



The Sovereign Health Care cash plan

...explained in full



Policy
summary -
terms and
conditions

Schedule of benefits - adult contributor

The weekly premiums shown are inclusive of Insurance Premium Tax (IPT) at the prevailing rate. Benefits marked 'up to' are paid at 50% of the cost incurred by the policyholder up to the appropriate cover level maximum in one benefit year. Read these policy terms and conditions for full details and benefit explanations.

Cover level Weekly premium	Level 2 £1.80	Level 3 £2.70	Level 4 £3.60	Level 5 £4.50	Level 6 £5.40	Level 7* £6.30	Level 8* £7.20
Optical	up to £90	up to £135	up to £180	up to £225	up to £270	up to £315	up to £360
Dental	up to £70	up to £105	up to £140	up to £175	up to £210	up to £245	up to £280
Physiotherapy/Osteopathy Chiropractic/Acupuncture	up to £250	up to £375	up to £500	up to £625	up to £750	up to £875	up to £1000
Chiropody/Podiatry	up to £50	up to £75	up to £100	up to £125	up to £150	up to £175	up to £200
Hospital in-patient	£18 per night	£27 per night	£36 per night	£45 per night	£54 per night	£63 per night	£72 per night
Recuperation	£90	£135	£180	£225	£270	£315	£360
Hospital day case admission	£18 per day	£27 per day	£36 per day	£45 per day	£54 per day	£63 per day	£72 per day
Hospital consultant fees	up to £250	up to £375	up to £500	up to £625	up to £750	up to £875	up to £1000
Health screening	up to £70	up to £105	up to £140	up to £175	up to £210	up to £245	up to £280
Maternity/Adoption	£100 per child	£150 per child	£200 per child	£250 per child	£300 per child	£350 per child	£400 per child
Homeopathy/Reflexology	up to £60	up to £90	up to £120	up to £150	up to £180	up to £210	up to £240
Home care	up to £250	up to £375	up to £500	up to £625	up to £750	up to £875	up to £1000
Hearing aids	up to £100	up to £150	up to £200	up to £250	up to £300	up to £350	up to £400
Surgical appliances	up to £250	up to £375	up to £500	up to £625	up to £750	up to £875	up to £1000

Schedule of benefits - dependant children

Cover level Weekly premium	Level 2 FREE	Level 3 FREE	Level 4 FREE	Level 5 FREE	Level 6 FREE	Level 7* FREE	Level 8* FREE
Optical	up to £40	up to £60	up to £80	up to £100	up to £120	up to £140	up to £160
Dental	up to £40	up to £60	up to £80	up to £100	up to £120	up to £140	up to £160
Hospital in-patient	£10 per night	£15 per night	£20 per night	£25 per night	£30 per night	£35 per night	£40 per night
Recuperation	£30	£45	£60	£75	£90	£105	£120

Cover for hospital in-patient as a result of an accident is immediate regardless of any qualifying period.

*From 1 July 2011, cover levels 7 and 8 are not available to new customers.

General conditions

Terms of contract

From time to time it will be necessary for us to increase the amount of the premiums payable 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 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 may apply to join Sovereign Health Care until they reach their 76th birthday and may continue their policy as long as they wish, providing they adhere to our terms and conditions at all times.

Policyholders may increase/decrease their payment level by completing and submitting the appropriate application form to Sovereign Health Care. Applications to join, renew your policy or increase payment levels are subject to acceptance by Sovereign Health Care who reserve the right to refuse such an application.

No medical is required and persons with known medical conditions can be considered on the understanding that no benefit can be paid for pre-existing conditions except for optical, dental, chiroprody/podiatry and health screening.

Children

A dependant child is defined as a child below the age of 17, is not a policyholder in their own right and is living with the premium paying policyholder. Claims for dependant children may be made by either contributing parent/guardian, but not both. Entitlement to benefit for children born in hospital commences only after the date of discharge.

Details of dependant children should be included on the original application form. If dependant children are to be added after the policy has commenced, details should be confirmed in writing to Customer Services, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN. No benefit for dependant children can be paid until we receive written notification.

Once a dependant child has reached their 17th birthday they are no longer covered under the dependant child benefit. If they wish to join the Sovereign Health Care cash plan and advise us within 13 weeks of their 17th birthday, they will be covered for all benefits immediately with complete continuation of cover provided premiums are up to date.

Premiums

Premiums are collected by Sovereign Health and Insurance Services Limited a wholly owned subsidiary of Sovereign Health Care.

Premiums are the responsibility of the policyholder 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 and a policyholder whose premiums fall into arrears ceases to be entitled to benefit. The policy lapses when premiums remain unpaid for 13 weeks. When new payment rates are introduced they are payable from the date the change is made, unless otherwise advised.

In the event of a policyholder moving to a lower level premium, entitlement to benefit at the higher rate ceases immediately. Policyholders wishing to increase their payment level can do so but only once per calendar year. This is only available after the policy has been in force for a minimum of 26 weeks.

Refunds of contribution in respect of overpayment for whatever reason will be limited to a maximum period of two years.

Qualifying periods

New policyholders become eligible for benefits 13 weeks after the receipt date of the first payment as do existing policyholders increasing premiums to a higher rate.

The maternity/adoption benefit has a 52 week qualifying period - this applies to new policies and policy upgrades by existing policyholders.

Laser eye surgery (within the optical benefit) has a 52 week qualifying period.

Benefits are not payable for medical advice or treatment sought or received before joining or during the qualifying period, even though treatment may have been after that date.

Claims - general rules

We take pride in paying our customers claims promptly. We aim to process all claims within three working days of receipt (plus the time needed to settle in the banking system) ensuring you receive your money promptly. You can choose to have your claims paid by direct credit into a bank account or by cheque.

You must submit a claim within six months of the date any treatment was received or the date of completion of any in-patient treatment. If you fail to do so, you will have waived your right to be paid/reimbursed for that claim.

When making a claim only fully completed claim forms and original receipts will be accepted. Receipts must identify the name of the person who received the treatment, the name of the practitioner, details of the treatment and the date it took place. Photocopies, joint or till roll receipts and credit card slips are not acceptable. For benefits associated with maternity/adoption or death, we will accept a photocopy of the original document/certificate. In the event that the original document/certificate is sent to us, we cannot be responsible for the loss of these in the post.

All treatment must be provided by a suitably qualified practitioner and, where applicable, they must be registered with an appropriate professional body. See the 'Benefits explained' section for specific details about what we will and will not pay for under each benefit.

Under no circumstances can claims be accepted where the provider/practitioner is you, your partner or a member of your family.

Occasionally we may request from you, your GP or health care provider a medical report to verify a claim. If we make such a request, checks will be carried out in accordance with the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Data Protection Act 1998. If we do seek additional information and/or if your GP or health care provider makes a charge for completing your claim form, we will not pay for any amount you may be charged by them for doing this. These charges will be your responsibility.

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

How to claim

Your Sovereign Health Care cash plan is designed to be used so please remember to claim for treatment received.

Claiming is simple, all you need to do is:

1. Remember to get an itemised receipt when you pay for treatment - this should include the name of the person who received the treatment, the name of the practitioner, details of the treatment and the date it took place. If you are claiming for the hospital benefits (in-patient or day case admission) you will need to ask the hospital or medical centre to complete the relevant section on the claim form with their details and the details of the procedure. They should also sign and stamp the form.
2. Complete a claim form (enclosed in your policy welcome pack or you can download one from our website if you've run out). Then send your completed claim form to us with the original named receipt(s). Remember you need to claim within six months of the date of treatment.
3. We will then send you a cheque, or pay the money into your bank account if you prefer. If you would like to have your claims paid into a bank account please complete and return a Direct Credit form to us. You should have received one in your policy welcome pack but if you need another you can either download one from our website or call our customer services team on 01274 841130.

We aim to settle claims within three working days of receipt ensuring you receive your money promptly.

Claims for treatment abroad

You can claim for treatment received anywhere in the world from a qualified practitioner (provided that he/she is not a member of your family - see the section titled 'Claims - general rules'). For example if you buy your glasses whilst you are abroad, you can claim for these under your policy. Claims paid for treatment received outside the UK are paid in pounds sterling at the prevailing exchange rate on the date we settle your claim.

Fraudulent claims and misuse of the policy

The Sovereign Health Care cash plan has been designed to allow customers the opportunity to claim cash back towards the costs of everyday health care. In the event of a fraudulent claim we reserve the right to cancel or suspend your membership and commence legal action.

Blatant misuse of the policy such as providing false information, claiming for treatment covered by other policies, claiming for treatment where the provider/practitioner is you, your partner or a member of your family is likely to lead to your policy being cancelled. These examples are not exhaustive and we will always act to serve the best interests of all our customers.

We will not pay claims where treatment was received as a result of intentional self injury/illness or negligent behaviour.

Overpayment of claims

If we make an overpayment of a claim we reserve the right to offset the overpaid amount against any future claims or to recover such overpayment from you directly. In the event that the policy is cancelled any overpayment must be re-paid by you to us.

Benefit exclusions and pre-existing conditions

This section should be read in conjunction with the 'Benefits explained' section before receiving treatment for which you intend to claim.

Pre-existing conditions, that is a condition or ailment which arose prior to the start date of the policy, before any increase in cover level or during any qualifying period, are not covered. This applies to new policyholders, existing policyholders upgrading to a higher level of cover and any cover for dependant children.

Policyholders are not entitled to claim benefit in respect of any pre-existing condition with the exception of the optical, dental, chiropody/podiatry and health screening benefits. For these benefits pre-existing conditions are covered.

Benefit year

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

1. The date of first admission for hospital in-patient or day case treatment.
2. 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, maternity/adoption, hospital day case admission, health screening and chiropody/podiatry are payable to the cover level maximum once per benefit year.

Hospital consultant fees, physiotherapy/osteopathy/chiropody/acupuncture, hospital in-patient, recuperation, homeopathy/reflexology, home care, hearing aids and surgical appliances are payable to a maximum twice in a five year period with the exception of psychiatric and elderly long stay admissions which are limited to one maxima in total.

Governing law

The Law of England and Wales applies to the contract.

Cooling off period - your right to change your mind

If the policy does not meet your requirements for any reason, you may cancel by advising us in writing or telephoning our helpline 01274 841130 within 14 days of cover commencing or from the day on which you received your policy documents (whichever is the later). Any premiums paid during this period will be refunded. Premiums will not be refunded if a claim has been made within the initial 14 days or in the event of cancellation after the 14 day period. It is the policyholder's responsibility to inform their employer, bank or building society to stop deducting payments from their pay/pension/account.

Commencement and termination

Cover will commence following approval of a fully completed application form at which time full plan details and a policy certificate will be sent to you, confirming the start date of your 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

We pride ourselves on our customer service standards however we recognise that occasionally you may be unhappy with us. If you are not satisfied with any aspect of the service you have received from us please contact our Customer Services Manager detailing the nature of your complaint by either:

Writing to: Customer Services Manager, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

Telephoning: 01274 841130. Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

If you are unhappy with the response you receive from us, 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.

How we use your personal information

Sovereign Health Care and Sovereign Health and Insurance Services Limited comply with the Data Protection Act 1998 and we will store and process any personal data collected by us in our systems in accordance with the provisions of the Act. We are committed to keeping your personal information secure, including sensitive personal information relating to health or medical conditions.

When you submit your personal information to us you consent to us using and sharing it in the ways described here. By providing personal information about another person (for example your partner), you confirm that you have that person's permission to provide the information to us, and for it to be used and shared by us in the same way as your own.

We will use your personal information to provide the services set out under the terms and conditions of this policy, including claims assessment and processing, as well as to prevent crime (including fraud and money laundering) and to comply with any legal requirement on us. We may also share your information with approved business partners and organisations for the purposes of administering your policy. Information about claims may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. Whenever we transfer or share information we ensure that it is protected.

We may use your personal data to contact you by post or telephone about special offers, products and services which may be of interest to you. If you do not wish to receive such communications please write to the Data Controller, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, 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. For more details please write to the Data Controller at the address detailed above.

Any telephone calls may be recorded and monitored for training and quality purposes.

Financial Services Compensation Scheme (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 at www.fscs.org.uk or by calling 0800 678 1100.

Benefits explained

This section explains in more detail what we will and will not pay you for with regards to the individual benefits within your policy. Your level of cover is detailed on your policy certificate enclosed within your welcome pack.

You are required to pay for the cost of any treatment first, for which you should obtain a detailed, named receipt. Once you have completed your treatment and paid for it in full, you can then claim the costs of the treatment back from us at the relevant percentage payback, up to your cover level maximum. A detailed receipt should endorse your claim. For more information see the sections 'How to claim' and 'Maximum benefits' on page 4.

Optical

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

We will pay you 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)

We will not pay you 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

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

We will will pay you for

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

We will not pay you 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**

Half the amount paid by you for treatment provided by a qualified and registered professional up to the appropriate maximum in one benefit year or twice in a five year period.

We will will pay you for

1. Physiotherapy, osteopathy, chiropractic or acupuncture treatment supplied by a professional registered with an organisation recognised by Sovereign Health Care which include those detailed below:

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

We will not pay you 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 lumbar roll, spinal pillows/cushions, 'self help' books, flexiband, tape, ice packs etc
4. Missed appointments

Chiropody/Podiatry

Half the amount paid by you for treatment provided by a registered and qualified chiropodist/podiatrist, up to the appropriate maximum in each benefit year.

We will will pay you for

1. Treatment supplied by a professional chiropodist or podiatrist registered with the Health Professions Council (HPC)

We will not pay you for:

1. Cosmetic pedicures
2. X-rays
3. Consumables from any source e.g. corn plasters, insoles, dressings etc.
4. Missed appointments

Hospital in-patient

Payable for up to 70 nights in one benefit year or 140 nights over five years at the appropriate nightly rate when admitted to a ward (not A&E) and receiving treatment as an in-patient. For the purposes of this benefit an in-patient stay will be classed as a full night only if you are admitted as an in-patient before 12 midnight.

We will will pay you for

1. Admission as an in-patient immediately following an accident even if the relevant qualifying period has not been completed
2. Maternity in-patient admission after 10 nights
3. If you are admitted as an in-patient whilst you are outside of the United Kingdom. Where this occurs benefit entitlement is limited as follows:
 - 28 nights if you are within the European Union
 - 7 nights if you are outside of the European UnionAny in-patient benefit paid where you are outside of the United Kingdom is included as part of the overall in-patient benefit entitlement.

We will not pay you for:

1. Admission to hospital/nursing/residential homes/sanatoriums and accommodation arranged wholly or partly for domestic reasons
2. Nights when a patient is allowed out of hospital for whatever reason
3. Alcohol, chemical, drug dependency, self inflicted illness/injury or conditions arising as a result of such dependency or illness/injury
4. Hotel ward accommodation costs
5. Out-patient treatment

Recuperation

Automatic payment at the appropriate rate on discharge from hospital after a minimum of 14 consecutive nights as an in-patient. This is paid once in a benefit year or twice in a five year period.

Hospital day case admission

Payable at the appropriate rate each time you are in a recognised hospital or medical centre (with surgical facilities) where a patient signs an admission form.

We will will pay you for

1. Up to 10 times in a benefit year

We will not pay you for:

1. Attending hospital as an outpatient or for A&E visits
2. Maternity, geriatric and psychiatric treatments and hospice care
3. Pre-admission appointments
4. Cancelled operations/procedures
5. Attendances immediately prior to or following an overnight stay for which a claim is payable under the hospital in-patient benefit

Hospital consultant fees

Half the amount paid by you to a specialist hospital consultant for fees incurred during illness only, up to the appropriate maximum in one benefit year or twice in a five year period.

We will pay you for

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

We will not pay you 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

Half the 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.

We will pay you for

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

We will not pay you for:

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

Maternity/Adoption

Payable to the appropriate maximum in each benefit year to either or both contributing policyholders providing that premiums have been paid at the relevant rate for the 52 weeks qualifying period and upon sight of a full birth certificate/adoption papers showing the name of the policyholder(s).

We will pay you for

1. The birth of a child whether at home or in hospital
2. Legally adopted child under the age of 2
3. The birth of a child stillborn after 24 weeks gestation (upon submission of a still birth certificate)

We will not pay you for:

1. A miscarriage of up to 24 weeks gestation
2. Foster children
3. Pregnancy termination

Homeopathy/Reflexology

Half the amount paid by you for treatment provided by a qualified and registered homeopath/reflexologist up to the appropriate maximum in one benefit year or twice in a five year period.

We will pay you for

1. Treatment supplied by a professional homeopath or reflexologist registered with an organisation recognised by Sovereign Health Care which includes those detailed below:

Homeopathy

The Faculty of Homeopathy
ITEC qualified

The Society of Homeopaths

Alliance of Registered Homeopaths

Reflexology

Federation of Holistic Therapists
British Reflexology Association
Association of Reflexologists
International Institute of Reflexologists
British School of Reflexology
International Federation of Reflexologists
Complimentary Therapists Association

We will not pay you for:

1. Any treatment supplied by a professional from an organisation not recognised by Sovereign Health Care for homeopathy or reflexology treatment
2. Homeopathic medicines purchased in isolation for example from a chemist, health food shop, by mail order or on the internet
3. Sundry items
4. Missed appointment fees

Home care

Half the amount paid by you for local authority or accredited agency charges up to the appropriate maximum in one benefit year or twice in a five year period.

We will pay you for

1. Cleaning, laundry and shopping duties

We will not pay you for:

1. Home nursing and day/night sitting or day centre attendance
2. Maternity charges

Hearing aids

Half the amount paid by you to a recognised hearing aid dispenser for new hearing aids up to the appropriate maximum in one benefit year or twice in a five year period.

We will pay you for

1. New hearing aids

We will not pay you for:

1. Hearing aid contract schemes
2. Repairs
3. Replacement hearing aid batteries

Surgical appliances

Half the amount paid by you for medically prescribed surgical appliances up to the appropriate maximum in one benefit year or twice in a five year period.

We will pay you for

1. Abdominal, lumber supports, surgical corsets, trusses
2. Mastectomy items
3. Surgical stockings, arch supports and orthotic insoles
4. Nebulisers
5. Wigs when supplied through a medical prescription

We will not pay you for:

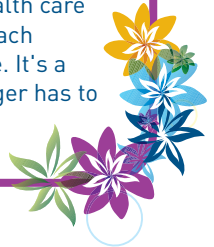
1. Surgical implants
2. Mobility aids, e.g. wheelchairs, crutches
3. Sexual/contraceptive aids
4. Surgical shoes
5. Repairs and batteries



Pay the Sovereign way...

...cash plans are for everyone

Sovereign Health Care cash plans give money direct to individuals whether they receive health care on a private basis or through the NHS. Health care cash plans are designed to be used with the same price for all at each level of cover regardless of gender, age, medical history or lifestyle. It's a practical way to budget towards everyday health care - cost no longer has to be a reason for delaying treatment.



www.sovereignhealthcare.co.uk

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Registered office: Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.