



Retired Members Healthcare Plan

TERMS AND CONDITIONS
AND POLICY DOCUMENT

Underwritten by



Bolton & District
Hospital Saturday

V16 July 2013

WELCOME

We are delighted that you have chosen to join the UNISONplus Retired Members Healthcare Plan that is available to help policyholders with their everyday medical expenses.

This is your policy document. It contains the full terms and conditions of your policy in addition to all the legal information and other important information we are obliged to provide you with. Please note that these terms and conditions bind you as a policyholder of this plan whether or not you have signed an application form. We suggest that you take a few minutes to read through it and that you keep it safe for future reference.

Accessibility. Information is available in large print. If required please do not hesitate to contact us.

PROTEGO GROUP LTD is the Administrator of the Retired Members Healthcare Plan and handles **ALL matters** relating to your policy (**other than claims**) on 0330 332 7171

BOLTON & DISTRICT HOSPITAL SATURDAY COUNCIL (BDHSC) is the Insurance Underwriter of your policy and handles your **claims**.

For **CLAIM** enquiries **ONLY** please contact **BDHSC Telephone: 01204 555 047**.

To download a claim form please visit the website – www.hospitalsaturday.co.uk

PREMIUM & BENEFITS TABLE

Level	SILVER	GOLD	PLATINUM
Monthly Premium	£19.75	£35.50	£49.75
Policy Code	90007	90008	90009
Optical	£100	£150	£200
Dental - general routine treatments	£100	£130	£220
Dental - accidental damage treatments	£160	£240	£400
Dental - denture repairs	£80	£120	£200
Specialist consultations and tests	£200	£300	£450
Therapies – Physiotherapy/osteopathy & chiropractic	£200	£400	£600
Therapies – chiropody & complementary therapies	£100	£150	£250
Hospital Cash In-patient (per night)	£10 x 10 nights	£15 x 10 nights	£20 x 10 nights
Home Help	£300	£500	£800
Hearing Aids and repairs	£250	£300	£400
Surgical Appliances	£250	£300	£400
Telephone Helpline including Identity Fraud Assistance	24/7	24/7	24/7
Benefit period	12 MONTHS	12 MONTHS	12 MONTHS

GENERAL TERMS AND CONDITIONS

LAW AND INTERPRETATION

The laws of England and Wales apply to this contract. A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this policy. This policy is only available to residents of the United Kingdom. All communications must be in English. If we decide not to enforce any term contained within this policy this does not remove that term from the contract.

COOLING-OFF PERIOD

The contract is concluded and your policy commences upon the payment of your first contribution by direct debit. You have 14 days from this date or the date you receive your Policy Document, whichever is the later, in which to cancel your policy. If you do cancel within this 14-day period any contributions you have paid will be refunded provided you have not submitted a claim. If you wish to cancel then or after this period then please also see the section headed 'CANCELLATION' below.

Please contact UNISONplus Retired Members Helpline at Protego Group on: 0330 332 7171

YOUR POLICY

The scheme of benefits is available only to those over the age of 50, with no upper age limit applying. Once your policy has commenced it may continue, subject to the normal terms and conditions and the continuous payment of premiums. We recommend that you review your policy options every year in line with inflation. Policyholders must be resident within the United Kingdom.

Any changes to your name, address or bank account should be notified to us immediately.

Please contact UNISONplus Retired Members Helpline at Protego Group on: 0330 332 7171

OVERSEAS COVER

The policy is designed for costs incurred in the UK only, with the following exception:

Dental – treatment costs as a result of a dental emergency whilst abroad. Payment would be made in GBP on submission of a valid receipt

QUALIFYING PERIOD

You are unable to claim until you have been on cover and have paid the relevant premiums for a period of thirteen weeks.

This plan covers all pre-existing medical conditions.

The telephone advice line is available from the date we receive your application.

UPGRADES

Existing policyholders upgrading to a higher benefit level will be able to claim the enhanced benefits thirteen weeks after the payment of the first contribution at the higher level

If you have used your MAXIMUM ENTITLEMENT for SPECIALIST CONSULTATIONS & TESTS and/or THERAPIES you cannot upgrade your policy until you are back in benefit.

Please contact UNISONplus Retired Members Helpline at Protego Group on: 0330 332 7171

DOWNGRADES

Downgrades are not normally allowed.

Please contact UNISONplus Retired Members Helpline at Protego Group on: 0330 332 7171, should you wish to discuss in greater detail

RENEWALS

The policy is renewed monthly on an ongoing basis.

We will not send you a new Policy Document at renewal unless we have varied or made changes to the premiums, terms and conditions, benefits, or benefits levels.

ALTERATIONS

We reserve the right to vary or make changes to the premiums, terms and conditions, benefits, or benefit levels, after giving notice, in writing to the home address you have provided if deemed necessary or prudent, or following an increase in the rate of Insurance Premium Tax. We will not be responsible for your non-receipt of any postal communication.

CANCELLATION

If after the "COOLING OFF PERIOD" (see above) you wish to cancel your policy you must give ONE MONTH'S NOTICE which must be confirmed by writing directly to The Compliance Director, Protego Group Ltd. St Georges House, Greengate Lane, Prestwich, Manchester M25 3HW, or fax to 0870 131 4440, or by email to compliance@protegroup.com Your Policy will remain in force and you will be liable to maintain your payment of premiums until such notice has been received. If you do not provide the relevant notice and simply cancel the direct debit instruction at your bank we reserve the right to recover any sums due.

If you have claimed your MAXIMUM ENTITLEMENT for SPECIALIST CONSULTATIONS & TESTS and /or THERAPIES you cannot cancel your plan for a minimum of one full year from the date of your first claim in that Benefit Period unless your policy is terminated by us.

In the event of cancellation it is the policyholders responsibility to ensure that the payment of premiums ceases. You will not be refunded for any monthly premiums that have already been made. We will not be responsible for any bank charges incurred by a policyholder in connection with the continuance or cancellation of a policy.

We reserve the right to refuse an application to join this scheme or refuse a request to upgrade to a higher level of cover, or renew or continue to renew the policy without giving reason. The policy will be cancelled automatically if premiums are in excess of thirteen weeks in arrears.

PREMIUM PAYMENTS

Collection of premiums is handled by Protego Group therefore any queries concerning this must be directed to them.

Please contact UNISONplus Retired Members Helpline at Protego Group on: 0330 332 7171

CLAIMS

All benefit payments are provided in respect of a twelve month period. Each individual benefit period begins on the date of the first treatment, goods purchased or service that you have received. Each claim for a different treatment starts a new commencement period for that particular benefit. After each benefit period has expired the next benefit period will commence on the date of the next hospital admission or receipted claim request. Should you be charged by a doctor or practitioner for completing any claim such costs will be at your expense

The Claims procedure is explained in the section "HOW TO CLAIM" on Page 8.

DATA PROTECTION

The information you have provided and any further information you supply to us will be used to provide you with the benefits for which you apply and for the maintenance of your records. This information may be passed to selected third parties for underwriting and claims handling purposes and to prevent and detect fraud. We may send you information about other products and services that we believe may be of interest to you. If you do not want to receive any such communications please write to us at Protego Group Limited, St Georges House, Greengate Lane, Prestwich, Manchester M25 3HW.

The Data Protection Act entitles you to a copy of all information we hold about you. If you wish to view or receive a copy of this information an application should be made in writing to our offices. Whilst under the legislation we are entitled to, we do not generally make a charge for providing this information.

BENEFIT TERMS AND CONDITIONS

All claims must be submitted within 3 months of treatment.

All benefits are payable to the person who has received treatment.

Under current legislation benefits are tax-free.

All claims, except dental, optical and chiropody, must relate to a medical condition.

Contributions must be paid up to date prior to benefit payments being paid out by us. We are unable to process any claims if your policy is in arrears.

No claims are permitted for treatment arising directly or indirectly from:

- Alcohol abuse, solvent abuse, drug abuse or other addictive conditions of any kind.
- Self inflicted illness or injury or suicide attempt.
- Participation in professional or semi-professional sports.

Claims are calculated on the actual cost you have incurred. If the full cost of the consultation has been met by another policy, for example a Private Medical Insurance policy, you would not be eligible to claim. However if the other policy meets only part of the cost you are able to claim the amount, up to the relevant maximum, you have paid directly. You cannot claim for charges made by a Doctor or medical service provider for letters, certificates, reports, or the completion of forms.

OPTICAL

Up to the maximum benefit level can be claimed within every benefit period towards the actual cost of optical treatment.

This may consist of one large claim or any number of smaller claims. There is no limit to the number of eye examinations that can be claimed provided that the maximum benefit level is not exceeded.

Eye examinations must be conducted by a qualified optician or ophthalmic surgeon registered with the General Medical Council.

New glasses must be prescribed; we are unable to provide benefit for 'off the shelf' reading glasses.

Repairs to spectacles are covered.

The cost of laser eye surgery, up to the benefit limit, can be claimed within this benefit only.

Specialist consultations for the eyes are covered under this benefit only. We are able to assist with the cost of contact lenses but not the associated purchases like solutions or cleaning materials. If disposable contact lenses are purchased the date on the receipt of the full eye examination will be used as the first claim for that benefit period. If the purchase is by standing order, proof of purchase must be given.

DENTAL – GENERAL ROUTINE TREATMENTS

Up to the appropriate maximum can be claimed for dental or orthodontic treatment, every benefit period, towards the actual costs you have incurred for NHS or Private dental treatment carried out by a dental professional registered with the General Dental Council and which is not experimental or unproven or not recognised by the General Dental Council. There is no minimum claim amount. You can claim for any treatment including check-ups. There can be any number of claims up to the maximum benefit level. Claims cannot be made for purchases, for example toothpaste, brushes, denture adhesive, purchased from a dentist or other supplier.

Insurance premiums paid to a dental care contract scheme cannot be claimed back although if you are a member of such a scheme additional costs directly incurred, for example laboratory work, for which you might have to pay, can be claimed back.

Specialist consultations for the mouth are covered under this benefit only

DENTAL - ACCIDENTAL DAMAGE TREATMENTS

Up to the appropriate maximum can be claimed for dental or orthodontic treatment, every benefit period, towards the actual costs you have incurred for NHS or Private dental treatment, for treatment required as the direct result of an accidental impact.

This benefit excludes accidental damage caused during eating, sleeping, biting and general wear and tear which will be covered under GENERAL ROUTINE TREATMENTS. Your dentist must indicate on the claims form if the treatment relates to accidental damage.

DENTAL - DENTURE REPAIRS

Up to the appropriate maximum can be claimed, every benefit period, towards the actual cost incurred, for repairs to existing dentures and the cost of replacement dentures following damage or loss.

SPECIALIST CONSULTATIONS AND TESTS

When a consultant recommends further research by way of diagnostic tests, blood tests, x-rays, MRI, PET, CAT and Ultrasound scans will be covered within this benefit. The underwriter will require confirmation from the consultant in support of any diagnostic test claim. Any recommended follow-up treatment is not covered.

You can claim to see a medical consultant who is registered with the General Medical Council on referral from your GP. Up to the appropriate maximum can be claimed every benefit period. Any recommended follow-up treatment is not covered. Medical consultations for purely legal and insurance purposes are not covered within the benefit. Consultations for cosmetic treatments are not covered within the benefit. Consultation claims are only covered for physiology not psychology. Specialist consultations for eyes and mouth are covered under the Optical and Dental benefits.

THERAPY TREATMENTS

Up to the relevant maximum can be claimed towards the actual cost incurred every benefit period and must relate to a medical condition. Psychiatric treatment is not covered e.g. psychotherapy

a) PHYSIOTHERAPY/ OSTEOPATHY/ CHIROPRACTIC

Treatments must be undertaken by:

- a Chartered (M.C.S.P.) or State Registered (S.R.P.) Physiotherapist;
- a member of the General Osteopathic Council (G.O.S.C.)
- a member of the General Chiropractic Council (G.C.C.)

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases.

b) COMPLEMENTARY THERAPY TREATMENT

This benefit is paid when you receive complementary therapy treatment for a medical condition for which you have consulted your GP and you must be referred to the practitioner by your GP. In respect of aromatherapy the practitioner must be registered with either FHT or ITEC. Up to the maximum benefit level can be claimed every benefit period.

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases.

c) CHIROPODY

All chiropody treatment, including corns, calluses and hard skin removal, must be undertaken by a State Registered Chiropodist (SRCh), a member of the British Chiropody and Podiatry Association, the Institute of Chiropody and Podiatry or the Society of Chiropodist and Podiatrist.

Cosmetic, well-being, and preventative treatments are not covered.

The benefit claim must relate to actual treatment received and we cannot make benefit payments in respect of purchases.

HOSPITAL CASH: IN-PATIENT

The Hospital In-Patient benefit is calculated at the appropriate rate for each full night as an In-Patient in an NHS or Private Hospital.

This would generally include all recognised Hospitals but does not include residential care homes, some rehabilitation centres or treatment clinics.

Claims can only be made and commence following admission to the Hospital.

A maximum of 10 nights can be claimed within any benefit period.

A maximum of 10 nights can only be claimed in respect of each illness or related conditions throughout the lifetime of the policy.

HOME HELP

The home help benefit can be claimed if, after assessment by a local authority, or approved local authority supplier, you have incurred a cost for charges made by a local authority or approved local authority supplier for home help assistance. Up to the maximum benefit can be claimed every benefit period.

HEARING AIDS/REPAIRS

This benefit is paid to help with the cost paid to a registered Hearing Aid Dispenser. Up to the maximum benefit can be claimed for new hearing aids and repairs every benefit period. Replacement batteries are not included within the benefit.

SURGICAL APPLIANCES

Up to the relevant maximum amount can be claimed within every benefit period towards the actual cost incurred for surgical appliances.

Surgical appliances are defined as something worn constantly by an individual, for a medical condition.

Examples of items covered within this benefit included medically prescribed surgical shoes, shoe inserts, abdominal supports, surgical stockings, trusses, surgical corsets, mastectomy bras and surgical wigs.

Equipment, for example tens machines and nebulisers and preventative items worn for short periods of time, for example flight socks, are not covered within the benefit.

LEGAL, WELLBEING and EMERGENCY DOMESTIC HELPLINES

The legal and wellbeing helplines are provided by FirstAssist Services Limited, part of Capita PLC. All of the helplines are totally confidential. To use any of the services telephone **0800 107 6585**, quote the scheme number **72739** and advise the service that you require.

1. PRIVATE LEGAL ADVICE

Confidential legal advice on any personal legal problem such as but not limited to employment, consumer contract, landlord and tenant, property, probate and motoring, within the territorial limits of the UK, Channel Islands and Isle of Man.

2. IDENTITY THEFT HELPLINE

Information and advice with regard to keeping your identity safe, what to do if stolen, how to deal with on line identity theft, document security and how to get credit checks.

3. TELEPHONE COUNSELLING

Support on issues such as bereavement, workplace or relationship issues, alcohol, drugs, depression and anxiety.

4. HEALTH AND WELLBEING MEDICAL HELPLINE

Information on supporting a healthy lifestyle, helping with fitness and general wellbeing. The helpline can provide general medical advice and support but is not a diagnostic service.

5. EMERGENCY DOMESTIC SERVICE

This is a referral service in the event that you require help with emergency maintenance problems, such as plumbing, central heating etc. All fees incurred are the policyholder's responsibility.

HOW TO CLAIM

We try and make claiming as simple as possible.

If you are claiming for any expenses you have incurred (optical, dental, home help, hearing aid or surgical appliance benefits) we need a fully completed receipt from the practitioner you have seen or the service provider. This should include your full name and address. Complete a Claim Form with the treatment you have received and the date of treatment. If the treatment relates to dental treatment following an accident this must be noted on the receipt by the dentist.

For all Hospital-In Patient claims we need the hospital to confirm the date of admission and discharge. This can be done by having the hospital fully complete, sign and stamp our Hospital Certificate or by submitting the hospitals own discharge form.

For all Specialist and Therapy claims you must contact this office prior to arranging your appointment. Whenever possible we will pay the benefit directly to the provider. Ask your provider to send their invoice to the Claims Department at the address below for payment. Alternatively you can pay the bill yourself and send the receipt and completed Claim Form to us for reimbursement.

You can contact BDHSC by telephoning 01204 555 047.

To access the telephone advice and information line telephone 0800 107 6585.

On some occasions it may be necessary for us to ask you to complete a medical declaration or for us to obtain a medical report from your GP or other medical practitioner. We will not do this without your written consent; however we may not be able to process your claim without the completion of a declaration or a medical report. Any costs associated with obtaining a medical report must be paid by the policyholder, and you cannot claim for charges made for letters of referral, completion of claims forms, certificates or any other administrative charges made by your doctor or health service provider. We are sure you will appreciate that we are dependent upon a speedy answer to our queries for the smooth handling of your claim.

A number of all our claims plus a random cross section are verified with the dentist, optician or other service provider to ensure their validity. In the interests of all our policyholders fraudulent claims and any attempt to obtain claim monies by deception will result in cancellation of the policy and legal action. Examples of what we would consider fraudulent claims include any amendments to receipts, inaccurate completion of medical declarations, and misrepresentation of any kind. We reserve the right to investigate and challenge medical service providers who charge fees over and above those usually charged for similar treatment.

We are not obliged to pay claims within a specific timescale, however, we have designed our procedures to be as efficient as possible and aim to pay validated claims as quickly as possible.

If you delay making your claim for in excess of 3 months from the date of treatment we will not pay your claim unless you can provide evidence of exceptional circumstances.

Claims should be submitted by post or in person to:

**In writing - Bolton and District Hospital Saturday Council
Ground Floor, Regent House, Folds Point, Folds Road,
Bolton, BL1 2RZ.**

In person. - The offices are open Monday to Friday 9.00am until 5.00pm.

YOU CAN CONTACT Bolton and District Hospital Saturday Council

By Phone– 01204 555047
By Fax - 01204 522452
By E-mail enquiries@hospital-saturday.org.uk

COMPLAINTS PROCEDURE

FOR CLAIMS ONLY:

We hope that you never need to complain, but if you do please contact us in person, by letter, telephone or e-mail **AS ABOVE**

FOR ALL OTHER MATTERS:

Please contact the Compliance Director

In writing – Protego Group Limited

**St Georges House, Greengate Lane, Prestwich,
Manchester M25 3HW.**

By Phone - 0330 332 7171

By Fax - 0870 131 4440

By E-mail compliance@protegroup.com

Both Companies have a formal complaints procedure, which is available from their offices by request. If you are not satisfied with our response you may then take your complaint to: The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR. They can also be telephoned on 0800 023 4567. The Financial Ombudsman Service is free and using it does not affect your legal rights.

COMPENSATION SCHEME ARRANGEMENTS

Both Bolton and District Hospital Saturday Council and Protego Group Ltd are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we are unable to meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance arranging is covered for 90% of the claim without any upper limit.

Further information is available the Financial Services Compensation Scheme by telephoning 0800 678 1100 or from their web site www.fscs.org.uk

REGULATION

Bolton and District Hospital Saturday Council is a company limited by guarantee. Registered in England: 518573. Registered Office, Regent House, Folds Point, Folds Road, Bolton, Lancashire BL1 2RZ. Bolton and District Hospital Saturday Council is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority: 202043.

Protego Group Limited is registered in England with the number 4762595.

Its registered office is at 260-280 Chapel Street, Manchester, M3 5JZ. It is authorised and regulated by the Financial Conduct Authority (FCA). The FCA registration number is 304363. Details of the registration may be checked and confirmed by visiting the FCA's register at www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

PRODUCTS AND SERVICE

Bolton and District Hospital Saturday Council and Protego Group Ltd are offering a single product from a single provider and do not offer any advice or make personal recommendations.