Policy Summary. This is a summary of the key facts and main terms and conditions of your Healthcare Plan contained in the Policy Documents which can be requested at any time before or after joining.

- **The Insurer and Underwriter** is Bolton & District Hospital Saturday Council (BDHSC) of Ground Floor, Regent House, Folds Point, Folds Road, Bolton, BL1 2RZ which is authorised and regulated by the Financial Services Authority (FSA). The FSA registration number is 202043 details of which can be checked on the FSA Register (www.fsa.gov.uk/register) or by telephone on 0845 606 1234.

- **Type of Insurance**. The product is a Healthcare Cashplan offering cover that provides payment towards or gives you money back for a range of everyday healthcare expenses. There is access to a 24 hour Telephone Helpline providing counselling and other advisory services. The Individual/Family plan also provides payments in the event of accidental personal injury and accidental death.

- **Main features and benefits** as shown in the Premium and Benefits Tables can be claimed to cover the full amount of the cost up to the maximums shown every twelve or twenty-four months depending on the selected level of cover. You may claim for a pre-existing medical condition (one which you already have) BUT in the first two years of membership you cannot claim for Hospital Cash payments, Recuperation and Home Help in respect of a pre-existing medical condition. After two years you may ask BDHSC to review this exclusion.

- **Dependant children** (up to five per family) are included for cover in their parent’s plan without additional cost. The child’s claims maximum is half the adult level if one parent is a member or the full level if both parents are members. In either case 100% of a cost may be claimed up to the claims maximums. This feature is only applicable to the Individual/Family Plan. The 50+ Plan excludes child benefits.

- **Limitations.** You must be a member of the plan for thirteen weeks before you can make a claim unless transferring your membership from a similar plan issued by another acceptable Insurer or Underwriter. For all maternity or paternity claims you must have been a member for one year (the 50+ Plan excludes this benefit). Your plan is renewed on an ongoing monthly basis therefore a full policy document will not be issued at every renewal. BDHSC reserve the right to amend contribution and benefit rates and terms and conditions after giving you notice. You must be between the ages of 16 and 65 to join the Individual/Family Plan or to increase your level of cover. The 50+ Plan has an upper age limit of 69 for joining or increasing your level of cover. There is no maximum age limit for remaining on any plan.

- **Rights to cancel.** Membership commences upon the payment of your first contribution (premium). You have 14 days from this date in which to cancel your membership and any contributions you have paid will be refunded provided you have not submitted a claim.

- **Customer Services** are handled by Protego Group Limited and its Appointed Representative, Insure-for-less (Policy Management) Limited of St Georges House, Greengate Lane, Prestwich, Manchester M25 3FW who may be contacted on 0845 855 0232. Protego Group Limited is authorised and regulated by the Financial Services Authority (FSA). The FSA registration number is 304363 details of which can be checked on the FSA Register (www.fsa.gov.uk/register) or by telephone on 0845 606 1234.

- **Claims** are handled by BDHSC who may be contacted by telephone on 0845 208 8630 or written to at Ground Floor, Regent House, Folds Point, Folds Road, Bolton, BL1 2RZ You should contact them to pre-authorise your claim and where possible they will make direct payment to the medical service provider without the need for you to outlay payment and seek to be reimbursed.

- **Complaints** are handled in accordance with the procedure in the Policy Document and if unsatisfied may be referred to the Financial Ombudsman Service.

- **Compensation** In the (unlikely) event of BDHSC not being able to meet its obligations under the terms of your plan you are covered under the Financial Services Compensation Scheme under which 90% of a claim is protected without upper limit.

**Statement of Demands and Needs.**
This product suits the needs of individuals who require help towards covering the costs of everyday health-care such as dental treatment, eye care, therapy treatments, also consultations with Specialists and more. In deciding whether to purchase you will not have received a personal recommendation as we are only offering you information on this product.