

Terms and conditions



Schedule of benefits

The table below details the Asset levels of cover and the associated annual benefits.

Annual product benefits	Level 1	Level 2	Level 3	Payback
Optical*	up to £60	up to £120	up to £180	100%
Dental*	up to £80	up to £160	up to £240	100%
Physiotherapy/Chiropractic/Osteopathy	up to £150	up to £300	up to £450	100%
Chiropody/Podiatry	up to £50	up to £100	up to £150	100%
Reflexology/Homeopathy/Acupuncture	up to £50	up to £100	up to £150	100%
Hospital consultant fees and diagnostic tests	up to £125	up to £250	up to £375	100%
Hospital day case admission	£30 per day	£60 per day	£90 per day	Max 5 days
Health screening†	up to £125	up to £250	up to £375	100%
Included supporting benefits for all cover levels				
Employee Assistance Programme including: Telephone helpline and online support Face to face counselling	Available 24 hours per day, 365 days per year Call 0800 282 193 quoting your company name Up to 8 sessions including Cognitive Behavioural Therapy (CBT)			
Personal accident cover Underwritten by Chartis Europe Limited See the separate terms and conditions for full details	Up to £20,000			

*Dependant children under 17 are covered at no extra cost for optical and dental benefits on the employee's policy only. Cover provides separate annual maximums for the employee and each of their dependant children.

†Where your employer provides you with direct access to a health screen through a third party practitioner, you will only be entitled to claim through your Asset policy for the cost of this type of health screen once in any two year period.



General conditions

Welcome to your Asset health care cash plan

Asset is Sovereign Health Care's corporate paid health care cash plan. Your policy is funded at the level specified by your employer. If your employer permits you can upgrade to a higher level of cover and/or cover your partner.

Please read these terms and conditions carefully as they will help you to make the most of your Asset policy. The Personal Accident cover provided within your Asset policy is governed by a separate Personal Accident Insurance Policy Document enclosed in your welcome pack.

How to contact us

Your Asset policy is designed to be used. If you have any questions please don't hesitate to contact us using the details below.



If you have a query regarding a claim please call our claims team on **01274 841160**



If you have a general query please call our customer services team on **01274 841130**

Our claims and customer services teams are available Monday to Thursday 9am to 5pm and Friday 9am to 4pm ("office hours").



Email cs@sovereignhealthcare.co.uk
You can email us anytime and we will respond to you during office hours



Visit www.sovereignhealthcare.co.uk
You can download a claim form and get more information by visiting our website

Joining Asset and your level of cover

Your employer provided your details to us prior to the commencement of your Asset policy and specified the level of cover they are paying for you. If your employer permits you can upgrade to a higher level of cover and/or cover your partner. Details are provided in the section titled 'Upgrading and adding your partner'.

Your level of cover and the start date of your Asset policy are specified on your policy certificate which is part of your policy welcome pack. The schedule of benefits opposite details the annual benefits payable at the different levels of cover. The amounts shown are annual maximums and not per claim.

No medical is required to join the Asset scheme and the policy also covers any pre-existing medical conditions.

Cover for dependant children

For the purposes of these terms and conditions, a "Dependant Child" is defined as a child below the age of 17 who is living with you.

Dependant Children are covered at no extra cost for optical and dental benefits on the employee's Asset policy only. Cover provides separate annual maximums for you and each of your Dependant Children at the specified level of cover.

If you choose to cover your partner, their policy does not entitle them to claim for Dependant Children.

To make a claim for treatment received by a Dependant Child simply complete an Asset claim form providing all information requested in respect of the Dependant Child.

Upgrading and adding your partner

If you want to upgrade to a higher level of cover and/or cover your partner you should do this before the start date of your policy. If you wish to upgrade to a higher level of cover and/or cover your partner at a later date then this will be subject to our acceptance.

Please note that upgrading does not create a legal contract between you/your partner and us for cover under the agreement. Our obligations are to your employer as set out in the section titled, 'The agreement between your employer and us'.

Cooling off period - your right to change your mind

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

If you have upgraded your level of cover and/or covered your partner and you decide the policy does not meet your requirements for any reason, you may cancel within 14 days of cover commencing or from the day on which you received your policy documents (whichever is the later) by advising us and your employer of your decision in writing (the "Cancellation Period"). Premiums will not be repaid if a claim has been made within the Cancellation Period or the Cancellation Period has expired. Any premium refunds due will be made by your employer.

Payment of your Asset premiums

Your employer is responsible for paying the premiums for your cover to Sovereign Health Care. Premiums are payable monthly in arrears at an agreed date and are non refundable. These premiums must be kept up to date or we will be entitled to suspend your cover under the terms of the agreement and claims may not be paid. If premiums remain unpaid for three consecutive months, your policy will be considered cancelled and all cover will cease.

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 us monthly by your employer.

If we make changes to the Asset health care cash plan

To ensure the ongoing sustainability of the Asset health care cash plan, we will review the performance of the scheme periodically. Should we decide to make any changes to the policy premiums, benefits and/or rules we will give your employer at least one month's written notice.

The premiums stated are inclusive of insurance premium tax (IPT) at the current prevailing rate. We reserve the right to change the Asset health care cash plan premiums following changes to the rate of IPT or as a result of any other legislative or regulatory changes.

If you are paying to upgrade your policy and/or cover your partner we will give you one month's written notice if we make any changes. This will be sent to the address we hold for you so it is essential that you inform us of any change of address as soon as possible. We do not take responsibility for correspondence not reaching you due to your failure to provide us with your correct address details.

Leaving Asset

You or your employer can end your membership of the Asset scheme (and/or that of your partner if applicable). If you want to end your membership and/or that of your partner then you must write to us and also inform your employer.

Your membership and that of your partner will automatically end if:

- our agreement with your employer is terminated;
- you leave your employer; or
- you die.

We may terminate your membership and that of your partner if:

- your employer does not pay premiums or any other payments due under the agreement; or
- there is reasonable evidence that you or they misled us or attempted to do so.

If your membership ends then the membership of your partner will also end.

If you leave your employer, you will be invited to join our standard health care cash plan. If you apply within 30 days of leaving your employer and we accept your application, you will receive benefits on a continuous basis and we will provide cover for any pre-existing conditions.

If you have upgraded your level of cover and/or covered your partner and would like to cancel this arrangement you must notify your employer to stop collecting premiums from your salary and let us know. As premiums are paid in arrears, any premiums you have already paid are non refundable.

Residence outside the United Kingdom

If you reside outside the United Kingdom you will be covered as long as you are employed by the same employer. If you leave their employment and remain living outside the United Kingdom you will not be eligible to transfer to our standard health care cash plan. If you temporarily reside outside of the United Kingdom as part of your employment, you will be covered as long as you are employed by the same employer and your permanent residence is in the United Kingdom. You will not be eligible to upgrade your policy and/or cover your partner where you reside outside of the United Kingdom.

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. 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 treatment, the name of the practitioner, details of the treatment and the date it took place. Photocopies, scanned or faxed receipts, joint or till roll receipts and credit card slips are not acceptable.

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.

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

Claims - Personal Accident cover

The Personal Accident cover provided by your Asset policy is underwritten by Chartis Europe Limited. UNAT Direct Insurance Management Limited manages all aspects of customer service and claims on behalf of Chartis Europe Limited. The terms and conditions that apply to the Personal Accident cover are set out in the separate Personal Accident Insurance Policy Document enclosed in your welcome pack. Should you need to make a claim on your policy, please notify UNAT Direct at the following address:
The Manager
Claims Department
UNAT Direct, 96 George Street, Croydon CR9 1BU
Telephone: 0845 303 2341
Email: chartisdirect.claims@chartisinsurance.com

Qualifying periods

There are no qualifying periods for any benefit provided as part of your Asset policy with the exception of the laser eye surgery benefit which you cannot take advantage of until 52 weeks from your cover start date. For all other benefits you can claim immediately for treatment received on or after the cover start date detailed on your policy certificate.

Pre-existing medical conditions are also covered so you really are covered from day one of your Asset policy going live. This applies to ailments or injuries you had prior to the policy starting.

Claiming year

For the purpose of this clause 'claiming year' means the year period from your cover start date until its anniversary and each subsequent year period. Your level of cover caps your entitlement to claim against a particular benefit to a maximum in each claiming year. You can make multiple claims against a particular benefit provided that you do not exceed the relevant cap.

The schedule of benefits on page 2 details the benefits payable. The maximum cover shown is per claiming year and not per claim.

How to claim

Your Asset 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 treatment, the name of the practitioner, details of the treatment and the date it took place.

If you are claiming for the hospital day case admission benefit you will need to ask the hospital to complete the relevant section on the Asset claim form with their details and the details of the procedure. They should also sign and stamp the form.

2. Complete an Asset 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 Asset 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 Asset policy. Claims paid for treatment received outside the UK are paid in pounds sterling at the prevailing exchange rate for the relevant currency on the date we settle your claim.

Fraudulent claims and misuse of the policy

The Asset health care cash plan has been designed to allow all 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.

Governing law

The Law of England and Wales applies to these terms and conditions.

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 and/or your employer submit your personal information to us you consent to us using and sharing it in the ways described below. 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 Asset 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.

The agreement between your employer and us

Your Asset health care cash plan is provided through a formal agreement between your employer and Sovereign Health Care (the "agreement"). The cover detailed in these terms and conditions explains what benefits you are able to claim, general policy rules, the complaints process and information about our regulator. There is no legal contract between you and us for cover under the agreement.

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 Asset policy. Your level of cover is detailed on your policy certificate enclosed within your welcome pack. For all benefits we will pay you up to the annual maximum of your level of cover as shown in the schedule of benefits on page 2.

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 annual maximum level of cover. A detailed receipt should endorse your claim. For more information on how to claim, see page 5.

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

The Personal Accident cover provided within your Asset policy is governed by a separate Personal Accident Insurance Policy Document enclosed in your welcome pack.

Optical

We will refund the full amount paid by you to a qualified optical practitioner up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

We will pay you for:

1. Sight tests
2. Prescribed spectacles including frames and prescribed contact lenses
3. Spectacle repairs
4. Laser eye surgery performed by a recognised laser eye clinic but only when 12 months worth of premiums have been paid. This excludes consultation at any time and any treatment received 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. any type of solutions, spectacle cases, cleaning materials
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
5. Laser eye surgery consultations
6. Laser eye surgery treatment received within the first 12 months of the policy
7. Missed appointment charges

Dental

We will refund the full amount paid by you to a qualified NHS or private dental practitioner up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

We 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 implants
3. Dental prescription charges
4. Non prescribed items or consumables e.g. mouthwash, dental floss, toothbrushes
5. Missed appointment charges
6. Registration/administration fees
7. Dental maintenance or dental membership schemes e.g. Denplan premiums

Physiotherapy/Osteopathy/Chiropractic

We will refund the full amount paid by you to a qualified and registered physiotherapist, osteopath or chiropractor up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover. The amount covered is not per therapy. It is a total amount which can be used against one, or a combination, of the therapy treatments detailed up to the annual cover level maximum.

We will pay you for:

1. Physiotherapy, osteopathy or chiropractic treatment supplied by a practitioner who is qualified and registered with an appropriate professional body recognised by Sovereign Health Care, these include:
 - Physiotherapists registered with the Health Professions Council (HPC)
 - Osteopaths registered with the General Osteopathic Council (GOsC)
 - Chiropractors registered with the General Chiropractic Council (GCC)

We will not pay you for:

1. Any treatment supplied by a professional who is not registered with an appropriate professional body
2. Any other treatment that is not physiotherapy, osteopathy or chiropractic. Examples of treatments that we do not cover are; aromatherapy, herbal therapies, sports massage, Indian head massage, Reiki, Alexander Technique, Bowen Therapy and cranial sacro therapy. This list is not exhaustive
3. X-rays and scans
4. Appliances and supporting materials including but not limited to lumber roll, spinal pillows/cushions, flexiband, tape, ice packs, books/literature etc
5. Missed appointment charges

Hospital consultant fees and diagnostic tests

We will refund the full amount paid by you to a specialist hospital consultant up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

To make a valid claim you must have a formal referral from your GP to see a specialist hospital consultant to support diagnosis of an illness/condition. Referral should not be related to treatment sought as a result of a lifestyle choice.

We will pay you for:

1. An appointment with a specialist hospital consultant
2. Treatment from a specialist hospital consultant
3. X-rays and diagnostic tests, investigations and/or scans ordered by a specialist hospital consultant to aid diagnosis

We will not pay you for:

1. Charges made by a hospital/clinic for use of their facilities such as theatre, dressings and equipment
2. Ambulance or taxi charges
3. Consultation and diagnostic tests as a result of a lifestyle choice such as vasectomy, sterilisation, infertility, cosmetic surgery, emigration, medical and/or insurance related reports
4. Dietician/nutritional services
5. Termination of pregnancy
6. Missed appointment charges

Chiropody/Podiatry

We will refund the full amount paid by you to a qualified and registered chiropodist or podiatrist up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover. The amount covered is not per therapy. It is a total amount which can be used against one, or a combination, of the therapy treatments detailed up to the annual cover level maximum.

We will pay you for:

1. Chiropody or podiatry treatment supplied by a qualified practitioner registered with the Health Professions Council (HPC)

We will not pay you for:

1. Cosmetic procedures and pedicures
2. X-rays
3. Consumable items including but not limited to corn plasters, insoles and dressings
4. Missed appointment charges

Reflexology/Homeopathy/Acupuncture

We will refund the full amount paid by you to a qualified and registered reflexologist, homeopath or acupuncturist up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover. The amount covered is not per therapy. It is a total amount which can be used against one, or a combination, of the therapy treatments detailed up to the annual cover level maximum.

We will pay you for:

1. Reflexology, homeopathy or acupuncture treatment supplied by a practitioner who is qualified and registered with an appropriate professional body recognised by Sovereign Health Care, these include:

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

Homeopathy

- The Faculty of Homeopathy
- ITEC qualified
- The Society of Homeopaths
- Alliance of Registered Homeopaths

Acupuncture

- British Acupuncture Council
- British Medical Acupuncture Society (BMAS)
- The Modern Acupuncture Association

We will not pay you for:

1. Treatment supplied by a professional registered with a body not recognised by Sovereign Health Care
2. Homeopathic medicines purchased in isolation e.g. from a chemist, health food shop, mail order or the internet
3. Any other treatment that is not reflexology, homeopathy or acupuncture. Examples of treatments that we do not cover are aromatherapy, herbal therapies, sports massage, Indian head massage, Reiki, Alexander Technique, Bowen Therapy and cranial sacro therapy. This list is not exhaustive
4. Missed appointment charges

Health screening

We will refund 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 claiming year. This maximum is determined by your level of cover.

Where your employer provides you with direct access to a health screen through a third party practitioner, you will only be entitled to claim through your Asset policy for the cost of this type of health screen once in any two year period. In addition, for this type of health screen to be eligible for cover under the Asset scheme, you must choose to have the health screen (i.e. it cannot be mandatory) and you must pay for the cost of the health screen yourself (i.e. it cannot be funded by your employer).

We will pay you for:

1. Well man or well woman screening
2. Osteoporosis and mammogram screening

We will not pay you for:

1. Screening for legal, employment, insurance, emigration or similar purpose e.g. HGV/PSV
2. Home testing kits
3. Diagnostic procedures or tests

Hospital day case admission

We will pay you at the relevant fixed daily amount up to a maximum of five days per claiming year, each time you are treated in a recognised hospital or medical centre where the patient signs an admission form. For the purpose of clarity, day case admission is where you are admitted and discharged on the same day. The amount paid is determined by your level of cover.

We will pay you for:

1. An admission to a day case ward or unit for treatment of a medical condition. The claim form must be completed and signed by the hospital where you were admitted for treatment
2. The first 5 occasions in each claiming year

We will not pay you for:

1. Attending hospital as an outpatient or for accident and emergency visits
2. Maternity, geriatric and psychiatric treatments and hospice care
3. Pre-admission appointments
4. Cancelled procedures
5. If your treatment means that you remain in hospital overnight

Employee Assistance Programme – helping you solve life’s challenges

The Employee Assistance Programme (EAP) within your Asset policy is provided by PPC Worldwide.

The EAP comprises of a range of services, including a medical helpline and face to face counselling, which you access via a 24 hour confidential telephone helpline. In addition to the telephone helpline, there is also an online support service. More information and details of how to access the wide ranging services available to you are provided below.

The services of the EAP are also available to your partner and dependant children living with you at the same address but not other family members.

If you’re going through difficult times or experiencing one of life’s major events, you can call PPC Worldwide and benefit from the wealth of experience, knowledge, practical advice and emotional support they can offer.

The services provided will be highly confidential and consistent with professional codes of ethics and practice. Details will not be fed back to the caller’s employer 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.

If you leave the employment of the company through which you have access to Asset from Sovereign Health Care, you will no longer be eligible to use the services of the EAP from the date you leave their employment.

The services provided by the EAP are run in accordance with HM Revenue and Customs (HMRC) guidelines.

Telephone helpline

Available 24 hours a day, 7 days a week by telephoning 0800 282 193 and quoting your company name.

Below are just some of the life events PPC Worldwide can help you cope with:

- **Personal and family crises** - divorce, separation, infertility, miscarriage, unplanned pregnancy, abuse, anxiety disorders, bereavement, caring for relatives
- **Relationship milestones** - getting married, moving in together, civil partnership, having children, step families, managing joint finances
- **Managing money** - budgeting, managing debt, credit cards, pensions, investments, savings, tax, banking
- **Buying a new home** - mortgages, solicitors, surveys, moving costs, estate agents and emotional impact
- **Starting a new job and returning to work** - preparation, fitting in, support, work colleagues, stress, new skills, maternity leave, child care, relocation
- **Staying healthy** - your body, stress, nutrition, smoking and drinking, life stages
- **Illness** - diagnosis, terminal illness, depression, alcohol and drug abuse, addiction, telling the family, living with illness

24 hour medical helpline

You also have access to a medical helpline 24 hours a day, 7 days a week which is staffed by trained, registered nurses. Simply call 0800 282 193 and quote your company name.

The medical helpline is completely confidential and delivered in accordance with the Nursing and Midwifery (NMC) Code of Professional Conduct. You can call as often as you wish and talk for as long as you need to. Whilst the medical helpline is unable to diagnose illness or prescribe treatment, it can advise and support callers with any health issues or concerns.

Face to face counselling including cognitive behavioural therapy (CBT)

You have access to up to 8 face to face counselling sessions following a referral through the PPC Worldwide telephone helpline. To access this service, please call 0800 282 193 and quote your company name. You will first talk to a trained telephone counsellor who will evaluate your individual needs and requirements and recommend the most appropriate course of action for you.

If required, counselling will be offered near to your home or place of work. A counsellor will be assigned based on the specialist area of help required, and your geographical area. This is usually referred within 48 hours of contact being made with the PPC Worldwide telephone helpline.

PPC has a network of over 1200 counsellors in the UK and Ireland, all are experienced therapists accredited with the British Association for Counselling and Psychotherapy. Counselling is undertaken using either a brief solution focus or a cognitive behavioural therapy approach – whichever is more appropriate for you as an individual.

Up to 8 face to face counselling sessions will be provided per employee, per issue if clinically appropriate, following a referral through the PPC Worldwide telephone helpline. If required, further face to face counselling sessions can be purchased separately by the employee at their own cost from PPC Worldwide.

PPC Worldwide does not offer face to face advice for legal matters.

Online support service

To access the online support service visit www.pponline.info and input your access code. Please ask your employer for your company's dedicated access code.

The PPC Worldwide website provides information about their service and offers additional information on your area of interest including fact sheets and links to external websites. It also provides 5 step programmes designed to help you improve aspects of your personal life, work life, health and wellbeing.

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 your Asset policy commencing.



Making everyday health care more affordable

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.

To discuss any aspect of your Asset policy
please call our customer services team on:

01274 841130

Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

To use the confidential telephone helpline please call:

0800 282 193 quoting your company name.

This service is provided by PPC Worldwide and is available 24 hours a day, all year round.



Sovereign Health Care. An incorporated company limited by guarantee.
Registered office: Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.
Registered in England no 85588. Authorised and regulated by the Financial Services
Authority. FSA no 202818. A member of the British Health Care Association.

www.sovereignhealthcare.co.uk

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