Private Health Insurance

Insurance Product Information Document

This product is underwritten by Healix Insurance Services Ltd on behalf of Hamilton Insurance DAC, who are authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in connection with its UK branch.
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Company: Healix Insurance Services Ltd **Product:** Advantage Health Cash Plan for employees of Equiniti

This document is only intended to provide a summary of the main policy coverages and exclusions and is not personalised to your specific needs in any way. Complete pre-contractual and contractual information on the product and the insurer is provided in your policy document.

What is this type of insurance?

This insurance policy provides reimbursement for a range of health related treatments and eligible routine and essential dental treatment.

What is insured?

This insurance covers you for the benefit or reimbursement of the following health and dental related treatments, incurred during the period of cover and up to the individual treatment limits set out in your policy document.

		Cover
✔	Hospital travel and parking	50% reimbursement up to £20 per period of cover
✔	Physician and consultant services	75% reimbursement up to £350 per adult/£175 per child
✔	Routine dental benefit	£150 per adult £75 per child
✔	Emergency dental treatment	£600 per person
✔	Optical benefit	£150 per adult £75 per child
✔	Physiotherapy and complimentary treatments	75% reimbursement up to £350 per adult/£100 per child
✔	Chiropody and podiatry benefit	75% reimbursement up to £140 per adult/£50 per child
✔	Prescription drugs and vaccinations	75% reimbursement up to £50 per adult
✔	Wellness benefit	75% reimbursement up to £100 per adult
✔	New child benefit	£100
✔	Broken bones benefit	75% reimbursement up to £25 per incident

These are not the full benefits of your plan. Please refer to the Benefit Table in your policy for the full list of treatments and maximum payable per procedure for your chosen plan.

What is not insured?

Please refer to the General Exclusions section of your policy document for a full list of exclusions.

No benefits will be paid for:

- ✘ Any claim or expense of any kind arising from any addictive and/or compulsive disorder.
- ✘ Any claim or expense of any kind arising due to the Insured Person being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs (prescription or non-prescription) or narcotics.
- ✘ Deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or self-harm.
- ✘ Dietary supplements, nutritional supplements, bodybuilding supplements and substances, fibre, fatty acids, amino acids, vitamins, minerals and organic substances regardless as to whether prescribed by a Physician.
- ✘ Any act that is fraudulent, illegal, un-lawful, criminal, anti-social, deliberately careless or reckless on the Insured Person's part and any consequences directly or indirectly resulting from that act.
- ✘ Any claim arising in the course of travel undertaken against medical advice
- ✘ Any claim or expense of any kind arising from or exacerbated by air travel when the Insured Person is more than 28 weeks pregnant.
- ✘ Any costs incurred after the expiry of any Period of Cover, unless this Policy has been renewed for the next 12 months period and the required premium paid.

Are there any restrictions on cover?

- ! Under the Physician and Consultant Services section, in respect of pre-existing medical conditions, there is a 90 day wait period.
- ! Laser eye surgery cover under the Optical Benefit section is subject to a 24 month wait period.
- ! All physiotherapy and complementary treatment procedures and chiropody and podiatry treatments must be provided upon referral by your treating GP or consultant; and in respect of pre-existing medical conditions, there is a 90 day wait period for all complementary and physiotherapy treatments.
- ! Under the Prescription Drugs and Vaccinations section, in respect of pre-existing medical conditions, there is a 90 day wait period
- ! If your employer allows you to add dependents to the policy, your children must be under 26 years of age and in full time education, living with parents/guardians outside term time at the start date of their cover. Family cover will cover up to a maximum of 3 children and the benefits shall be shared amongst the children.
- ! We will not be held responsible for any treatment costs which have been authorised, if the policy then terminates or your employer cancels the policy and treatment has not yet taken place.
- ! We will only pay up to the maximum amount payable per treatment and up to the annual aggregate maximums as shown in the benefit table in your policy documentation.

Where am I covered?

Cover is provided in the United Kingdom, Isle of Man and Channel Islands (whichever is your country of residence) only other than emergency dental treatment where cover is provided on a worldwide basis.

What are my obligations?

- You must submit your claim as soon as possible and in any event within 180 days of completion of treatment, unless there is a justifiable reason for the delay. Ensure your physician has provided you with the appropriate treatment invoice and submit this, along with any other required information, via one of the four methods detailed in the claims section of your policy wording.
- You must give consent for us to get, at our expense, any medical reports, dental records, photographs or x-rays we need to assess the eligibility of a claim from the practitioner who has treated you or any of your dependants.
- All insured people must be residents of the UK, Channel Islands or Isle of Man. You must tell us if any insured person no longer meets this criteria and we'll remove them from the policy at renewal.
- You must only receive treatment from a qualified practitioner registered to perform the required treatment.

When and how do I pay?

If your company has agreed to provide the cover to you free of charge, your employer will pay the premium. Alternatively, you pay your premium through your employer via monthly payroll deduction.

When does the cover start and end?

Your cover starts on the day you join the scheme, defined as the date of entry in your policy document, subject to any qualifying conditions that may be set by your employer; and ends on the date of termination of your cover or the review date, as defined in your policy document, whichever occurs first.

How do I cancel the contract?

If you decide that for any reason this policy does not meet your needs you can cancel your policy within the first 14 days of receiving your policy documents. Your cover will cease and you will receive a full refund of any premiums that have been paid during the 14 days, provided no claim has been made or is pending. There will be no refund of premiums if you choose to cancel your policy after the first 14 days and your cover will continue until the next review date at which point you may de-select the benefit on your Employee Benefits platform.