



## go-active

- Improved Morale
- Value for Money
- Peace of Mind
- Healthy Workplace
- Caring Employer

## go-active

- Remuneration
- Duty of Care
- Stress at Work
- Managing Absence
- Employee Well Being

policy **summary**

# schedule of **benefits**

Substantial **CASH BENEFITS** From your employer

<b>Benefits</b> All 100% payback	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>Optical</b>	<b>£60</b>	<b>£120</b>	<b>£180</b>
<b>Dental</b>	<b>£60</b>	<b>£120</b>	<b>£180</b>
<b>Physiotherapy Osteopathy Chiropractic Acupuncture</b>	<b>£150</b>	<b>£300</b>	<b>£450</b>
<b>Hospital Consultant Fees</b>	<b>£125</b>	<b>£275</b>	<b>£425</b>
<b>Health Screening</b>	<b>£125</b>	<b>£300</b>	<b>£475</b>
<b>Confidential Telephone Helpline *</b>	Available 24 hours per day, every day of the year. Giving a range of advice on financial, legal, domestic, work and medical issues <b>Call 0800 085 6457 quoting your Company Name</b>		
<b>Employee support programme accessed via the telephone helpline*</b>	<b>Up to 4</b> face to face counselling sessions	<b>Up to 5</b> face to face counselling sessions	<b>Up to 6</b> face to face counselling sessions

All benefits are paid at 100% of costs up to the appropriate maximum in one benefit year.

Benefits marked \* are provided by our partner, Corporate Support Limited. The telephone helpline provides information and advice on a range of issues, the most common being, but not limited to:-

- **Financial:** money management; tax advice, negative equity; child support
- **Legal:** consumer complaints; insurance claims; neighbour disputes; motoring offences; child custody; divorce law
- **Relationships:** family; work; partners
- **Familycare:** childcare and elder care; education; financial concerns; state benefits and allowances
- **Work:** career matters; maternity; harassment; pressure
- **Medical advice** first aid; health and travel; medical information

Employee support programme allows face to face consultations and includes partners, spouses and dependant children residing at the same address.



# general conditions

## go-active Health Plan

go-active Health Plan from Sovereign Health Care is only available when completely funded by your employer. Customers must remain on the level chosen by your employer, and no individual upgrade to a higher benefit level is allowed.

## Terms of Contract

From time to time it will 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 make a material change we will give you and your employer one month's notice in writing to your last known address. It is essential that you inform us of any change of address as we cannot be responsible for correspondence not reaching you. If immediate changes are required due to regulation or legislation we will advise you at the earliest opportunity.

## Joining the Scheme

Any person employed by your company can join the go-active Health Plan. Your employer will have decided upon the method of joining. You may continue with your policy for as long as you are employed by the company paying your premiums. Should you leave the employment of your company you may apply to join our individual health scheme without a benefit qualification period.

No medical is required and persons with known medical conditions can claim against any of the specific benefits within the go-active Health Plan.

## Premiums

Premiums are the responsibility of the employer and are due on a continuous basis in advance, in accordance with the agreed payment frequency and are not refundable.

Premiums must be fully up to date at the time of claiming. Where premiums have been outstanding for 13 weeks or more, the policy will be considered lapsed.

When new payment rates are introduced they are payable from the date the change is made, unless otherwise advised. Premiums and benefits are guaranteed for two years from the initial commencement of the employer funded policy.

## Qualifying Periods

Employees covered under this group arrangement are immediately entitled to all benefits from the commencement of the policy.

We may request from you, your GP or health care provider a medical report to verify a claim – checks will be carried out in accordance with the Access to Medical Records Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

## Claims

When claiming benefits only fully completed claim forms and original receipts will be accepted and these must identify the name of the person claiming – the person/body to whom payment has been made – and brief details of the service/ treatment prescribed including practitioners qualifications and individual treatment dates.

Claims for all benefits must be submitted within 6 months of the treatment or the date of completion of in-patient treatment otherwise they cannot be considered for payment. Photocopies, joint or till roll receipts and credit card slips are not acceptable.

Claims paid in respect of treatment received outside the United Kingdom will be paid in pounds Sterling at the exchange rate in force on the date of settlement.

The health provider/practitioner must not be you, your partner, or a member of your family.

Claims will not be paid if you are in breach of these terms and conditions.

## Fraudulent Claims / Misuse of Policy

In the best interests of our customers, detection of fraudulent claims may result in legal action against offenders and cancellation of the policy. Furthermore blatant misuse of the spirit of the policy rules may lead to cancellation of the policy.



### **Overpayment of Benefits**

Should any overpayment be made in respect of any of the benefits by Sovereign Health Care the amount in question will be set against any future claims or must be returned if your policy is terminated.

We do not pay any amount you may be charged by a hospital or doctor or other person for completing your claim and/or for medical information requested by us in support of your claim. These charges will be your responsibility.

### **Benefit Exclusions**

Benefit is not payable for any claim resulting from intentional self injury/illness.

### **Benefit Year**

Each individual benefit has its own benefit year, which is 12 calendar months from:

1. The date of the first receipted account for charges incurred for each individual benefit (not to be confused with a calendar year, i.e. 1st January to 31st December) after each benefit year has expired, the subsequent benefit year will re-start at the next admission or receipted account as defined above.

### **Maximum Benefits**

Optical, dental and health screening are payable to a maximum once per benefit year.

Hospital consultant fees, physiotherapy/ chiropractic/osteopathy and acupuncture are payable to a maximum, twice in a five year period.

### **Governing Law**

The Law of England and Wales applies to the contract.

### **Cooling off period**

*(Your right to change your mind)*

Your policy is funded by your employer and should you wish to leave the scheme, you must first contact your employer who will inform us.

### **Commencement and Termination**

Cover will commence when your personal details have been sent to us by your employer and a Policy Certificate will be sent to you, confirming the start date of the policy. We exercise our right to cancel your policy at any time by giving you not less than one month's written notice with the exception of fraudulent claims when the policy will be terminated immediately.

### **Complaints procedure**

*(Your right to complain)*

Every effort is made to ensure that you receive the very highest levels of customer service and care at all times. If you are not satisfied with the service you have received you should contact: Customer Services Manager – Sovereign Health Care, Royal Standard House, Bradford BD1 3DN.

If you are unhappy with the response you receive, then we will refer your complaint to the Sovereign Health Care Quality Assurance Panel for a final decision.

Should you remain dissatisfied, you have the right to refer your complaint to the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR.

The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

To help us deal with your complaint quickly, please quote your policy number and your policyholder/insured name.



## benefits explained

### Data Protection

Sovereign Health Care will record your personal information contained in your application form on computer, together with details of your claims, correspondence and telephone calls. The information will be used to assess your application and administer your policy. The information may be used for money laundering or fraud prevention.

We may also need to obtain information from your medical provider in order to validate a claim.

We may also share your information with organisations that are our business partners and we may contact you regarding goods, services or promotions that may be of interest to you. If you do not wish to receive such information please write to the data controller at Sovereign Health Care, Royal Standard House, Bradford BD1 3DN.

You have the right to apply for a copy of the information we hold about you (for which we will charge a small fee) and to correct any inaccuracies.

### FSCS

We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event of us being unable to meet our financial obligations you may be entitled to claim compensation from the scheme. Further information about compensation scheme arrangements is available from the FSCS [www.fscs.org.uk](http://www.fscs.org.uk) or contact FSCS direct on 020 7892 7300.

### Optical

The full amount paid by you to a qualified optical practitioner up to the appropriate maximum in each benefit year.

#### **BENEFIT IS PAYABLE FOR:**

1. Sight tests
2. Prescribed spectacles including frames and prescribed contact lenses
3. Repairs
4. Laser eye surgery performed by a recognised laser eye clinic (this excludes consultation at any time, plus treatment within the first 12 months of the policy)

A detailed receipt should endorse your claim.

#### **BENEFIT IS NOT PAYABLE FOR:**

1. Non prescription spectacles/contact lenses
2. Optical sundry items or consumables e.g. solutions, spectacle cases
3. Spectacle/contact lens insurance premiums
4. Receipts where only a part payment or deposit has been paid, including receipts showing a balance outstanding for payment

### Dental

The full amount paid by you for treatment to a qualified dental practitioner up to the appropriate maximum in each benefit year.

#### **BENEFIT IS PAYABLE FOR:**

1. Dental treatment including check ups and hygienist fees
2. Full or partial dentures
3. X-rays

#### **BENEFIT IS NOT PAYABLE FOR**

1. Cosmetic dentistry
2. Dental prescription charges
3. Non prescribed items or consumables
4. Missed appointment charges
5. Registration/administration fees
6. Dental Maintenance Schemes



## Physiotherapy / Osteopathy / Chiropractic / Acupuncture

The full amount paid by you for treatment to a qualified therapist up to the appropriate maximum in one benefit year or twice in a five year period.

### **BENEFIT IS PAYABLE FOR:**

1. Physiotherapy, Osteopathy, Chiropractic or Acupuncture supplied by a professional registered with an organisation recognised by Sovereign Health Care which include those detailed below:

Physiotherapist – registered with the Health Professions Council (HPC)  
Osteopath – General Osteopathic Council (GOsC)  
Chiropractor – General Chiropractic Council (GCC)  
Acupuncturist – British Acupuncture Council (MBAcC)  
British Medical Acupuncture Society (BMAS)  
The Modern Acupuncture Association

### **BENEFIT IS NOT PAYABLE FOR:**

1. Any treatment supplied by a professional who is not registered with the appropriate professional body to provide physiotherapy, osteopathy, chiropractic and acupuncture treatment
2. All other treatments e.g. aromatherapy, herbals, sports massage, Indian head massage, reiki, Alexander Technique and cranial sacro therapy etc.
3. Appliances such as lumber roll, spinal pillows/cushions, 'self help' books, flexiband, tape, ice packs etc.

## Hospital Consultant Fees

The full amount paid by you to a Hospital Consultant for fees incurred during illness only, up to the appropriate maximum in one benefit year or twice in a 5 year period.

### **BENEFIT IS PAYABLE FOR:**

1. Consultations recommended by your GP
2. X-ray/pathological examinations and diagnostic tests

### **BENEFIT IS NOT PAYABLE FOR:**

1. Charges made by a hospital/clinic for facilities, e.g. theatre, dressings and equipment
2. Ambulance charges

3. Hospital consultant fees incurred other than during illness, e.g. vasectomy, sterilisation, infertility, termination of pregnancy, cosmetic surgery, emigration, medical reports, insurance
4. Dietician/nutritional services

## Health Screening

The full amount paid by you after receiving an approved health screening check, undertaken by medically qualified staff up to the appropriate maximum in each benefit year.

### **BENEFIT IS PAYABLE FOR:**

1. Well man/woman screening
2. Osteoporosis and mammogram screening

### **BENEFIT IS NOT PAYABLE FOR:**

1. Legal insurance or similar matters e.g. HGV/PSV
2. Home testing kits

## Telephone Helpline\*

This is available 24 hours per day, every day of the year, by telephoning 0800 0856457 quoting your company name. Information and advice also available to partner/spouse and dependant children residing with you, and can offer the following Advice:-

- Financial: money management; tax advice, negative equity; child support
- Legal: consumer complaints; insurance claims; neighbour disputes; motoring offences; child custody; divorce law
- Relationships: family; work; partners
- Familycare: childcare and elder care; education; financial concerns; state benefits and allowances
- Work: career matters; maternity; harassment; pressure
- Medical advice: first aid; health and travel; medical information

Eligibility Criteria: For Telephone advice "Employee, spouse or partner and ANY family member who lives with the employee" are covered.



## Face to Face Counselling\*

Face to face counselling sessions (and chosen limits of four, five or six) are based on per employee, per policy year. We will only cover immediate family, i.e. employee, spouse and any children living with the employee and not other family members. Further face to face counselling sessions (if required) can be purchased separately from Corporate Support Limited for £75.00 per session plus VAT.

Counselling can be offered near an employee's home or place of work. This will be referred by a Corporate Support Telephone Counsellor/Nurse. A Counsellor will be assigned based on the Specialist area of help required, and the geographical area of the employee. This is usually referred within 48 hours.

We do not offer face to face advice for Legal matters.

\*Both the telephone helpline and the face to face counselling are arranged through our business partner; Corporate Support Limited, 27 High Street, Botley, Hampshire, SO30 2EA. Telephone 01489 783418 [www.corpsupport.info](http://www.corpsupport.info).

Corporate Support Limited will have the right to charge an additional premium, or refuse cover for any Trauma facing organisations, such as The Police, Fire Brigade or Ambulance Service. In this situation we will advise you prior to the policy commencing.

The services provided shall be highly confidential and consistent with professional codes of ethics and practice. Details shall not be fed back to the callers employers identifying an individual user or otherwise disclosed without written consent or unless there is a major threat to life, and then only on a need to know basis.

When leaving employment with the company you will not be eligible to receive any further advice or counselling from the point of leaving.

cover

## Your Questions Answered

### When can I make my first claim?

You can claim immediately once you receive your policy certificate confirming date of commencement of the policy.

### I have an ongoing medical condition. Can I claim for this?

Yes, subject to it being covered by the go-active benefits.

### What's my tax position with go-active?

Tax is payable on your employer's cost of providing go-active. Tax is not payable on the benefit payments you receive as an individual covered by the policy.

### If I leave my employer what happens?

Your cover under this arrangement will finish, however if you are under age 75 you can apply to join Sovereign Health Care on an individual basis.

This is based upon joining our Health Care Cash Plan which has different benefits to go-active. If you apply within 30 days of leaving your employer you will receive benefits on a continuous basis.

To make a claim or to discuss any aspect of your sovereign health scheme please call our customer helpline on:

**01274 841130**

To use the telephone helpline or request face to face counselling please call the telephone helpline **quoting your company name** on:

**0800 085 6457**

Sovereign Health Care has been helping to look after the health of people since 1873. We exist solely for the benefit of our customers and our aim is to provide support to some of the financial burden when being proactive with your health.



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