

## Table of cover

	Level 1	Level 2	Level 3	Level 4	Level 5
Monthly premium for you	£17.29	£22.62	£27.82	£35.23	£56.55
Monthly premium for you and your partner	£31.98	£37.83	£49.14	£66.43	£94.38
Monthly premium for up to four of your children under the age of 18	£1.50				

Premiums include Insurance Premium Tax where applicable

Healthy eyes and teeth	We pay	Annual limit for each person				
<b>Dental</b> Includes check-ups and treatment, for example fillings, crowns and bridges, hygienist fees and more	100% of your receipt up to your annual limit	£110	£130	£175	£210	£300
<b>Dental accident (3 month qualifying period)</b> Dental treatment needed as a result of an accident		£100	£250	£500	£750	£1000
<b>Optical</b> Includes sight tests, prescription glasses and contact lenses		£100	£120	£160	£190	£280
Healthy body	We pay	Annual limit for each person				
<b>Physiotherapy, osteopathy, chiropractic, acupuncture</b> Treatment from a registered professional	50% of your receipt up to your annual limit	£295	£345	£420	£520	£770
<b>Chiropractic / podiatry, homeopathy and reflexology</b> Treatment from an HCPC registered chiropractor / podiatrist, or treatment from a homeopath or reflexologist		£100	£125	£150	£200	£300
<b>Digital muscle and joint pain assessments*</b>	A muscle and joint pain triage service to point you in the right direction and help get the care you need					
Healthy checks	We pay	Annual limit for each person				
<b>Diagnostic consultation</b> Finding out what's wrong – appointments with a clinician, plus referred tests and scans	50% of your receipt up to your annual limit	£175	£200	£260	£320	£525
<b>X-rays and ultrasounds</b> Clinician referred X-rays and scans (not including CT, MRI or PET scans)		£75	£90	£110	£250	£370
<b>Health assessment</b> A health assessment that includes: • BMI • blood pressure reading • cholesterol or diabetes check		£100	£125	£150	£200	£300
<b>Speak to a GP or nurse 24/7, through the SimplyPlan app or via the telephone*</b>	24 hours a day / 7 days a week					
Healthy mind	Up to 6 sessions, per issue, per year, if deemed clinically appropriate					
<b>24/7 helpline service, including mental health support*</b>	Up to 6 sessions, per issue, per year, if deemed clinically appropriate					
Healthy extras	We pay	Limit for each person				
<b>Hospital admission</b> Cash amount when you are admitted to hospital, paid per night (or day) dependent on your admission circumstances	For each night or day (max 20 each year)	Adult £20	Adult £20	Adult £20	Adult £20	Adult £20
		Child £14	Child £18	Child £20	Child £20	Child £20
<b>Prescription charges</b> Prescriptions issued by a clinician	100% of your receipt up to your annual limit	£10	£20	£30	£35	£45
<b>New child payment (12 month qualifying period)</b> One payment for each child if you or your partner have a baby, adopt or become legal guardians		£175	£200	£250	£325	£450

	Level 1	Level 2	Level 3	Level 4	Level 5
Weekly premium for you	£3.99	£5.22	£6.42	£8.13	£13.05
Weekly premium for you and your partner	£7.38	£8.73	£11.34	£15.33	£21.78
Weekly premium for up to four of your children under the age of 18	£0.35				

\* Information on how to access these services is available via your online account or the SimplyPlan app.

Please refer to your policy documentation for full details of what is and isn't covered and any geographical restrictions that may apply. Additional services are also available. GP service not available on Christmas Day. Mental health support services not available for children under the age of 16. You must be over 18 to join this policy.

**You can find full policy details in the policy documents.**

Simplyhealth is a trading name of Simplyhealth Access. Simplyhealth Access is incorporated in England and Wales, company no. 00183035. Registered office: Anton House, Chantry Street, Andover, Hampshire, SP10 1DE. Simplyhealth Access is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183.

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Some of our services are provided by Third Party suppliers

# Health Plan

## Insurance Product Information Document

Insurer: Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Simplyhealth is registered and incorporated in England and Wales.

### Product: Simplyhealth Health Plan

This document provides a summary of the key information relating to this policy but it is not personalised to you. The other documents you receive from us, before and after the policy starts, will tell you what you need to know about the policy.

#### What is this type of insurance?

This policy is a health plan. It gives you money back towards a selection of health benefits that you pay for and claim back from us, up to an annual limit. This plan has five levels of cover. Depending on the level you select, each benefit has an annual limit we will pay up to, for each person covered. The table of cover will provide you with more information. You can add your partner and up to four of your children to the policy.



#### What is insured?

- **GP, nurse and general health support services** - speak to a GP or nurse 24/7 (excluding Christmas Day), through our SimplyPlan app. This also provides information on how to access 24/7 mental health support, a digital muscle and joint pain triage service, and wellbeing and lifestyle guidance.
- **Dental** - the annual limits payable for this benefit range from £110 for level one to £300 for level five. We pay 100% of your receipt up to your annual limit.
- **Dental accident** - the annual limits payable for this benefit range from £100 for level one to £1000 for level five. We pay 100% of your receipt up to your annual limit. Cover is not provided for the first 3 months from joining.
- **Optical** - the annual limits payable for this benefit range from £100 for level one to £280 for level five. We pay 100% of your receipt up to your annual limit.
- **Physiotherapy, osteopathy, chiropractic, acupuncture** - the annual limits payable for this benefit range from £295 for level one to £770 for level five. We pay 50% of your receipt up to your annual limit.
- **Chiroprody / podiatry, homeopathy and reflexology** - the annual limits payable for this benefit range from £100 for level one to £300 for level five. We pay 50% of your receipt up to your annual limit.
- **Diagnostic consultation** - the annual limits payable for this benefit range from £175 for level one to £525 for level five. We pay 50% of your receipt up to your annual limit.
- **X-rays and ultrasounds** - the annual limits payable for this benefit range from £75 for level one to £370 for level five. We pay 50% of your receipt up to your annual limit.
- **Health assessment** - the annual limits payable for this benefit range from £100 for level one to £300 for level five. We pay 50% of your receipt up to your annual limit. It is not available to children.
- **Hospital admission** - we pay for each night or day you are admitted, up to a maximum of 20 nights or days each policy year. The amounts payable for this benefit range from £20 for adults and £14 for children for level one to £20 for adults and £20 for children for level five.
- **Prescriptions charges** - the annual limits payable for this benefit range from £10 for level one to £45 for level five. We pay 100% of your receipt up to your annual limit.
- **New child payment** - paid once for each child, the benefit ranges from £175 for level one to £450 for level five up to your annual limit. Cover is not provided for the first 12 months from joining.



### What is not insured?

- People who are not residents of the United Kingdom or UK Territories.
- People who do not meet the eligibility criteria.



### Are there any restrictions on cover?

- There is an annual limit for each benefit on this policy.
- Each benefit has a number of exclusions, please read the full policy documentation to find out what these are.
- For some benefits, we only pay part of each receipt that you claim for. For example 50%.
- A partner covered by this policy must live with the policyholder and be on the same level of cover as the policyholder.
- A child covered by this policy must be under age 18 and be on the same level of cover as the policyholder.



### Where am I covered?

Treatment and services are covered in the UK and UK Territories only, although there are some geographical restrictions for some of the services. Please refer to the full terms and conditions for information.



### What are my obligations:

- **at the start of the contract?** Give us honest, accurate and complete information when buying the policy, check your policy documentation when you receive it to make sure you have the cover you need and expect.
- **during the term of the contract?** Pay the premium on time, let us know of changes to your contact details.
- **when making a claim?** Give us the information that we need to assess the claim properly.



### When and how do I pay?

We accept payment by monthly Direct Debit or in some cases, where it has been agreed your employer may pay us the premium directly from your salary.



### When does the cover start and end?

The cover starts from the date we include you on the policy and lasts for one year. It will renew automatically if it is not cancelled. If you buy or renew this product, your summary of cover will show these dates.



### How do I cancel the contract?

You can cancel your policy by contacting us via your online account, telephone, or post.

If you cancel within 14 days of receiving your policy documentation, we will refund the premium, unless you have made a claim. If you cancel this policy after the 14 day 'cooling off' period, and before the end of your minimum 12 month contract term, you will be required to pay the remaining premiums for the policy year in which you have cancelled.

Alternatively you can elect for the policy not to renew at the next renewal date, at which point no further payments will be taken and you will no longer be on cover.

# Your Simplyhealth Plan Policy document

Inside you'll find all you need to know about what is and isn't covered  
This policy document is effective from 1 September 2025

## **Introduction**

Thank you for choosing a Simplyhealth Plan. This document explains the policy rules, and how the policy works. These rules apply to all members of the policy. Please take the time to read them and keep them safe in case you need them again. If you have any questions, then please contact us.

We aim to make information about us and this policy accessible to you, so information is available in large print or audio. We want you to have a policy that meets your needs, and this product you have chosen meets the needs of someone who could benefit from support with the costs of their healthcare appointments and access to healthcare and wellbeing services.

Please remember to review your cover on a regular basis to make sure that it continues to meet your needs.

## **How does my plan work?**

It's simple: we'll pay your eligible claims for benefits you are covered for, up to the amounts shown for your chosen level of cover. Your summary of cover will show which level you have selected.

## **What type of contract have I signed up for?**

This is a 12 month policy which will renew each year on the date you signed up or any other agreed renewal date. If you cancel the policy outside of the 'cooling off' period you will be required to pay the remaining premiums for that policy year. You can elect for the policy not to renew at the next renewal date by advising us before (or within 14 days of) the renewal date.

## **How do I make a claim?**

The first thing you need to do is pay for the costs of the treatment or service to the person providing them (for example, your physiotherapist). You then claim back money towards the costs from us. It's really easy to claim online or through our app. Please visit [simplyhealth.co.uk/](https://www.simplyhealth.co.uk/) register and follow the simple registration process. If you're unsure about how to claim online then please contact us.

# Policy Terms and Conditions

Full terms and conditions and **policy** exclusions can be found in this **policy** document. **We** recommend that **you** familiarise yourself with these before submitting **your** claims.

**You** are covered for the benefits shown in **your table of cover**, for **your** selected level, up to the annual limits shown. Please be aware that this document details benefits that **you** may not have access to.

## 1. General exclusions

For all benefits listed, this **policy** does not cover:

- any benefit if your **date of treatment** is before **your policy start date**
- treatment outside of the **UK** and **UK Territories**
- treatment during the **qualifying period**
- any treatment or service that **you** receive from a:
  - member of **your** immediate family – a parent, **child**, brother or sister, or **your partner** or
  - business that **you** own
- insurance premiums for any goods or services, or payment for any type of extended warranty or guarantee for goods or services
- regular payment plans for treatment, for example dental practice plan payments
- administration or referral costs, joining fees or registration fees
- claims where **you** have paid costs with:
  - discount vouchers or coupons
  - any type of retail points scheme or loyalty
- fees or charges for:
  - missing an appointment
  - completing a claim form or providing a medical report
  - providing further information in support of a claim

## 2. Benefits

### Optical

This benefit is to help towards the costs when **you** see, or buy items from, a qualified optical professional, or buy optical items online that are covered by this **policy**.

What is covered	What is not covered
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> sight-test fees, scans or photos for an eye test</li> <li><input checked="" type="checkbox"/> fitting fees</li> <li><input checked="" type="checkbox"/> prescribed lenses and accompanying frames for:                             <ul style="list-style-type: none"> <li>- glasses</li> <li>- sunglasses</li> <li>- safety glasses / goggles</li> <li>- swimming goggles</li> </ul> </li> <li><input checked="" type="checkbox"/> adding new prescription lenses into existing frames</li> <li><input checked="" type="checkbox"/> contact lenses (including contact lenses paid for by instalment)</li> <li><input checked="" type="checkbox"/> consumables supplied as part of an optical prescription</li> <li><input checked="" type="checkbox"/> repairs to prescription glasses</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> eye surgery (e.g. laser eye surgery, lens replacement or cataract surgery)</li> <li><input checked="" type="checkbox"/> magnifying glasses</li> <li><input checked="" type="checkbox"/> charges for ophthalmic consultations or tests</li> </ul>

Please refer to **your table of cover** for the benefits **you** have access to.

## Dental

This benefit is to help towards the costs when **you** see a qualified dental professional in a dental surgery.

What is covered	What is not covered
<ul style="list-style-type: none"> <li>☑ dental check-ups</li> <li>☑ treatment provided by a dentist, periodontist or orthodontist</li> <li>☑ endodontic treatment</li> <li>☑ hygienists' fees</li> <li>☑ local anaesthetic fees and intravenous sedation</li> <li>☑ dental brace or gum-shield provided by a dentist or orthodontist</li> <li>☑ dental crowns, bridges and fillings dentures</li> <li>☑ laboratory fees and dental technician fees referred by a dentist or orthodontist</li> <li>☑ dental x-rays</li> <li>☑ denture repairs or replacements by a dental technician</li> </ul>	<ul style="list-style-type: none"> <li>☒ dental prescription charges</li> <li>☒ dental consumables (e.g. toothbrushes, mouthwash, dental floss)</li> <li>☒ any treatment that is not clinically necessary (e.g. cosmetic procedures such as dental veneers)</li> <li>☒ dental treatment provided at a hospital as a day-patient or in-patient</li> <li>☒ dental practice plan payments</li> </ul>

## Dental accident

This benefit has a **qualifying period** of 3 months.

This benefit is to help towards the costs of returning **your** oral health to its pre-accident state following an accident. An accident is an unfortunate event that happens unexpectedly causing a significant dental injury and requires medical or dental attention.

What is covered	What is not covered
<ul style="list-style-type: none"> <li>☑ restorative treatment to return <b>your</b> oral health to its pre-accident state if <b>you</b> receive medical or dental attention within 30 days of the accident</li> <li>☑ the standard NHS rate for one prescription (whether the prescription is an NHS or private prescription). The prescription must be written by a registered clinician</li> <li>☑ dental treatment that <b>you</b> need as a result of participating in a sport or activity that carries a higher than average likelihood of dental injury, only where <b>you</b> were wearing the appropriate face or mouth protection</li> </ul>	<ul style="list-style-type: none"> <li>☒ dental treatment that <b>you</b> need as a result of an injury caused by food or drink</li> <li>☒ dental treatment that <b>you</b> need as a result of an injury caused by foreign bodies in the mouth</li> <li>☒ dental treatment that <b>you</b> need as a result of an injury that occurred prior to <b>your policy start date</b>, or within the 3 month <b>qualifying period</b></li> <li>☒ any dental treatment undertaken in a hospital following a referral from a dentist</li> <li>☒ dental treatment provided at a hospital as a day-patient or in-patient</li> <li>☒ claims relating to treatment arising directly or indirectly from: <ul style="list-style-type: none"> <li>- <b>you</b> participating in a criminal act</li> <li>- an accident while <b>you</b> were under the influence of alcohol or drugs</li> <li>- deliberate self-inflicted injury</li> </ul> </li> </ul>

**Important information:** If **you** make a claim under this benefit, **you** must provide a written declaration from the dentist that provides the treatment, confirming it was required as the direct result of an accident. This can be submitted online or through **our** app. **We** may ask for further evidence to support **your** claim.

## Physiotherapy

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> physiotherapy treatments</li><li><input checked="" type="checkbox"/> sports massage provided by a HCPC registered physiotherapist as part of your treatment plan</li><li><input checked="" type="checkbox"/> consumables prescribed by and bought from the physiotherapist at the time of treatment (for example, equipment / sundries / dressings)</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> any other treatments (e.g. remedial massage, reiki, aromatherapy)</li><li><input checked="" type="checkbox"/> sports massage provided by a professional who is not HCPC registered and does not form part of your treatment plan</li><li><input checked="" type="checkbox"/> x-rays and scans</li></ul>
<b>Important information:</b> Treatments must be supplied by a physiotherapist who is registered in the UK with the Health and Care Professions Council.	

## Osteopathy

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> osteopathy treatments</li><li><input checked="" type="checkbox"/> sports massage provided by a GOC registered osteopath as part of your treatment plan</li><li><input checked="" type="checkbox"/> consumables prescribed by and bought from the osteopath at the time of treatment (for example, equipment / sundries / dressings)</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> any other treatments (e.g. remedial massage, reiki, aromatherapy)</li><li><input checked="" type="checkbox"/> sports massage provided by a professional who is not GOC registered and does not form part of your treatment plan</li><li><input checked="" type="checkbox"/> x-rays and scans</li></ul>
<b>Important information:</b> Treatments must be supplied by an osteopath who is registered in the UK with the General Osteopathic Council.	

## Chiropractic

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> chiropractic treatments</li><li><input checked="" type="checkbox"/> sports massage provided by a GCC registered chiropractor as part of your treatment plan</li><li><input checked="" type="checkbox"/> consumables prescribed by and bought from the chiropractor at the time of treatment (for example, equipment / sundries / dressings)</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> any other treatments (e.g. remedial massage, reiki, aromatherapy)</li><li><input checked="" type="checkbox"/> sports massage provided by a professional who is not GCC registered and does not form part of your treatment plan</li><li><input checked="" type="checkbox"/> x-rays and scans</li></ul>
<b>Important information:</b> Treatments must be supplied by a chiropractor who is registered in the UK with the General Chiropractic Council.	

## Acupuncture

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> acupuncture treatments</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li></ul>
<b>Important information:</b> Treatments must be supplied by a qualified acupuncturist.	

## Homeopathy

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> homeopathic treatments and medicines supplied by a homeopath</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li></ul>
<b>Important information:</b> Treatments must be supplied by a qualified homeopath.	

Please refer to **your table of cover** for the benefits **you** have access to.

## Chiropody / podiatry

What is covered	What is not covered
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> chiropody / podiatry treatments</li> <li><input checked="" type="checkbox"/> assessments (e.g. gait analysis) performed by a registered chiropodist or podiatrist</li> <li><input checked="" type="checkbox"/> consumables prescribed by and bought from the chiropodist or podiatrist at the time of treatment (e.g. orthotics, dressings)</li> <li><input checked="" type="checkbox"/> consultations with a podiatric consultant</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> cosmetic pedicures</li> <li><input checked="" type="checkbox"/> x-rays and scans</li> </ul>
<p><b>Important information:</b> Treatments must be supplied by a chiropodist or podiatrist registered in the UK with the Health and Care Professions Council.</p>	

## Reflexology

What is covered	What is not covered
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> reflexology treatments</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> any other treatments (e.g. sports/remedial massage, reiki, aromatherapy)</li> </ul>
<p><b>Important information:</b> Treatments must be supplied by a qualified reflexologist.</p>	

## Diagnostic consultations

A diagnostic consultation is to find or to help to find the cause of your symptoms.

What is covered	What is not covered
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> the fees for diagnostic consultations that you have as a private patient</li> <li><input checked="" type="checkbox"/> clinician referred diagnostic tests and procedures (e.g. blood tests, visual field tests, allergy tests, x-rays, scans, endoscopy, test on body tissue samples, ECGs)</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> follow-up consultations and check-ups after you have been diagnosed (for example, ongoing appointments to manage a chronic condition)</li> <li><input checked="" type="checkbox"/> treatment charges, for example private hospital charges, operation fees, anaesthetic fees</li> <li><input checked="" type="checkbox"/> consultations with a podiatric surgeon</li> <li><input checked="" type="checkbox"/> psychological counselling assessments and diagnosis, speech therapy and dyslexia services</li> <li><input checked="" type="checkbox"/> assisted conception, fertility treatment or termination, pregnancy care</li> <li><input checked="" type="checkbox"/> self-administered or self-referred diagnostic tests and procedures</li> </ul>
<p><b>Important information:</b> Consultations must be with a consultant who is registered with the General Medical Council (please see <a href="http://www.gmc-uk.org">www.gmc-uk.org</a>). If <b>you</b> have any questions as to whether <b>your</b> consultant meets <b>our</b> requirements, please contact <b>us</b>.</p>	

## Health assessment

This benefit is to help towards the costs of a detailed assessment of **your** health.

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> tests which <b>you</b> have to assess <b>your</b> general health. The tests must be carried out within one appointment by a registered professional</li><li><input checked="" type="checkbox"/> as a minimum the health assessment must include all of the following:<ul style="list-style-type: none"><li>- body composition measurement including height and weight (BMI)</li><li>- blood pressure measurement</li><li>- cholesterol or diabetes check</li></ul></li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> individual diagnostic tests or checks</li><li><input checked="" type="checkbox"/> self-administered home health assessments</li></ul>

**Important information:** Health assessments must be carried out by a qualified professional on behalf of a provider that is registered with the Care Quality Commission (CQC), or equivalent governing body.  
To check if an organisation is CQC registered please visit: [www.cqc.org.uk](http://www.cqc.org.uk).

## Prescription charges

This benefit is to help towards the costs of **your** prescription charges.

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> NHS charges for prescriptions issued in the UK by a clinical prescriber</li><li><input checked="" type="checkbox"/> NHS prescription prepayment certificates</li><li><input checked="" type="checkbox"/> private prescriptions issued by a clinical prescriber (this includes medicines prescribed through the services provided via our SimplyPlan app)</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> any other medication that is not prescribed</li></ul>

**Important information:** To make a claim for prescription cover **you** will need to send **us** a copy of **your** receipt as proof that **you** have paid for your prescription. To make a claim for an NHS Prescription Prepayment Certificate (PPC) **you** will need to send **us** evidence of **your** certificate. **We** may request additional information to evidence that the prescription is for **you** (for example a copy of the prescription slip or the prescription label).

## GP, nurse and general health support services – provided by third party suppliers

What is covered	What is not covered
<p>Access to <b>our</b> app, including:</p> <ul style="list-style-type: none"> <li>☑ speak to a GP/nurse 24 hours a day, 7 days a week, through <b>our</b> app or via telephone on 0330 102 5443 (this is subject to a fair use policy)</li> <li>☑ digital muscle and joint pain triage service. An assessment through the app providing <b>you</b> with advice on how to manage <b>your</b> symptoms</li> <li>☑ access to mental health support, 24 hours a day, 7 days a week through <b>our</b> app or via telephone on 0330 102 5445 <ul style="list-style-type: none"> <li>- includes up to 6 structured counselling sessions, including video or via telephone (per issue, per year, if deemed clinically appropriate following an assessment with our counselling services provider)</li> </ul> </li> <li>☑ access to discounts through <b>our</b> SimplyRewards service</li> <li>☑ access to wellbeing and lifestyle guidance, including financial or relationship advice</li> </ul>	<ul style="list-style-type: none"> <li>☒ GP and nurse visits and tests</li> <li>☒ prescription and medication charges (this may be covered under the prescription charges benefit)</li> <li>☒ counselling that is not defined as clinically appropriate by <b>our</b> counselling services provider following a clinical assessment</li> <li>☒ long-term counselling</li> <li>☒ access to mental health support for anyone under the age of 16</li> </ul>
<p><b>Important information:</b> The information and services available can change without notice from time to time. Please refer to <b>your</b> online account or the app for full details of what is and isn't covered and any geographical restrictions that may apply.</p>	

## Hospital admission

This benefit is to help towards the incidental costs involved with **you** being admitted to hospital, to contribute towards costs such as travel, parking and meals for visitors. **We** will pay the amount stated in **your table of cover** as described below;

- If **you** are admitted as an in-patient **we** will pay **your** entitlement for each night **you** are required to occupy a bed
- If **you** are admitted as a day patient (with no overnight stay) for treatment **we** will pay **your** entitlement for each single day **you** occupy a bed
- If **you** are admitted as a day patient for treatment and subsequently **you** are required to stay overnight **we** will only pay **your** entitlement for each night **you** are required to occupy a bed
- If **you** are receiving cancer treatment as an outpatient **we** will pay **your** entitlement for each single day **you** receive treatment

What is covered	What is not covered
<ul style="list-style-type: none"> <li>☑ any visit / appointment where <b>you</b> are admitted to hospital and occupy a bed</li> <li>☑ cancer treatment as an outpatient</li> </ul>	<ul style="list-style-type: none"> <li>☒ outpatient appointments, other than for cancer treatment</li> <li>☒ time whilst waiting, or being treated, in accident and emergency departments when you have not been admitted</li> <li>☒ the first 5 nights of any stay in hospital during which <b>you</b> give birth</li> <li>☒ kidney dialysis</li> <li>☒ laser eye surgery</li> <li>☒ cosmetic surgery</li> <li>☒ ante or post-natal admission for a <b>child</b> registered on the <b>policy</b>, who is pregnant or has had a <b>child</b></li> </ul>
<p><b>Important information:</b> To claim hospital admission <b>you</b> will need to provide a copy of <b>your</b> discharge summary. If <b>you</b> are unable to provide this, <b>you</b> will need to provide <b>us</b> with written confirmation of <b>your</b> admission or appointment from the hospital.</p>	

Please refer to **your table of cover** for the benefits **you** have access to.

## New child payment

This benefit has a **qualifying period** of 12 months.

<b>We will make a new child payment, if after the qualifying period:</b>	<b>We will not make a new child payment for:</b>
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> <b>you</b> or <b>your partner</b> pass 20 weeks gestation (pregnancy)</li><li><input checked="" type="checkbox"/> <b>you</b> become a legal guardian of a <b>child</b></li><li><input checked="" type="checkbox"/> <b>you</b> or <b>your partner</b> adopt a <b>child</b></li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> pregnancy under 20 weeks gestation</li><li><input checked="" type="checkbox"/> legal guardianship or adoption of <b>your partner's child</b></li><li><input checked="" type="checkbox"/> foster children</li><li><input checked="" type="checkbox"/> a baby born to a <b>child</b> who is covered under the policy</li><li><input checked="" type="checkbox"/> pregnancy termination</li></ul>
<p><b>Important information:</b> To claim the new <b>child</b> payment <b>we</b> may ask <b>you</b> for supporting documents, for example a MAT B1 certificate (usually given 20 weeks before <b>your</b> due date) birth certificate, adoption papers or proof of legal guardianship.</p> <p><b>We</b> only make one payment for each <b>child</b> no matter how many <b>policies you</b> or <b>your partner</b> are covered on. If <b>you</b> have more than one <b>policy you</b> will have to choose which one to claim the new <b>child</b> payment under.</p> <p><b>You</b> also have access to <b>our</b> 24/7 mental health support service, which can support <b>you</b> during and after <b>your</b> pregnancy, or with any other childcare concerns.</p>	

## Funeral expenses

This benefit has a **qualifying period** of 50 weeks.

<b>What is covered:</b>
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> payment of a lump sum when someone covered by the <b>policy</b> dies, to help towards funeral costs or solicitor's fees</li></ul>
<p><b>Important information:</b> If the <b>policyholder</b> dies, <b>we</b> will pay the funeral benefit to the next of kin or executor of their estate. If any other <b>member</b> dies, <b>we</b> will pay the funeral benefit to the <b>policyholder</b>. To claim for funeral expenses <b>you</b> will need to provide the death certificate, and <b>we</b> may ask for supporting documents to evidence that <b>you</b> are the next of kin or executor of the estate.</p>

## Hearing aid

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> prescribed hearing aids from a registered hearing aid dispenser (including those paid for in instalments)</li><li><input checked="" type="checkbox"/> fitting fees for a hearing aid</li><li><input checked="" type="checkbox"/> repairs to a hearing aid</li><li><input checked="" type="checkbox"/> the fees for ear wax removal that you have as a private patient performed by a registered doctor, nurse, pharmacist, audiologist or hearing aid dispenser</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> disposable hearing aids</li><li><input checked="" type="checkbox"/> consumables, for example batteries</li><li><input checked="" type="checkbox"/> voice loop</li><li><input checked="" type="checkbox"/> home ear wax removal kits</li></ul>

## X-rays and ultrasounds

What is covered	What is not covered
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> x-rays and ultrasounds when <b>you</b> have been referred by a clinician</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> dental X-rays</li><li><input checked="" type="checkbox"/> any form of imaging using computerised tomography (CT), magnetic resonance (MR) or positron emission tomography (PET)</li></ul>
<p><b>Important information:</b> <b>You</b> must be referred by a clinician who is registered with the General Medical Council (please see <a href="http://www.gmc-uk.org">www.gmc-uk.org</a>)</p>	

Please refer to **your table of cover** for the benefits **you** have access to.

## Section 3: Definitions

The words which appear in this **policy** in bold have specific meanings which are explained below:

### Child/children

Natural or legally adopted children of the **policyholder** or their **partner**. Children must be under the age of 18.

### Claiming year

The period of time during which **you** can claim the benefits available to **you**. **Your** first claiming year begins on your **start date** and runs until the **renewal date**. Subsequent claiming years run from one **renewal date** to the next. **Your** summary of cover shows the dates for **your** claiming year.

### Date of treatment

The date that the treatment or service was supplied.

### General exclusion

Anything excluded under the **policy** in the general exclusions section of this document.

### Member

Anyone who is covered by this **policy**.

### Partner

Anyone in a relationship with and who lives with the **policyholder**. This could be their husband, wife, civil partner or unmarried partner.

### Policy

The insurance contract between **us** and the **policyholder**.

### Policyholder

The first person named on the summary of cover.

### Qualifying period

A set period of time in which **we** will not pay claims for any treatment or service that **you** receive. This could be from the date that **you** join the **policy** or the date of any increase in cover. **You** will find this on your **table of cover**.

### Renewal date

The date this **policy** renews. **You** find this in **your** summary of cover.

### Start date

The date this **policy** starts. **You** will find this in **your** summary of cover.

### Table of cover

The table provided separately to this document that details the benefit amounts and premium levels available on **your policy**.

### United Kingdom or UK

England, Wales, Scotland and Northern Ireland.

### UK Territory

Jersey, Guernsey and the Isle of Man

### UK resident

Someone who has their main home in the UK, resides in the UK for at least 183 days a year, and holds a UK National Insurance number.

### UK Territory Resident

Someone who has their main home in a **UK Territory** and

spends at least 183 days a year there; and holds a National Insurance number, Social Security Number or pays Social Insurance (whichever is applicable).

### We/our/us

Simplyhealth Access trading as Simplyhealth, a company incorporated in England and Wales.

### You / your

Anyone who is a **member** on the **policy**.

## Section 4: Definitions

### 4.1 Making **your** claim

The easiest way to make a claim, is through **your** online account or using **our** app. If **you** haven't registered online, please visit [www.simplyhealth.co.uk/register](http://www.simplyhealth.co.uk/register) and follow the simple registration process.

If **you** are unsure how to make a claim online, **you** can call Customer Services on 0300 100 1020.

When making a claim, **you** need to complete all sections of the online claim form and attach an image of the original supporting documentation (for example an original receipt). This information should show:

- the name of the patient
- the details of the practitioner or establishment
- the service or treatment provided
- the date of the service or treatment
- the amount paid for that service or treatment

**We** do not accept:

- invoices
- credit or debit card receipts
- receipts that have been altered

If the information **you** have given **us** is not enough for **us** to pay **your** claim, **we** may need to ask the person who provided the service or treatment for more information (**we** will not pay if there is a charge for this information), or **we** may ask **you** to send **us** the original receipt. **We** will not be able to process **your** claim if **we** do not have the information **we** need.

**We** may ask for a second opinion from a medical practitioner or specialist chosen by **us**, in order to help **us** process **your** claim. **We** will pay the cost of this. **We** will ask for **your** consent before **we** give **your** information to anybody outside **our** organisation.

### 4.2 Paying claims – rules

**We** will only pay for claims:

- after the **date of treatment**
- for treatments or services that **you** have already paid for and received
- for treatments or services received in the **UK** and **UK Territories**
- from the benefit entitlements available to **you** at the time **we** pay **your** claim

**We** will assess your claim using the **date of treatment** which may be different to the date that you paid for it. **We** will pay **your** claim from the amount of benefit **you** have available at the **date of treatment** in the **policy** year in which **you** receive the treatment that **you** are claiming for.

**We** only pay claims into a **UK** bank account. It is **your** responsibility to give **us** the details of the bank account **you** would like **your** claims to be paid into.

If **we** pay a claim which is more than **you** are entitled to under the **policy**, **we** can recover the overpayment. **We** will ask **you** to repay the overpayment or deduct that amount from any other claim that **you** make.

#### 4.3 When to submit **your** claim

**We** recommend that **you** send us **your** claim as soon as **you** can (within 6 months of the treatment date). The longer the length of time between the **date of treatment** and submitting **your** claim, the more difficult it may be for **us** to process it.

#### 4.4 Other claims rules

**You** can only claim under one benefit for each treatment that **you** receive.

If you have more than one Simplyhealth **policy**, **you** can only submit a claim under one **policy**. **You** will need to choose which **policy** **you** would like the claim paid under.

If **you** submit a claim under the wrong benefit (for example trying to claim for a pair of glasses under a dental benefit) **we** will allocate the claim to the appropriate benefit.

If **we** have asked for further information in order to process a claim, **we** may not pay any other claims that **you** have submitted until **we** have received that information and been able to fully assess the claim.

If **you** get a refund for the treatment or service **you** have claimed for, **you** need to tell **us**. **We** will either ask **you** to repay that money (which **we** will reallocate to **your** relevant benefit entitlement), or **we** may decide to deduct it from the next claim **you** make. If a payment is not received, **we** may suspend or cancel this **policy** until it is.

#### 4.5 Other insurance policies

If **you** make a claim on this **policy** and **you** have a **policy** with a different company which would cover the same claim then **you** must tell **us**. **We** may contact the other company about the claim so that **we** don't pay costs that they have already paid. If **we** find that **we** have paid more than **we** should have done then **we** will take action to recover the overpayment from **you**.

#### 4.6 Compensation claims against a third party

**You** must tell us as soon as **you** can if **you** have a claim for compensation against a third party (for example, if they've caused **you** a personal injury in a car accident) and the compensation includes the cost of treatment or services that **you** have claimed for under this **policy**, as **we** may have a legal right to recover those costs (either from **you** or from the third party involved, depending on whether or not **you** have yet received any compensation).

## Section 5: Membership

### 5.1 Can I add my family to this policy?

If the **table of cover** shows premiums for **partners** and **children**, then the **policyholder** can add them to this **policy**. They must be added on the same level of cover as the **policyholder**.

A **partner** must live with the **policyholder**.

A **child** must be under 18 (**we** may ask for proof of this). **We** do not have to agree to add a **partner** or **child** to this **policy** or explain why.

### 5.2 When can I add someone to this policy?

The **policyholder** can add their **partner** or **children** to this **policy** at any time during the **policy** year.

### 5.3 When can I remove someone from this policy?

The **policyholder** cannot remove their **partner** or **child** from this **policy** until the **renewal date**.

### 5.4 Can I add a child to more than one Simplyhealth policy?

No. A **child** who is already covered on another Simplyhealth policy cannot join this **policy**.

### 5.5 Is there a limit to the number of children that I can add to this policy?

Yes, the limit is four **children**.

### 5.6 How long will my children be covered on this policy?

Each **child** will be covered until the first **renewal date** after their 18th birthday.

### 5.7 Can I have cover if I live outside of the UK?

**You** can have cover if **you** are a **UK resident** or a **UK Territory Resident**. If a **member** leaves the **UK**, or **UK Territory** to permanently live abroad, they will no longer be covered from the date that they leave.

### 5.8 What if my contact details or circumstances change?

**You** must tell us as soon as **you** can about these changes. If **you** do not then **we** may not be able to tell **you** about any changes **we** intend to make to this **policy**, including changes to the premium or benefits. **We** will cancel the **policy** if **we** become aware that communications from **us** are not being received.

## 5.9 How long does my cover last?

This is an annual **policy** that lasts for 12 months. **Your** cover starts from the date that **we** include **you** on the **policy**. It carries on until the **renewal date**. It then carries on from one **renewal date** to the next until either **we** or the **policyholder** cancel it.

## Section 6: Paying premiums, tax and changing cover

### 6.1 How can I pay?

**You** must pay by Direct Debit, although **we** may ask **you** for the first payment by debit or credit card rather than wait until the Direct Debit is set up before starting this **policy**.

In some cases, where it has been agreed, the **policyholder's** employer may pay **us** the premium directly from the **policyholder's** salary.

### 6.2 What happens if I don't pay the premium?

If **we** don't receive the full premium, **we** will not pay claims and **we** may suspend or cancel this **policy**. **We** will tell **you** if this happens and what **you** need to do to continue cover.

### 6.3 Does the premium include Insurance Premium Tax (IPT)?

Yes. This is a **policy** for people who live in the **UK** and **UK Territories**, and IPT is included in the premium. If IPT changes, **we** may need to change the premium to reflect this. **We** will tell **you** about this in **your** renewal communication. Whilst IPT does not apply in the Channel Islands, the premium will remain the same for members who live there.

### 6.4 Can I change my level of cover?

Yes, but **you** can only make one change to **your** level of cover during the **policy** year.

However, if any **member** is over the maximum joining age shown in the table of cover, or if **we** have waived the premium for any reason, **you** will not be able to change to a higher level of cover.

### 6.5 Will changing my level of cover change my policy year?

No. Changing **your** level of cover will not change **your policy** year.

## Section 7: Ending the policy

### 7.1 Can I cancel this policy?

The **policyholder** can cancel this **policy** for any reason by notifying **us** during the 14 day 'cooling off' period which begins on the **start date** or the next **renewal date**, or the day that they receive their **policy** documents if that is later.

If paid, **we** will refund the premium for the 'cooling off' period, but **we** will deduct the costs of any claims paid during that time from the refund. If the cost of those claims is higher than the premium that **you** have paid, then **you** will not be entitled to a refund.

If **you** cancel this **policy** after the 'cooling off' period, and before the end of **your** minimum 12 month contract term, **you** will be required to pay the remaining premiums for the **policy** year in which **you** have cancelled.

Alternatively, **you** can choose not to renew **your policy** at the next **renewal date**. If **you** do this, cover will end and no further premiums will be collected.

To cancel this **policy**, please contact us on 0370 908 3481.

### 7.2 Can Simplyhealth cancel this policy or remove a person from this policy?

Yes. **We** will be entitled to cancel the **policy** or remove a person from this **policy**:

- if **you** are abusive to or subject **our** staff to any threatening behaviour in any way, including any staff of **our** third party suppliers
- if **we** make a commercial decision to no longer offer the **policy** at **your** next renewal date,
- if **we** have not received the premium by Direct Debit **we** will tell the **policyholder** and we will not pay claims and suspend the policy until payments have resumed.
- if **you** cancel **your** Direct Debit without notifying **us** **you** will be in breach of **your** Direct Debit agreement and contract with **us**. **You** will be required to pay the remaining premiums for the **policy** year in which you have cancelled. If **you** fail to do this **we** reserve the right to pursue legal action to recover outstanding premiums.
- if **we** stop receiving the premiums that have been taken from the **policyholder's** salary or their employer tells **us** that the premium deductions have stopped. If this happens **we** will tell the **policyholder** that cover has ended and the **policy** will be cancelled from the date that **we** received the last premium
- if the **policyholder** asks **us** to and this will take effect from the date **we** confirm the person has been removed. If this means that the **premium** needs to be changed, this will take effect from the next month
- if the **policyholder** dies. If there are any other members on this **policy**, **we** may contact them about alternative cover
- if the **policyholder** and their **partner** no longer live together at the same address
- when a **child** reaches the age of 18. **We** will remove the **child** at the next **renewal date**
- If you are no longer a **UK resident** or **UK Territory** resident

## Section 8: Renewing this policy

### 8.1 Do I need to do anything?

**We** will write to the **policyholder** at least 30 days before the **renewal date** to tell them about the terms of the **policy** for the next 12 months (including any changes to the **policy** rules, benefit levels or premiums).

If the **policyholder** is happy with the information **we** have sent, **we** will automatically renew the **policy** at the **renewal date**. The **policyholder** does not need to do anything.

## Section 9: Changes to this policy

### 9.1 Can the terms of this policy change?

Yes, **we** reserve the right to make changes to this **policy** at any time. **We** will give **you** reasonable notice of any changes.

### 9.2 What sort of changes could be made?

**We** could make:

- changes to **policy** cover such as benefits, benefit limits, payback levels
- changes to **policy** rules
- changes to premiums
- any other changes we may need to make for commercial reasons

### 9.3 How will I be told about a change?

To tell the **policyholder** about a change **we** will contact them at the email address or postal address that they gave **us**. This is why it is important to make sure that **you** keep **your** contact details updated.

### 9.4 What if I don't want to accept any changes?

If the **policyholder** does not want to accept any changes made to this **policy**, they have the right to cancel from the **renewal date**.

## Section 10: Fraud

### 10.1 What is Fraud?

**We** would consider someone (which includes the treating professional or practitioner) to be committing fraud by:

- making a claim,
- submitting a statement in support of a claim, or
- sending **us** a document in support of a claim,

knowing that it was false, misleading, or exaggerated in any way, with the intention of deceiving **us** into paying them more than they are entitled to.

### 10.2 How do we protect ourselves from fraud?

**We** have strong anti-fraud measures to protect ourselves and **our** customers. These may include:

- reviews of all activity and claims on this **policy** (**we** may use private investigators to support any reviews)
- passing details of suspected fraudulent claims to the relevant authorities (including the Police) for them to investigate and prosecute through the criminal courts
- sharing information with NHS counter fraud teams, health professionals' trade associations, other insurance companies and other agencies with a legitimate interest in preventing fraud
- other actions that **we** think are necessary

### 10.3 What happens if we suspect fraud?

If **we** suspect fraud **we** will take appropriate action to protect **our** rights, which may include:

- suspending the **policy** whilst **we** review the matter. **We** will tell the **policyholder** if **we** do this, and **we** will not pay claims until **we** have received any premiums that **we** did not collect whilst the **policy** was suspended
- recovering the full amount (including any element that is not fraudulent) that **we** have paid to the **policyholder** for any fraudulent claim made by any **member** on this **policy**
- no longer accepting claims for treatment that has been provided by a particular professional
- cancelling cover for the **member** who submitted the fraudulent claim, or for all **members** on this **policy** if **we** think that is necessary
- cancelling all policies the **member** has with the Simplyhealth Group
- taking legal action to recover any of **our** costs as a direct result of fraud, plus interest and legal costs
- notifying the **member's** employer
- any other actions that **we** think are necessary

## Section 11: General rules

11.1 If at any time **we** have not applied any of these **policy** rules, **we** can still apply them in the future.

11.2 The terms of this **policy** can only be enforced by **us** or by the **policyholder**, or any **member** covered by this **policy**.

11.3 **We** will use English for all **policy** documents and letters.

11.4 The law of England governs this **policy**.

## Complaints

**We** aim to provide **you** with the very highest levels of customer service and care at all times. To maintain this service standard, **we** have a procedure which **you** can use to raise any concern, complaint or recommendation that **you** have.

In the first instance **you** should contact Customer Services on 0300 100 1020, email [customerrelations@simplyhealth.co.uk](mailto:customerrelations@simplyhealth.co.uk) or write to Simplyhealth Customer Services at **our** registered office address of Anton House, Chantry Street, Andover, Hampshire SP10 1DE. **We** will investigate any complaint and issue a final response.

If **you** are not satisfied with **our** response, or we have not replied within eight weeks, **you** have the right to refer **your** complaint to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

- Telephone: 0800 023 4567 or 0300 123 9123.
- Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)
- Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect any legal rights that you may have. **We** will send **you** full details of **our** complaints procedure if **you** ask **us** for them.

**You** are protected by the Financial Services Compensation Scheme (FSCS) – in the unlikely event that **we** go out of business or into liquidation the FSCS protects **you**. If this happens, any valid outstanding claims **you** have at that point would be paid by the FSCS.

For more details on the scheme please visit [www.fscs.org.uk](http://www.fscs.org.uk) or contact the FSCS direct on 0800 678 1100 or 020 7741 4100.

### How we use your personal data (privacy notice)

Simplyhealth respects **your** privacy and is committed to protecting **your** personal data. This privacy notice sets out the way in which any personal data **you** provide to **us** is used and kept safe by **us**. For a more detailed explanation of how **we** use **your** data please take the time to read **our** full privacy policy online at the bottom of **our** website or alternatively request a copy from **our** Data Protection Officer.

Please ensure that **you** show the following information to others covered under **your policy** or make them aware of its contents.

### Why do you need my personal data and what do you use it for?

**We** need and use **your** data to:

- service the **policy** / contract that **you** have
- identify, analyse and calculate insurance risks
- improve **our** services to **our** customers
- comply with legal obligations which **we** are subject to
- protect **our** interests
- detect and prevent fraud.

Sometimes **we** may use automation and profiling to evaluate information about **you**, which may include to determine whether an application for a product is accepted by **us**, to tailor **our** marketing material to **your** needs, to identify and investigate fraudulent activity, to understand claiming behavior and patterns or to tailor **our** services to provide **you** with a more efficient, consistent and fair customer experience. If **you** want to know more please contact **us**.

### Who holds my personal data?

Simplyhealth Access who are part of the Simplyhealth group of companies.

### What personal data will Simplyhealth need to know?

If **you** have a policy, **we** need to know, for example, **your** name, address and date of birth. **We** may also take **your** phone number and email address. In order to take payments and to pay claims, **we** will need your bank account details. For members with policies arranged by a company, **we** will know who **your** employer is and **we** might hold **your** payroll details. **Your** employer may provide **us** with details such as **your** name, address and date of birth.

**We** may record and monitor both inbound and outbound calls for training and monitoring.

### How does Simplyhealth protect my personal data?

By law **we** must have measures in place to protect data. As a result, **we** have strict rules to protect the storage and use of all personal data. These rules apply to anyone who uses the data. **We** may send **your** personal data outside the UK or European Economic Area. If **we** do this, **we** ensure the same level of protection is afforded to it by ensuring an appropriate safeguard is implemented.

### Who can see my personal data?

We may share **your** personal data:

- with persons who provide a service to us or act as our agents
- with anyone to whom we may transfer rights and duties under this policy
- with persons who may record, use and give data to other insurers (such as agencies whose role is to prevent fraud)
- with persons that the policyholder appoints (such as a broker) in order to service the policy
- with your employer, where appropriate
- where we have a duty to provide personal data (such as to regulatory bodies), or if the law allows us to do so.

### How long is my personal data kept for?

**We** keep **your** personal data for seven years after this **policy** has ended.

### **What rights do I have around the use of my personal data?**

**You** have the right to see **your** personal data that **we** hold. **You** also have the right to ask **us** to amend personal data that is incorrect. **You** can ask **us** to delete personal data, or not use it in certain ways. **You** have the right to move, copy or transfer **your** personal data. If **you** wish to exercise any of the rights set out above, **you** will need to contact the Data Protection Officer to do this.

### **If I have given you my consent to use my personal data for a reason, can I change my mind?**

Yes. **You** can change your mind at any time. But if this means that **we** cannot service the **policy**, **we** may have to cancel it.

### **Who can I contact if I want to talk about my personal data?**

If **you** have any questions or comments regarding any aspect of **your** personal data, please contact **our** Data Protection Officer either by email: [thedataprotectionofficer@simplyhealth.co.uk](mailto:thedataprotectionofficer@simplyhealth.co.uk), or by post, at:

The Data Protection Officer  
Simplyhealth Access  
Anton House  
Chantry Street  
Andover  
Hampshire, SP10 1DE

### **Who should I talk to if I am unhappy with the way my data is being used?**

If **you** are not happy with the way **we** use **your** personal data, **you** can contact **our** Data Protection Officer, or the Information Commissioner's Office (ICO). **You** can call the ICO on 0303 123 1113, or via their online form: [ico.org.uk/global/contact-us/email/](http://ico.org.uk/global/contact-us/email/)

### **About Simplyhealth**

Simplyhealth is a trading name of Simplyhealth Access, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. **Our** Financial Services Register number is 202183. **You** can check this on the Financial Services Register by visiting the Financial Conduct Authority's website [register.fca.org.uk/](http://register.fca.org.uk/) or by contacting the Financial Conduct Authority on 0800 111 6768.

## Contact us

### Message us through our online form

[www.simplyhealth.co.uk/existing-customers/contact-us/online-form](http://www.simplyhealth.co.uk/existing-customers/contact-us/online-form)

### Talk to our Livechat team at

[simplyhealth.co.uk](http://simplyhealth.co.uk)

### Call us on

0370 908 3481

(Monday to Friday 9am – 6pm)

If you're unhappy with the service you've received, then please let us know.

### Customer relations:

[customerrelations@simplyhealth.co.uk](mailto:customerrelations@simplyhealth.co.uk)

0370 908 3310



Simplyhealth is a trading name of Simplyhealth Access. Simplyhealth Access is incorporated in England and Wales, company no. 00183035. Registered office: Anton House, Chantry Street, Andover, Hampshire, SP10 1DE. Simplyhealth Access is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 202183. Some of our services are provided by Third Party suppliers  
T&C-CONSUMERHP-0925



To find out more, speak to our friendly team

0330 102 5325

or email

[consumersales@simplyhealth.co.uk](mailto:consumersales@simplyhealth.co.uk)

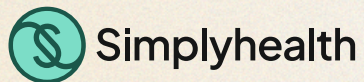
**Join today!**

To start your plan or find out more information visit:

[simplyhealth.co.uk/businesses](https://simplyhealth.co.uk/businesses)

# Get quick, easy access to healthcare for you and your family

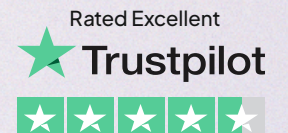
with a Simplyhealth Health Plan



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Trusted by over 2.5 million  
members across the UK



# Getting your health sorted can be hard work these days

It can be hard getting in front of a health professional

85% of new patients are unable to access an NHS dentist<sup>1</sup>

It can be hard getting treatment when you need it

The waiting list for physiotherapy grew 27% between 2022 and 2024<sup>2</sup>

And if you do go private, it can be hard working out how to afford it

Of those who wouldn't consider private, 62% said it's because of costs<sup>3</sup>

This is why we're here

## The Simplyhealth Health Plan makes things easy

How does it work?

Think of our plan like a subscription for your health. You pay monthly. You get access to a range of services. And you can claim back towards certain health costs.

1

Choose the level of cover that works for you and pay monthly

2

Download our app and get access to 24/7 GP and mental health support, plus access to a range of discounted and self-pay health and wellbeing services

3

Book and attend your appointments, and if covered, claim back towards the costs using our app or online account, up to your benefit limits

We'll help you get access to the healthcare you need, when you need it. Quick access, simple to navigate, for your health needs.

1. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/datasets/experiencesofnhshealthcareservicesinengland/current>  
2. <https://www.theguardian.com/society/article/2024/may/26/shortage-of-nhs-physio-roles-leaves-patients-in-pain-as-waiting-lists-soar>  
3. <https://www.ihpn.org.uk/why-do-people-use-private-healthcare/>

# Become a member today and get...



24/7 access to online GP & nurse appointments, mental health support and digital muscle and joint pain assessments



Money back towards health costs like eye appointments, dental check-ups, prescriptions and more



Access to on-demand discounted and self-pay health and wellbeing services including scans, physiotherapy, at-home test kits and neurodiversity assessments

“ Good coverage across a wide area of treatments. Simple and easy to use claims procedure. Claims are dealt with promptly, along with updates on progress. ”

- Geoffrey, Feb 2025



# Services included in your plan

## 24/7 access



### GP and nurse appointments

Online appointments easily accessed through our app



### Mental health support

In-the-moment access to counsellors whenever you need it



### Muscle and joint pain assessments

Digital assessments providing advice, support and signposting for onward care

## On-demand discounted and self-pay services

### Physiotherapy

Discounted video and face-to-face sessions at over 300 clinics nationwide

### Health testing kits

Discounts on at-home and in-clinic health tests

### Mental health coaching

Online mental health coaching with personalised pathways and support

### Sleep coaching

Online sessions to help understand and improve sleep

### Menopause coaching

One-to-one sessions to discuss any stage of the menopause journey

### Skin condition consultations

Discounted online consultations with qualified dermatologists

### Neurodiversity assessments

Fast access to discounted online ADHD, autism and combined assessments

### Open-ended digital therapies

Specialised support for a range of concerns including OCD and depression

### Weight management sessions

Sessions with a dietitian providing strategies and advice

### Women's health products

Discounts on over 75 clinically approved women's health products

### Prescription glasses

Discounted frames and lenses at over 1,200 opticians, including Vision Express

### Gut health & healthy diet sessions

Understand gut-health and get personalised nutrition plans

### Parent coaching

Sessions to help with any concerns, from relationships to responsibilities

### Imaging and scans

Discounted scans without the need for a GP referral. Whether you need an MRI, ultrasound or mammogram, you can skip the wait

### Gym discounts

Access savings on both monthly fees and joining costs at over 3600 gyms in the UK, including David Lloyd and PureGym

Discounted and self-pay services are subject to change. These services are provided by third party suppliers



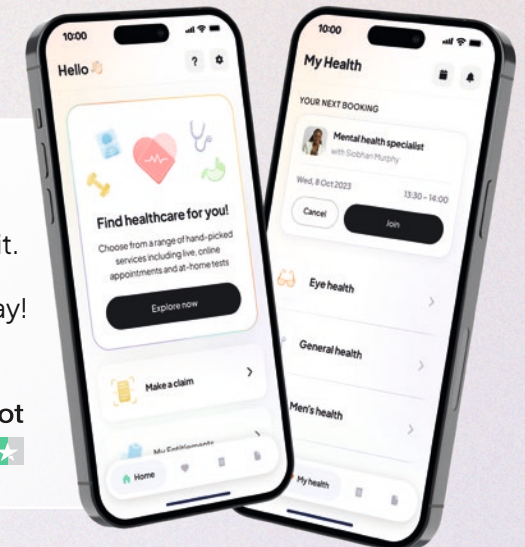
## Managing your health with our 4.9\* rated app

We've made sure everything you need for your plan can be accessed through our app

- ✓ Find your included services and access the discounts in one place under **My Health**
- ✓ Claims can be made in minutes with our **Make a Claim** process. Just take a picture of your receipt, upload it, and fill in the details
- ✓ Track how much you have left to claim under each entitlement quickly and easily through **My Entitlements**
- ✓ Manage the admin side with all your important information stored in **My Documents**

“So simple to claim, I uploaded a photo on Tuesday morning, it took less than a minute to submit. I had confirmation that it had been approved the following day! Amazing service.”

– Jo, Dec 2024



\*Apple Store Rating – February 2025

# What's included?

## Your benefits

Table of cover

	Level 1	Level 2	Level 3	Level 4	Level 5	
Monthly premium for you	£17.29	£22.62	£27.82	£35.23	£56.55	
Monthly premium for you and your partner	£31.98	£37.83	£49.14	£66.43	£94.38	
Monthly premium for up to four of your children under the age of 18	£1.50					
Premiums include Insurance Premium Tax where applicable						
Healthy eyes and teeth	We pay	Annual limit for each person				
<b>Dental</b> Includes check-ups and treatment, for example fillings, crowns and bridges, hygienist fees and more	100% of your receipt up to your annual limit	£110	£130	£175	£210	£300
<b>Dental accident (3 month qualifying period)</b> Dental treatment needed as a result of an accident		£100	£250	£500	£750	£1000
<b>Optical</b> Includes sight tests, prescription glasses and contact lenses		£100	£120	£160	£190	£280
Healthy body	We pay	Annual limit for each person				
<b>Physiotherapy, osteopathy, chiropractic, acupuncture</b> Treatment from a registered professional	50% of your receipt up to your annual limit	£295	£345	£420	£520	£770
<b>Chiropody / podiatry, homeopathy and reflexology</b> Treatment from an HCPC registered chiropodist / podiatrist, or treatment from a homeopath or reflexologist		£100	£125	£150	£200	£300
<b>Digital muscle and joint pain assessments*</b>	A muscle and joint pain triage service to point you in the right direction and help get the care you need					
Healthy checks	We pay	Annual limit for each person				
<b>Diagnostic consultation</b> Finding out what's wrong - appointments with a clinician, plus referred tests and scans	50% of your receipt up to your annual limit	£175	£200	£260	£320	£525
<b>X-rays and ultrasounds</b> Clinician referred X-rays and scans (not including CT, MRI or PET scans)		£75	£90	£110	£250	£370
<b>Health assessment</b> A health assessment that includes: • BMI • blood pressure reading • cholesterol or diabetes check		£100	£120	£150	£200	£300
<b>Speak to a GP or nurse 24/7, through the SimplyPlan app or via the telephone*</b>	24 hours a day / 7 days a week					
Healthy mind	Up to 6 sessions, per issue, per year, if deemed clinically appropriate					
<b>24/7 helpline service, including mental health support*</b>	Up to 6 sessions, per issue, per year, if deemed clinically appropriate					
Healthy extras	We pay	Limit for each person				
<b>Hospital admission</b> Cash amount when you are admitted to hospital, paid per night (or day) dependent on your admission circumstances	For each day / night (max 20 each year)	<b>Adult</b> £20	<b>Adult</b> £20	<b>Adult</b> £20	<b>Adult</b> £20	<b>Adult</b> £20
		<b>Child</b> £14	<b>Child</b> £18	<b>Child</b> £20	<b>Child</b> £20	<b>Child</b> £20
<b>Prescription charges</b> Prescriptions issued by clinician	100% of your receipt up to your annual limit	£10	£20	£30	£35	£45
<b>New child payment (12 month qualifying period)</b> One payment for each child if you or your partner have a baby, adopt or become legal guardians		£175	£200	£250	£325	£450

\*Information on how to access these services is available via your online account or the SimplyPlan app. Please refer to your policy documentation for full details of what is and isn't covered and any geographical restrictions that may apply. Additional services are also available. GP service not available on Christmas Day. Mental health support services not available for children under the age of 16. You must be at least 18 years old to join this policy. You can find full policy details in the policy documents.

# Finding a plan that works for you

Take a look at what our plan has to offer you. You can choose from a selection of levels so that you receive the right cover for you.

**Just to let you know.** This product meets the needs of someone who would benefit from support with everyday healthcare costs each year, such as routine dental check-ups and treatment; routine eye examinations and prescription eyewear; physiotherapy treatments; counselling service and access to a GP from the comfort of your own home.

## Level 1

You  
£17.29

You and your partner  
£31.98

Up to four children  
£1.50

## Level 2

You  
£22.62

You and your partner  
£37.83

Up to four children  
£1.50

## Level 3

You  
£27.82

You and your partner  
£49.14

Up to four children  
£1.50

## Level 4

You  
£35.23

You and your partner  
£66.43

Up to four children  
£1.50

## Level 5

You  
£56.55

You and your partner  
£94.38

Up to four children  
£1.50

