



go-active health care cash plan

policy terms and conditions

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.

go-active benefits	Level 1	Level 2	Level 3	Payback
Optical	up to £60	up to £120	up to £180	100%
Dental	up to £60	up to £120	up to £180	100%
Physiotherapy/Osteopathy/ Chiropractic/Acupuncture	up to £150	up to £300	up to £450	100%
Hospital consultant fees	up to £125	up to £275	up to £425	100%
Health screening	up to £125	up to £300	up to £475	100%

Supporting benefit - helping you deal with life's challenges

Employee Assistance Programme (EAP) provided by a third party
Through the EAP, you can access 24 hour confidential support and counselling on a range of life issues from marriage to divorce, birth to bereavement, legal issues to debt management. You can also access up to 8 sessions of face to face counselling, including Cognitive Behavioural Therapy (CBT) where clinically appropriate.
See the separate Employee Assistance Programme leaflet for details about how to access the service.

general conditions

Welcome to your go-active health care cash plan

go-active is one of Sovereign Health Care's corporate paid health care cash plans. 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 payment rates 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 Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Data Protection Act 1998.

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 the practitioner's qualifications and individual treatment dates.

We do **not** return receipts to you. If you require a copy for your records please arrange this before you submit your claim.

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

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. For example if you buy your glasses whilst you are abroad, you can claim for these under your policy. If we accept a claim for treatment received outside the UK, it will be paid in pounds sterling at the prevailing exchange rate published by Oanda (www.oanda.com) for the relevant currency on the date we settle your claim. Please ensure you submit a valid receipt. If the receipt is not in English, it would be helpful if you could attach a covering letter in English stating the treatment you have received.

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 benefit has its own individual claiming year which is 12 calendar months from the date of the first treatment for the relevant benefit as shown on the receipt you submit with your completed claim form (not to be confused with a calendar year, i.e. 1 January to 31 December).

After each benefit's claiming year has expired, you can claim again up to your policy limit. The new claiming year for the relevant benefit starts from the date of the next treatment as defined above.

Maximum benefits

Optical, dental and health screening are payable to a maximum once per benefit year. Hospital consultant fees, physiotherapy/osteopathy/chiropractic/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 go-active 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.

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 Relations Manager detailing the nature of your complaint by either:

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

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

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

If you are unhappy with the response you receive from us, you have the right to refer your complaint to the Financial Ombudsman Service, Exchange Tower, 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.

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, 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.

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

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)

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 as detailed below:
Physiotherapist – Health & Care Professions Council (HCPC)
Osteopath – General Osteopathic Council (GOsC)
Chiropractor – General Chiropractic Council (GCC)
Acupuncturist – British Acupuncture Council (MBAAcC), British Medical Acupuncture Society (BMAS), The Modern Acupuncture Association,
The Association of Traditional Chinese Medicine and Acupuncture UK

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

Employee Assistance Programme

The Employee Assistance Programme (EAP) within your go-active policy is provided by a third party which is a separate and independent service provider to Sovereign Health Care. **Please see the separate EAP leaflet for details about how to access the service.**

Balancing everyday life with the requirements of work and home can create pressures for all of us. If you're going through difficult times or experiencing one of life's major events, you can call the EAP and benefit from the wealth of experience, knowledge and emotional support they can offer.

Some of the services you have access to through the EAP include:

- A 24-hour telephone support helpline
- Face to face counselling
- Legal, financial and consumer information
- Medical information
- Support for managers

There's also online support with a whole host of information and resources on a wide range of topics.

Please don't be afraid to call. The services of the EAP are confidential and are there when you need a helping hand.

The services of the EAP are also available to your legal partner and children aged 16-24 in full-time education residing in the same household.

All counsellors providing services under the EAP are bound by the confidentiality provisions of the British Association for Counselling and Psychotherapy (BACP) code of ethics and practice. The code of ethics and practice of the BACP binds all therapists providing services. Any legal information provided to you is subject to the confidentiality provisions of the Law Society of England and Wales code of conduct for solicitors. The effect of these various codes is that anything you may discuss with a counsellor or legal consultant remains confidential. Neither the fact

that you have used the service or the content of any contact will be divulged to your employer or anyone else outside the third party EAP provider. The only circumstances in which information may be disclosed are:

- If you provide explicit consent
- The third party EAP provider is ordered by a court of law to disclose information
- The nature of your problem is such that the counsellor has reasonable grounds for believing that there may be a risk of harm to yourself or someone else

Sovereign Health Care reserves the right to change the provider of the EAP.

Sovereign Health Care does not accept responsibility for any delay or failure in the provision or content of the service which is beyond our or the third party EAP provider's control.

If your cover through Sovereign Health Care ends you and your family will no longer be eligible to use the services of the EAP.

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

Making everyday health care more affordable for over 140 years

Established in 1873 as a Bradford-based hospital fund, Sovereign Health Care has been helping people plan for the cost of their everyday health for over 140 years. Last year alone, we paid out £7.2 million in claims to our customers and, because we have no shareholders, any surplus made is available to either reinvest in the business or award to community or charitable initiatives. In the last 8 years, over £5 million has been donated to health and wellbeing good causes.

To discuss any aspect of your go-active policy please call our customer relations team on:

01274 841130

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

www.sovereignhealthcare.co.uk

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Addendum to the 'Policy terms and conditions'

As a result of changes to data protection law with the implementation of the General Data Protection Regulation (EU) 2016/679 and new national laws which relate to the processing of personal data, it is necessary to update the data protection sections within the policy terms and conditions.

This addendum details the amendments and updates to the main policy terms and conditions document and should be read in conjunction with the main policy terms and conditions. If there is a conflict between the content of this addendum and the main policy terms and conditions, the content of this addendum shall prevail and apply.

Amendments and updates

The section titled 'Data protection' is replaced by the following 'How we use your personal information' section which updates how we collect, store and process your personal information:

How we use your personal information

Sovereign Health Care and its group companies comply with the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal information ('Data Protection Legislation') and we will store and process any personal information collected by us in our systems in accordance with Data Protection Legislation. 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 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, organisations and

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your employer if applicable, 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.

Where we have your consent to do so, we may use your personal information to contact you by post, telephone, text or email about special offers, products and services which may be of interest to you. You may exercise your right to withdraw your consent and opt-out of receiving any of our marketing information by emailing us at cr@sovereignhealthcare.co.uk, quoting your policy number, or by calling 01274 841130. You can unsubscribe from any electronic marketing communications by clicking the unsubscribe link contained within the communication.

For further details on how your personal information is used, including disclosure to third parties, how we maintain security of your information and your rights in relation to the information we hold about you, please see our privacy policy available on our website or contact us if you require a hard copy.

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

References to Data Protection Act 1998

Any references in the policy terms and conditions document to 'Data Protection Act 1998' shall be replaced by 'The General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal data.'

Save for the amendments and updates set out in this addendum all other provisions of the main policy terms and conditions shall be applicable to policyholders.

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IMPORTANT INFORMATION

Change of address and registered office

Sovereign Health Care relocated during autumn 2022 and our new address and registered office is:

2nd Floor, West Wing
The Waterfront
Salts Mill Road
Shipley
Bradford
BD17 7EZ

Any mail sent to our old address will be redirected and our telephone numbers remain the same.

Visit our dedicated web page for more information, including how to register for our online service:

sovereignhealthcare.co.uk/move

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