

MEDICAL CASH

Policy document



HIVE
Insurance Services

www.hiveinsure.co.uk

MEDICAL CASH PLAN

In return for the payment of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedule

BENEFIT SCHEDULE					
Benefits		Benefits payable per policy year			
		Bronze £	Silver £	Gold £	Platinum £
Dental	100% of cost	£70	£140	£210	£280
Dental trauma	100% of cost	£140	£280	£420	£560
Optical	100% of cost	£70	£140	£210	£280
Diagnostic consultation and tests	100% of cost	£125	£250	£375	£500
Therapies: combined maximum benefit	100% of cost	£150	£300	£450	£600
Maternity/paternity: (adult benefit only)	Per child	£100	£200	£300	£400
Hospital in-patient/Day case admission	Per night/day	£17.50	£35	£52.50	£70
Optional benefit (if selected)					
Fracture cover	Per fracture	£350			

1 POLICY TERMS

This policy is provided by Hive Insurance Services Limited and underwritten by BHSF Ltd.

DEFINITIONS

In this policy (except where the policy expressly provides otherwise) the following expressions have the meanings shown below:

Child(ren) – Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You.

Dental Trauma – Means an unforeseen event caused Trauma directly by an accidental external impact which results in dental injuries.

Fracture – A breach in the continuity of the bone caused by an accident which is identified and confirmed by an x-ray or in the case of a fracture that cannot be x-rayed, by confirmation by a doctor.

Insured Person(s) – The person(s) insured under the policy Person(s) as shown in the policy schedule. The total number of all insured Children will be classed as one Insured Person.

Partner – The one person named as such in the policy schedule, who is Your lawful spouse (or some other person who cohabits with You) and who permanently resides with You.

Policy Year – Is the period of 12 calendar months from the start

date of Your policy, or from an anniversary of that date. The date of claim is deemed as:

- 1 the date of admission for hospital in-patient for which benefit is claimed;
- 2 the date of receipted account for charges made for dental, dental trauma, optical, diagnostic consultation or therapies;
- 3 the date of birth on the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity benefit.

We/Us/Our – BHSF Limited.

You/Your – The policyholder and where applicable any Partner or Children covered under Your policy.

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

PREMIUMS AND BENEFITS

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim. Where Your employer is responsible for passing Us Your premiums, claim payments may be held if they are not received within a reasonable timeframe. All rights to benefit cease after the last day of the period covered by the final premium payment. We reserve the right to decline or cancel this policy, or vary the premiums/benefits on giving You at least four weeks prior notice at Your last known address for:

- ▶ a change in the applicable rate of Insurance

Premium Tax (IPT)

- › a change to Our expected claims experience
- › if We suspect any misrepresentation, concealment or failure to comply with the terms and conditions as more specifically set out in General Conditions 8 and 9
- › fraud.

This policy will terminate when and if You cease employment with the employer through which it has been arranged. However, within 13 weeks of that happening You may apply to effect an alternative policy without any qualifying period applying.

AGE LIMITS

Cover, on the basis, set out above, is provided to You if You are age 16 or above at the time of Our receipt of an application for a new policy. The same age requirement applies to any Partner to be included. Children are covered until the date of their 18th birthday. This policy can be taken out until your 69th birthday and will terminate at age 70.

GENERAL CONDITIONS

- 1 If You wish to make any change to the persons insured, then You should make application to Us and, if the changes are agreed, a new policy schedule will be issued.
- 2 Premiums and claims are payable in sterling.
- 3 This policy is bound by English law and shall be subject to the jurisdiction of English Courts.
- 4 All persons insured under this policy must be normally resident in the United Kingdom.
- 5 If You die, Your Partner, if insured under this policy, may apply for a policy in their own name within 30 days of Your death, without any qualifying period applying.
- 6 A Child insured under this policy may, within 30 days of attaining age 18, apply for an alternative policy in their own name without any qualifying period applying.
- 7 Transfer to a lower premium plan is not normally permitted.
- 8 Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles Us to terminate the policy forthwith and may invalidate any claims under the policy.
- 9 The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
- 10 Cooling off period – You have 30 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us in writing within the 30 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected. If you wish to cancel this policy at any other time write to Hive Insurance Services, Unit 4, Bredon House, Woodlands, Almondsbury Business Centre, Bristol, BS32 4QH.
- 11 Alternative you can email enquiries@hiveinsure.co.uk or call 01454 619500* quoting your name and policy number.
- 12 No sum payable under this policy shall carry interest.

PRE-EXISTING CONDITIONS AND QUALIFYING PERIODS

No hospital in-patient claim will be paid during the first two years of a new or upgraded policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital related claim.

Subject to this, and the terms of the policy Insured Persons become eligible for benefit from the start date of the policy, except for maternity/paternity benefit which is subject to a 10 month qualifying period.

No benefit will be paid in respect of treatment commenced prior to the start date of the policy, irrespective of the future duration of that course of treatment.

If You have upgraded Your policy to a higher level of cover, then for the following 10 months maternity/paternity benefits are restricted to that which would have been payable under the previous level of cover. Benefit for any treatment commenced prior to the date of transfer is restricted to that which would have been payable under the previous level of cover, irrespective of the future duration of that course of treatment.

2 BENEFITS

DENTAL

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council.

Benefit is not payable:

- › for any prescription charges
- › for consumables such as toothbrushes, toothpaste etc
- › for veneers or whitening procedures
- › for premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees
- › for mouth guards used for engaging in sporting activities.

DENTAL TRAUMA

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for dental examination and treatment costs to teeth and gums, provided by a qualified dental practitioner, who is on the Registers of the General Dental Council, required as a result of Dental Trauma.

Benefit is not payable:

- › for mouth guard or gum-shield replacements
- › for any injury incurred as a result of the influence of alcohol or drugs
- › for the cost of any routine dental treatment and examinations
- › for injuries incurred whilst participating in a contact sport where the appropriate mouth guard was not in place
- › for veneers or whitening procedures for damage to

teeth caused entirely due to pre-existing deterioration and not related to the injury claimed to have caused, or aggravated the condition.

OPTICAL

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in every Policy Year. The benefit may be claimed for:

- › sight tests
- › spectacles
- › lenses
- › contact lenses
- › laser eye surgery.

All of the above should be supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council. Laser eye surgery should be performed by a registered laser eye clinic.

Benefit is not payable:

- › for frames only, cleaning solutions and sundries
- › for cataract surgery
- › for spectacles or lenses purchased under an optical care contract scheme
- › for sunglasses other than prescription sunglasses
- › for protective eyewear and goggles/glasses used for engaging in sporting activities.

DIAGNOSTIC CONSULTATION

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, described as such by the Care Quality Commission, on the recommendation of the Insured Person's General Practitioner. Within the maximum limits stated, tests used by the consultant which are required as part of the process are covered.

Benefit is not payable:

- › for consultations in connection with pension, insurance, emigration, or employment matters or for legal or industrial actions
- › for the cost of any treatment
- › for the cost of room charges
- › for health screening
- › for consultations which are covered under "Therapies", below
- › for follow up consultations which do not form part of the initial diagnostic process
- › for scans and tests referred or requested by Your GP
- › for pregnancy related scans performed in an antenatal clinic.

THERAPIES

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Policy Year, in respect of the following treatment:

- › **Physiotherapy treatment** - provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council.
- › **Osteopathic treatment** - provided by a qualified

practitioner registered with the General Osteopathic Council.

- › **Chiropractic treatment** - provided by a qualified practitioner registered with the General Chiropractic Council.
- › **Acupuncture treatment** - provided by a professionally qualified and registered acupuncturist.
- › **Homeopathy treatment** - provided by a professionally qualified and registered homeopath.
- › **Reflexology treatment** - provided by a professionally qualified and registered reflexologist.

Benefit is not payable:

- › in respect of treatment by practitioners other than as defined above
- › for treatment which is not directly provided by the practitioner on a one-to-one basis
- › for homeopathic medicines or remedies.

MATERNITY/PATERNITY

Benefit is payable according to the benefit schedule once in each Policy Year for the birth of Your Child or Children. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for Children under the age of three that You legally adopt.

A copy of the birth certificate or the legal adoption papers must be attached to the claim form.

Benefit is not payable:

- › In respect of any birth or adoption which occurs within 10 calendar months of the start date of this policy.

HOSPITAL IN-PATIENT/DAY CASE ADMISSION

Hospital in-patient/day case benefit may be claimed according to the benefit schedule on discharge from, or after 30 nights stay in, an NHS or registered private hospital, described as such by the Care Quality Commission, per Policy Year, whichever is the sooner.

A maximum of 30 nights/days benefit may be claimed in each Policy Year per Insured Person. If the maximum benefit has been paid for an Insured Person in a Policy Year, he/she must have been discharged for a period exceeding one month before payment for a consecutive Policy Year commences under Hospital in-patient benefit.

Benefit is restricted to a maximum 20 nights of Hospital in-patient per Policy Year out of the 30 nights overall limitation for the following:

- › Geriatric or elderly rehabilitation, psychiatric treatment, rehabilitation, drug and substance abuse or alcoholism
- › Treatment resulting directly or indirectly from terrorist action.

Benefit is payable at the appropriate daily rate according to the benefit schedule following admission to an NHS or registered private hospital for scheduled day-case surgery (including endoscopic procedures) performed under general or local anaesthetic and requiring the use of operating theatre facilities where no overnight stay is included.

Benefit is not payable: (Hospital in-patient)

- › in respect of hospital stays caused by a Pandemic, as defined by the Department of Health, such as, but not limited to, HIV/AIDS, Influenza, Avian Flu, SARS, Zika Virus etc.
- › in respect of cosmetic surgery, stays in a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons
- › in respect of any period of home leave during a period of hospital in-patient treatment
- › in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy
- › in respect of treatment that does not include admission to a ward
- › for hospital stays during which a birth occurs or which immediately follows a birth except:
 - if in-patient treatment for the insured mother continues beyond six consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the seventh night onwards;
 - if in-patient treatment for the insured Child continues after the date on which the mother is discharged, then hospital in-patient benefit for the Child may be claimed from the birth date of the Child.

Benefit is not payable: (Hospital Day Case)

- › in association with a claim for hospital in-patient benefit
- › in respect of cosmetic surgery, sterilisation, vasectomy, pregnancy termination and out-patient treatments
- › for injections administered for the relief and/or control of pain.

FRACTURE COVER (OPTIONAL BENEFIT)

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in every Policy Year if this was selected as an optional benefit. A lump sum is payable if You suffer a Fracture of any of the bones listed below:

- › Upper leg (femur)
- › Vertebral body (not coccyx)
- › Pelvis
- › Skull
- › Vertebra other than vertebral body
- › Lower leg (tibia)
- › Lower leg (fibula)
- › Lower jaw
- › Breastbone (sternum)
- › Shoulder blade (scapula)
- › Kneecap (Patella)
- › Clavicle (Collar bone)
- › Upper arm (Humerus)
- › Lower arm (Radius and ulna)
- › Ankle (Tarsals) and Pott's Fracture
- › Wrist (Carpals) and Colles' Fracture
- › Hand (Metacarples)
- › Foot (Metatarsals)
- › Coccyx
- › Rib(s)
- › Nose

Benefit is not payable:

- › for Fractures of the fingers or toes or any other bone not specifically listed above.
- › for any accident that is directly or indirectly caused by the following:
 - Rock climbing or mountaineering of any type
 - Competing in any race other than on foot or whilst swimming
 - Any form of motorsports
 - The manufacture or use of explosives
 - Flying except as a fare paying passenger
 - Exposure to exceptional danger (except in an attempt to save human life)
 - The illegal acts of the person who has suffered the accident
 - Suicide or self-inflicted injury whether of a sound mind or not
 - Being under the influence of or being affected by alcohol or drugs unless under the advice of a doctor for a condition other than alcohol or drug addiction
 - Radiation or contamination or the effects of radiation
 - HIV, AIDS, any sickness, disease, injury or degenerative process
- › if You have any accident which results in more than one Fracture to the same joint or bone We will only pay benefit for one of the Fractures.

3 BENEFITS NOT PAYABLE

Benefit is also not payable for the following:

- › If You are a member of HM Forces
- › For medical conditions arising from participation in, or an attempt to commit a criminal offence
- › For the release of weapons of mass destruction but not limited to nuclear/biological and chemical weapons
- › For acts of war and terrorism (whether or not a declaration of war or terrorist act was made), acts of hostility from foreign aggressors including invasion, riots and civil commotion, strikes and lockouts, revolution, mutiny and rebellious acts and usurped power (seizure and maintenance by a person or group of an office of power by force)
- › For treatment received in health hydros, nature cure clinics or similar establishments or private beds registered as a nursing home attached to these establishments
- › For cosmetic treatment, or elective surgery for non-medical reasons, whether or not for psychological purposes
- › For any fees involved in completing claim forms or medical reports We request

4 CLAIMS PROCEDURE

- › You can get a claim form from the BHSF website www.bhsf.co.uk, or by phoning the BHSF Helpdesk on 0800 587 8029. By registering for Our customer portal You can claim online for certain benefits.
- › The completed claim form with detailed original

receipts (showing the date of the consultation, treatment or service provided and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 13 weeks of:

- the date of discharge of the hospital in-patient, or
 - the date on the original receipted account for consultation and associated charges, or
 - the date on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 13 weeks, or
 - the date of birth on the copy birth certificate(s) or the date of adoption.
 - Receipts are retained by Us and become Our property.
 - Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
- › Benefit may not be claimed from all insured sources for more than the total cost of consultation and associated fees nor for more than the total cost of defined therapy, dental treatment, dental trauma or optical treatment. In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources.
 - › Credit/debit card receipts are not accepted.

Benefit is only payable in respect of expense which is the direct responsibility of an Insured Person.

Payment of benefit is always made direct to the policyholder. Before committing Yourself to treatment, if You have any question about the validity of a likely claim or are seeking clarification of acupuncture, homeopathy or reflexology practitioners covered under this plan then please visit the BHSF website at www.bhsf.co.uk or telephone the BHSF Helpdesk on 0800 587 8029.

5 FRAUD

You must not act in a fraudulent manner, If You or anyone acting for You:

- › makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or
- › makes a statement in support of a claim knowing the statement to be false in any respect, or
- › submits a document in support of a claim knowing the document to be forged or false in any respect, or
- › makes a claim in respect of any injury occasioned by a wilful act or with connivance of an Insured Person.

Then:

- › we shall not pay the claim
- › we shall not pay any other claim for that Insured Person which has been or will be made under the policy

- › we may at Our option declare the policy void
- › we shall be entitled to recover from You the amount of any misrepresented claim already paid under the policy
- › we shall not make any return of premium
- › we may inform the Police of the circumstances.

6 CUSTOMER CARE

We continually strive to provide Our customers with outstanding value health cash plans and excellent service.

If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact the BHSF telephone helpline on 0121 629 1297.

If you have a complaint about the sale or administration of your policy you should write to Hive Insurance Services, Unit 4, Bredon House, Woodlands, Almondsbury Business Centre, Bristol, BS32 4QH. Or you can telephone 01454 619500*.

In the event of a complaint about a claim, You should write to Us at BHSF Limited, Darnley Road, Birmingham, B16 8TE or telephone Us on 0121 629 1297, quoting Your policy number.

If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You. The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through the complaints process and received a final written response.

7 PROTECTING YOUR DATA

BHSF will store Your information in accordance with General Data Protection Regulations. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

We are committed to protecting Your data and compliance with data protection legislation. Our aim in processing Your data is to successfully deliver Our service to You with an appropriate level of data sharing whilst recognising the need to protect Your fundamental rights to privacy.

For further information please see Our full Privacy Statement by visiting www.bhsf.co.uk/privacynotice. This document fully sets out how and why We are processing the information We have on You. It also explains Your rights to access, rectify, restrict or erase Your data. Your data will be shared with Hive Insurance Services Limited.

8 FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

BHSF Limited is covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type

of business and the circumstances of the claim. Further information about the scheme is available on the FSCS website www.fscs.org.uk

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

BHSF Limited, Darnley Road, Birmingham, B16 8TE
Tel: 0121 454 3601 - 0121 629 1297 (Helpdesk)

Calls are recorded and maybe monitored for training and security purposes.

Signed for and on behalf of BHSF Limited



Geoff Guerin, Chief Operations Officer



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IN PEOPLE



01454 619500 | www.hiveinsure.co.uk

UNIT 4, BREDON HOUSE, WOODLANDS, ALMONDSBURY BUSINESS CENTRE, BRISTOL, BS32 4QH

Hive Insurance Services Limited (registered in England No 3179382) is authorised and regulated by the Financial Conduct Authority, registered number 308655.

This policy is underwritten by BHSF Limited, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 04767689. Registered Office: Gamgee House, 2 Darnley Road, Birmingham, B16 8TE.

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