up to date.
- 6.6. Claims must be submitted within 3 months of the date of the incident.
- 6.7. United Kingdom law governs all claims for benefit.
- 6.8. The conditions shown below are only a summary of cover:

Personal accident cover

Level	Everyday	Deluxe	Superior
Annual Claim Limit*	£10,000	£15,000	£20,000
Accidental Death	£10,000	£15,000	£20,000
Permanent total disablement	£10,000	£15,000	£20,000
Permanent and incurable paralysis of all limbs	£10,000	£15,000	£20,000
Permanent and incurable insanity	£10,000	£15,000	£20,000
Loss of entire sight of both eyes	£10,000	£15,000	£20,000
Permanent loss of use of both hands and both feet	£10,000	£15,000	£20,000
Permanent loss of entire sight in one eye	£5,000	£7,500	£10,000
Loss of use of one hand or foot	£5,000	£7,500	£10,000
Permanent total loss of hearing in both ears	£5,000	£7,500	£10,000
Permanent loss of hearing in one ear	£1,500	£2,250	£3,000
Permanent total loss of use of the lens in one eye	£2,500	£3,750	£5,000
Permanent loss of use of four fingers and thumb in either hand	£4,000	£6,000	£8,000
Permanent total loss of the use of four fingers on either hand	£2,000	£3,000	£4,000
Permanent total loss of use of fingers of either hand: a) Three joints b) Two joints c) One Joint	£500 £350 £200	£750 £475 £300	£1,000 £700 £400
Permanent loss of either thumb: a) Both joints b) One joint	£2,000 £1,000	£3,000 £1,500	£4,000 £2,000
Permanent total loss of use of toes: a) All – one foot b) Big toe – both joints c) Big toe – one joint d) other than big toe (each toe)	£1,500 £500 £200 £200	£2,250 £750 £300 £300	£3,000 £1,000 £400 £400
Established non-union of fractured leg or knee-cap	£1,000	£1,500	£3,000
Shortening of the leg by at least 5cm	£750	£1,000	£1,500
Dental injury	£500	£500	£500
Break of major arm bone(s) (Radius, Ulna &/or Humerus)	£150	£150	£150
Break of major leg bone(s) (Femur, Tibia &/or Fibula)	£150	£150	£150
Personal Accident Cover is not available for children.			

The total amount of cover is per any one year. If more than one injury occurs from the accident, the benefits for each injury will be added together but will not exceed the total cover for that level e.g. everyday cover = £10,000). Excluded is any claim resulting from war, self inflicted injury, suicide or flying (except as a fare paying passenger). This benefit is not available for children.

7. Life assurance cover

- 7.1 The life assurance element of this policy is provided by FAFSL.
- 7.2 Cover applies to all members over the age of 17.
- 7.3 Death benefit is limited to that under the plan level.
- 7.4 There will be no cover for
 - a) death within the first
 24 months of the policy
 start date.
 - b) death as a result of a self inflicted injury.
 - c) death resulting from the effects of alcohol, solvents, drugs or of any medication taken otherwise than under the direction of a registered medical practitioner.
 - d) participation in aviation other than as a fare paying passenger in a fully licensed passenger carrying aircraft operated by a commercial airline or established charter company as part of a regular air service.
 - e) active participation of a riot, civil commotion or insurrection.
 - f) war or any other act of war, whether declared or not.
 - g) participation in any hazardous pursuit including any form of racing (or practice or training for the same) except athletics or swimming.
 - h) participation any criminal acts.
 - failure to follow the advice of a medical practitioner or;
 - j) any accidental death claim that would otherwise be covered under section 6 (Personal Accident Cover).

- 7.5 Life Cover will cease if contributions are not up to date.
- 7.6 Claims must be supported with an original or certified copy of the death certificate.
- 7.7 This policy shall be governed by and construed in accordance with English law.
- 7.8 The conditions shown below are only a summary of cover:

everyday deluxe superior

Life Assurance Cover £1,000 £1,500 £2,000

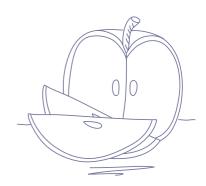
- 8. Cancellation and termination of cover
- 8.1 All cover and benefits will automatically cease for the named person(s) under that policy if:
 - the Policy is cancelled within the cancellation period that applies to a new Policy, or an upgrade to a Policy, by notification in writing, by the policy holder, within 28 days of the Policy start date.
 - the Policy is cancelled by the policy holder, giving notice in writing. Where excess contributions have been paid the maximum refund is limited to 3 months' contributions.
- 8.2 We reserve the right to cancel a Policy at any time by giving not less than 28 days written notice.
- 8.3 We reserve the right to cease a policy if:
 - the policy holder is not eligible for cover
 - the policy holder provides false information or fails to disclose all required information at the time of the application/upgrade
 - the policy holder submits a fraudulent claim
 - the policy holder fails to comply with these Terms.

9. Data protection and complaints

- 9.1 Under the principles of the Data Protection Act 1988 we will endeavour to ensure that your personal information is correct and maintained in accordance with the Act
- 9.2 We will treat all medical information we receive in the strictest confidence.
- 9.3 Under the Data Protection
 Act 1988 a policyholder may
 write and request a copy of the
 information we hold about them.
 If any inaccuracies are found the
 policyholder may ask to have
 them amended. We reserve the
 right to charge an administration
 fee for this service.
- 9.4 EMH is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. EMH's Financial Services Register number is 202311.
- 9.5 Complaints that relate to the arranging of the insurance can be registered by writing to the Customer Relations Team, OneFamily Health, at Hornbeam Park Avenue, Harrogate HG2 8XE or by phoning 0800 781 2920. If the complaint cannot be settled, it may be referred to the Financial Ombudsman Service. Making a complaint will not affect the right to take legal action.
- 9.6 The Health Cash Plan has been provided by Engage Mutual Health, Hornbeam Park Avenue, Harrogate, North Yorkshire HG2 8XE. It is governed by English law and all documents will be provided in English.

10. How OneFamily protects its members

- 10.1 We reserve the right to amend, suspend, curtail or extend any benefit or premium for any reason we consider necessary or advisable.
- 10.2 We reserve the right to request medical clarification to determine if a claim is valid
- 10.3 We reserve the right to refuse to accept liability for a claim and to take legal action against anyone who makes a dishonest claim.
- 10.4 We are unable to provide any personal advice in respect of the suitability of the policy or level of cover.
- 10.5 EMH are covered by the Financial Services Compensation Scheme (FSCS). A policyholder may be entitled to compensation from the scheme if FMH cannot meet its obligations. This depends on the type of business and the circumstances of the claim. For claims in respect of death or incapacity due to injury, sickness or infirmity the level of cover is 100% of the claim and in all other cases the level of cover is 90% of the claim. Further information about the compensation scheme arrangements is available from FSCS.



11. Definitions

Benefit period

The period of time over which each benefit can be claimed.

Child

A person aged 16 or under.

Cosmetic treatment

Treatment received to change appearance and not to alleviate a medical condition.

Dental Injury

Shall mean damage to teeth gingival tissues alveoli or dental prostheses (whilst in situ within the mouth of the Insured Person) or the loss of dental prostheses (whilst in situ within the mouth of the Insured Person) which is caused solely by a force external to the mouth of the Insured Person.

Dentist

A fully qualified dental practitioner who works in a dental practice. The dentist must be a current member of the General Dental Council and must not be you, your partner, or a member of OneFamily.

Dependant Child

A Child that the member has parental responsibility for. This includes adoptive, step or foster children.

GP

A general practitioner who currently works within a general practice. A GP must be registered with the general medical council and must not be you, your partner, or a member of your family.

Hazardous Pursuit

The following exclusions are contained within the definition of hazardous pursuit;

- An insured person engaging in flying or other aerial activity other than as a fare paying passenger.
- An insured person engaging in or taking part in a rock climbing or mountaineering normally involving ropes or guides, hang gliding, parachuting or driving or riding in any kind of race.
- 3. An insured person deliberately exposing themselves to exceptional danger (except in an attempt to save a human life).

Hospital

An NHS or private institution that provides medical, surgical, or psychiatric care and treatment for the sick or the injured, that is not intended to serve as a hospice, nursing home or care home. The institution must provide facilities for a medical practitioner to diagnose injured or sick people.

Optician

A fully qualified optician. The optician must be a current member of the General Optical Council. The optician must not be you, your partner, or a member of your family.

Our/We

OneFamily is a trading name of Engage Mutual Health (EMH), a part of the OneFamily Group.

Partner

A person you are married to or are in a civil partnership with, or a person you are living with permanently as if you are married or within a civil partnership.

Permanent and total Disablement

A disablement that it is believed you will never recover from. The disablement will mean you are unable to work on your own or in any occupation for which you are suited by training, education, or experience.

Plan/Policy

The contract of insurance with the Member/Policyholder.

Pre-existing condition/s

Any disease, illness or injury for which you have experienced symptoms, or sought or received medical attention before joining the plan, or upgrading premium cover.

Qualified practitioner

A medically qualified practitioner who specialises in a specific field of medicine.

Qualifying period

The length of time you are required to wait between registering for the plan, or registering for a higher level of the plan, before you can claim your benefits.

Registration date

Your registration date is the date from which your application is accepted onto our system.

Total loss

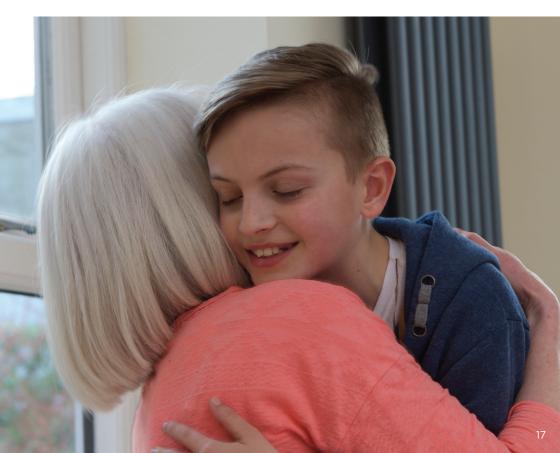
A complete and irrevocable loss.

UK

The United Kingdom of Great Britain and Northern Ireland.

You/Your

Member/Policyholder.



Benefit rules

To see all the details of your Health Cash Plan, including exclusions and levels of cover, take a look at the tables below.

Optical cover

100% of the amount paid, up to the appropriate maximum, including eye tests carried out by a qualified optician and new spectacles or contact lenses, over 1 year benefit period. Accepted are claims for continuing supply scheme payments covering contact lenses only.

Excluded are claims for eye laser surgery, frames only, non-prescription glasses and optical sundry items such as cleaning materials, chains/cords and spectacle cases, etc.

Optical cover

Adult Health Cash Plan Everyday Deluxe Superior Up to £100 Up to £150 Up to £200 Dependant child cover Up to £50

Personal accident cover

The Personal Accident Cover is provided by a third party insurer, details available upon request. Cover applies to all customers over the age of 17 years. If more than one injury results from one accident the benefits for each injury will be added together, but will be limited to the total claim allowed for that level e.g. Level 1 (£10,000). There will be no cover for any claim resulting from war, self inflicted injury, suicide or flying, except as a fare paying passenger. Personal Accident Cover will cease if contributions are not up to date.

Claims must be submitted within 3 months of the date of the incident. United Kingdom law governs all claims for benefit.

Complementary therapies

Complementary therapies will pay for Chiropractic treatments, Acupuncture, Osteopathy and Physiotherapy. 100% of the amount paid, to the appropriate maximum, to a qualified practitioner, over a 1 year benefit period. This benefit is only available if your general practitioner refers you for the consultation to a qualified practitioner.

Excluded are charges for cancelled or non-attended appointments, the cost of any product or equipment supplied by the practitioner and maintenance treatment, such as continuing visits as a means of alleviating or preventing a recurrence of the condition.

This benefit is not available for children.

Complementary therapies

Adult Health Cash Plan			
Everyday Up to £250	Deluxe Up to £375	Superior Up to £500	
Dependant child cover Not applicable			



Dental cover

100% of the amount paid, up to the appropriate maximum, for dentures or dental treatment carried out by a qualified dentist, over a 1 year benefit period. Included are dental check-ups, dental treatment, dentures and denture repair, bridges, fillings and crowns, root canal work and dental hygienist fees Excluded are cosmetic treatments, dental care membership or contract schemes, teeth whitening, cancelled or missed appointment charges,

Dental cover

	Adult Health Cash Plan				
Everyday		Deluxe	Superior		
	Up to £100	Up to £150	Up to £200		
	Dependant child cover Up to £50				

prescription charges and ancillary items.

Life cover

We will pay a maximum of £2000 on the life cover benefit. Life cover is limited to that under the plan level. Exact cover details are outlined in the Terms and Conditions on page 14.

Excluded will be any claims within the first 2 years. There will be no cover for any claim resulting from war, self inflicted injury, suicide or flying, except as a fare paying passenger. Life cover will cease if contributions are not up to date.

This benefit is not available for children.

Life cover

Adult Health Cash Plan			
Everyday £1,000	Deluxe £1,500	Superior £2,000	
Dependant child cover Not applicable			

Dependant child cover is split between all eligible children and is not per child.



To find out more about the Health Cash Plan





*We might record your call to help improve our training and for security purposes. We hope you don't mind.

Calls are only free from UK landlines. Lines open 9am to 7pm Monday to Friday and 9am to 1pm on a Saturday.

OneFamily, Hornbeam Park Avenue, Harrogate, HG2 8XE tel; 01423 855000 fax; 01423 855181.

OneFamily is a trading name of Engage Mutual Health (EMH)(Company Registration Number 515058). EMH is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. EMH's Financial Services Register number is 202311. You can check this on the Financial Services Register at www.fca.org.uk/firms/systems-reporting/register or by contacting the FCA on 0800 111 6768.