



go-active health care cash plan

policy summary



schedule of benefits

Benefits marked 'up to' are paid at 100% of the cost incurred by you up to the appropriate cover level maximum in one benefit year.

Cover level	Level 1	Level 2	Level 3
Optical	up to £60	up to £120	up to £180
Dental	up to £60	up to £120	up to £180
Physiotherapy/Osteopathy Chiropractic/Acupuncture	up to £150	up to £300	up to £450
Hospital consultant fees	up to £125	up to £275	up to £425
Health screening	up to £125	up to £300	up to £475
Confidential telephone helpline*	Available 24 hours per day, 365 days per year. Giving a range of advice on financial, legal, domestic, work and medical issues Call 0800 282 193 quoting your company name		
Employee support programme accessed via the telephone helpline*	up to 4 face to face counselling sessions	up to 5 face to face counselling sessions	up to 6 face to face counselling sessions

*The confidential telephone helpline and face to face counselling sessions are provided by our partner PPC Worldwide. They are available to the employee, their spouse/partner and dependant children residing at the same address. This service is available to you 24 hours a day 7 days a week, online or on the phone. PPC Worldwide aims to answer your questions immediately, or to refer you to the most appropriate advisor, counsellor or source of information – all completely confidentially. Below are just some of the life events they can help you to cope with:

- **Buying a new home** - mortgages, solicitors, surveys, moving costs, estate agents and emotional impact.
- **Starting a new job** - preparation, fitting in, support, work colleagues, stress, new skills and appearance.
- **Personal crises** - divorce, separation, infertility, miscarriage, abuse, anxiety disorders and racial discrimination.
- **Managing money** - budgeting, managing debt, credit cards, pensions, investments, savings, tax and banking.

All legal and financial services delivered are compliant with HM Revenue and Customs (HMRC) guidelines.

Go online to find out more

Visit the PPC Worldwide website for a guide to the free advice, support and information available. To use this service simply ask your employer for your access code.

general conditions

go-active health care cash plan

go-active is Sovereign Health Care's corporate paid health care cash plan. Your go-active policy is funded at the level specified by your employer. If your employer permits, eligible employees can elect to upgrade to a higher level of cover and/or cover their partner. The additional monthly premiums for upgrading your policy and/or covering your partner will be deducted from your salary by your employer and remitted to Sovereign Health Care. Please see the additional terms and conditions for go-active which cover upgrading your policy and/or adding your partner.

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

Only eligible employees of the company that is funding go-active can join the scheme. Your company will decide what level of cover they are going to pay for you and the start date for the scheme. Subject to the approval of your employer, it may be possible to upgrade your level of cover and/or join your partner by paying additional monthly premiums. Your policy will remain in place until either your employer cancels the go-active scheme or you leave their employment - this also applies to any policy upgrades and/or partner cover. Should you leave the employment of your company you may apply to join Sovereign Health Care's standard health care cash plan and we will waive any qualifying period.

No medical is required and persons with known medical conditions can claim against any of the specific benefits within the go-active health care cash plan.

Premiums

Premiums are the responsibility of the employer and are due on a continuous basis in arrears, 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 premiums are introduced they are payable from the date the change is made, unless otherwise advised.

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 go-active 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 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 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 date of 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/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

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 complies 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.

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 go-active 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, up to your cover level maximum. A detailed receipt should endorse your claim.

This section also provides more information about the Employee Assistance Programme available as part of your go-active policy. This includes access to a telephone helpline, face to face counselling and online support.

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 – 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 282 193 quoting your company name. Information and advice is also available to your partner/spouse and dependant children residing at the same address. Below are some of the life events they can help you cope with:

- Buying a new home - mortgages, solicitors, surveys, moving costs, estate agents and emotional impact
- Starting a new job - preparation, fitting in, support, work colleagues, stress, new skills and appearance
- Personal crises - divorce, separation, infertility, miscarriage, abuse, anxiety disorders and racial discrimination
- Managing money - budgeting, managing debt, credit cards, pensions, investments, savings, tax and banking

Face to face counselling*

Face to face counselling sessions are based on per employee, per policy year. We will only cover immediate family, i.e. employee, partner/spouse and any dependant children living with the employee and not other family members. If required, further face to face counselling sessions can be purchased separately by the employee at their own cost from PPC Worldwide.

Counselling can be offered near an employee's home or place of work. This will be referred by a PPC Worldwide 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.

Website

The PPC Worldwide website includes fact sheets and links to external websites, gives you information about their service and offers additional information on your area of interest. It also provides 5 step programmes designed to help you improve aspects of your personal life, work life and health and wellbeing. Visit www.ppconline.info and state your access code. Ask your employer for your access code.

*The telephone helpline, website and the face to face counselling are provided by our partner PPC Worldwide. Visit www.ppconline.info or call 0800 282 193 quoting your company name.

PPC Worldwide has 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.

Your questions answered

When can I make my first claim?

You can claim immediately once you receive your policy certificate confirming the 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. The confidential telephone helpline and face to face counselling service are run in accordance with HMRC guidelines.

If I leave my employer what happens?

Your cover under this arrangement will finish, however if you are under age 76 you can apply to join Sovereign Health Care on an individual basis.

This is based upon joining our standard 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.

**Making everyday health
care more affordable**



► **Cash plans are for everyone**

Sovereign Health Care cash plans give money 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.

- 1) To discuss any aspect of your go-active policy please call our customer services team on **01274 841130**.
- 1) To use the telephone helpline or request face to face counselling please call the telephone helpline **quoting your company name** on **0800 282 193**.

www.sovereignhealthcare.co.uk

Sovereign Health Care. An incorporated company limited by guarantee.

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