



plutushealth
ensuring good health

Personal Plan

0808 178 1179
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www.plutushealth.co.uk



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www.plutushealth.co.uk

Plutus Health
Registered Office:
13 Cardiff Road, Newport,
South Wales, NP20 2EH

Tel: 01633 266152 / 250112
Freephone: 0808 178 1179
Fax: 01633 262456
Email: admin@plutushealth.co.uk

About us

Who are we?

Plutus Health is a not-for-profit health plan provider that places our customers at the very heart of everything we do.

We deliver innovative health plans, for both personal and corporate clients, supported by excellent customer service.

Everything we offer is underpinned by a heritage in the healthcare sector going back to 1839.

Plutus Health is now the trading name for Gwent Hospitals Contributory Fund.

What do we do?

Plutus Health offers our customers a selection of health plans to ensure a range of benefits for individuals, family members and corporate customers in the event of ill health and for routine health treatments.

From **just over £2 a week** we provide you with the peace of mind that money will be available in your hour of need.

With everything from dental and optical care covered, to maternity benefits and specialist medical fees, our customers have a broad spectrum of their healthcare needs covered.

Our plans are all monthly renewable contracts where members can chose to pay their contributions at a frequency that suits them, monthly, quarterly, half yearly or annually.





What do we believe?

We firmly believe in helping people access affordable healthcare. With over 175 years in the healthcare market and a rich heritage of helping those in need, our mission has, and always will be, to provide our customers with affordable healthcare, whatever their means and whatever the financial climate.

Our commitment to you

We know that the speed, quality of response and simplicity of the application and claim process are important factors in the consideration of health plans.

The Plutus Health aim is to make everything as easy as possible. We are not only committed to providing value for money plans, we are dedicated to giving you excellent service – from the initial application to simple and quick turnaround of qualifying benefit payments and long term management of your plan, all at no extra cost to you.

Join today!

Join our health plan today by completing and returning the application and direct debit forms at the back of this brochure, or by filling in the online forms on our website www.plutushealth.co.uk.

If you would like to speak to one of our customer service representatives please call:

Tel: 01633 266152 / 250112
Freephone: 0808 178 1179

How does a Plutus Health Plan work?

Choose your level of cover and payment option and send us your application form, available near the back of this brochure, or can be downloaded from our website www.plutushealth.co.uk

Let us know how you want to pay your premiums. Most of our members regard direct debit from their bank account as the easiest option. We will supply you with a direct debit form on request. There is one at the back of this brochure too. However, members can also pay by cash (at our office only) or cheque

Your employer may offer a payroll deduction scheme so that your contribution will be deducted from your wages and paid to us by your employer with your colleagues. Please ask if this is something you would like to do.

Attend your appointment at your dentist, optician or other recognised healthcare practitioner and don't forget to get an identifiable receipt when you pay for your treatment.

Send us your completed claim form for hospital related claims or original and identifiable receipt for those claims where you have paid your practitioner.

We will send you a cheque to settle your claim, subject to our normal terms and conditions, usually within 2 working days.

Why should I have a Plutus Health plan?

- ✦ A health plan is ideal for people who want to stay on top of both their health and their finances
- ✦ It allows you to prepare for unexpected costs, as well as covering day to day healthcare needs
- ✦ A Plutus Health plan is a health insurance policy where you don't need to be ill to be able to make a claim, as it covers everyday routine healthcare procedures like dental checkups and optical tests
- ✦ It's suitable for private and NHS customers
- ✦ It's simple to join with no need for a medical, or lots of complicated forms to fill in
- ✦ It's cheaper than expensive private medical insurance (PMI) policies and you don't have to wait for a serious health problem to make a claim.

All the different ways we can help you:

Hospital In-Patient (Member Only)

£20-£80 per night
Dependent on Plan Chosen

Hospital In-Patient (Member's Partner)

£8-£35 per night
Dependent on Plan Chosen

Hospital In-Patient (Member's child)

£5-£15 per night
Dependent on Plan Chosen

Hospital Out-Patient

Local £6-£20
Distant £25-£100
(over 50 miles from contributor's home) Dependent on Plan Chosen

Hospital Day Surgery

£15-£60
Dependent on Plan Chosen

Maternity Benefit

£150-£750
Dependent on Plan Chosen

Medical Specialist Fees

£70-£170
Dependent on Plan Chosen

Benefit is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor only and is subject to a maximum of ten weeks in-patient benefit in any five consecutive treatment years. Subject to the **Maximum Rule***.

Benefit is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor only and is subject to a maximum of ten weeks in-patient benefit in any five consecutive treatment years. Subject to the **Maximum Rule Member's Partner***.

Benefit is payable for in-patient treatment in a registered hospital anywhere in the world. Benefit is payable to the contributor only and is subject to a maximum of ten weeks in-patient benefit in any five consecutive treatment years. Subject to the **Maximum Rule Member's Child***.

Benefit is payable to the contributor only for attendance at a registered UK hospital only. The benefit paid **per day** is shown in the Plan. The maximum number of days covered by the Plan is 30 at Local Rate (max) in any one treatment year i.e. £180 - £750 dependent upon plan chosen and subject to the **Maximum Rule***. This benefit is for consultation and/or treatment only. Maternity cases are not eligible for this benefit.

Benefit for minor surgery is payable twice per treatment year to the contributor only for a procedure at a registered UK hospital. Subject to the **Maximum Rule ***

Benefit is payable to the contributor only whether the birth is at home or in hospital. Normal hospital benefit will only be paid after the first five nights of hospitalisation. The benefit is payable per child per contributor. See FAQs on page 12.

Benefit is payable to the contributor only towards **half** the cost of medical consultation fees **up to** the maximum payable in one treatment year. This is not available for treatment. Subject to the **Maximum Rule***.

Half the paid cost of treatment incurred from a qualified and registered practitioner* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years. Benefits are not available for charges incurred under care contract schemes.

Half the paid cost of treatment incurred from a qualified and registered practitioner* for eye tests, new prescribed spectacles or lenses and repairs is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years. Benefits are not available for charges incurred under care contract schemes.

Half the paid cost of treatment incurred from a qualified and registered practitioner* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

Half the paid cost of treatment incurred from a qualified and registered practitioner* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

Half the paid cost of treatment incurred from a qualified and registered practitioner* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

Half the paid cost of treatment incurred from a qualified and registered practitioner* is payable to the contributor only **up to** the appropriate maximum in any two consecutive benefit years.

Half the paid cost of the provision of a Social Services referred Home Carer for care provided to the contributor is payable to the contributor only in any two consecutive benefit years.

Dental Benefit

£100-£500
Dependent on Plan Chosen

Optical Benefit

£75-£250
Dependent on Plan Chosen

Physiotherapy

£120-£375
Dependent on Plan Chosen

Osteopathy

£100-£250
Dependent on Plan Chosen

Chiropractic

£100-£250
Dependent on Plan Chosen

Acupuncture

£80-£150
Dependent on Plan Chosen

Home Carer

£100-£175
Dependent on Plan Chosen

See page 12 for **10 good reasons to join Plutus Health**

The figures

Personal Accident

£5,000-£20,000
Dependent on Plan Chosen

This benefit is underwritten by Royal & Sun Alliance plc (RSA). The policy contains exclusions where RSA will not pay accident benefit. A summary of the cover available is shown below. For full details of your coverage you should read the RSA policy document which can be downloaded from the Plutus Health website or obtained from the Plutus Health office.

	Foundation Plus	Bronze Plus	Silver Plus	Gold Plus
Death (as a result of an accident)	£5,000	£10,000	£15,000	£20,000
Disablement (permanent total disablement)	£5,000	£10,000	£15,000	£20,000
Loss of eye(s)	£5,000	£10,000	£15,000	£20,000
Permanent and total loss of speech	£5,000	£10,000	£15,000	£20,000
Permanent and total loss of hearing (in both ears) (in one ear)	£5,000 £750	£10,000 £1,500	£15,000 £2,250	£20,000 £3,000
Loss by permanent physical severance or permanent total loss of use of:				
Loss of limb	£5,000	£10,000	£15,000	£20,000
One big toe	£250	£500	£750	£1,000
Any other toe	£100	£200	£300	£400
One thumb	£1,000	£2,000	£3,000	£4,000
One forefinger	£250	£500	£750	£1,000
Any other finger	£250	£500	£750	£1,000
Permanent total loss of use of:				
Shoulder or elbow	£1,250	£2,500	£3,750	£5,000
Wrist, hip, knee or ankle	£1,100	£2,200	£3,300	£4,400
Removal by surgical operation of:				
Lower jaw	£1,500	£3,000	£4,500	£6,000
Established non union of fractured leg or knee cap	£500	£1,000	£1,500	£2,000
Shortening of leg (by at least five (5) centimetres)	£375	£750	£1,125	£1,500
Break of major bones (Arm bones – radius, ulna &/or humerus.) (Leg bones – femur, tibia &/or fibula)	£75	£150	£225	£300
Total Sum Insured	£5,000	£10,000	£15,000	£20,000

For full details of your coverage you should read the RSA policy document which can be downloaded from the Plutus Health website or obtained from the Plutus Health office.

The figures

	Foundation	Bronze	Silver	Gold
	£8.82 per month	£13.45 per month	£22.74 per month	£32.03 per month
Hospital In-Patient (Contributor)	£20	£35	£60	£80
Hospital In-Patient (Partner)	£8	£14	£25	£35
Hospital In-Patient (Child)	£5	£8	£10	£15
Hospital Out-Patient (a) local (b) distant	£6 £25	£10 £50	£15 £75	£20 £100
Hospital Day Surgery	£15	£25	£45	£60
Maternity Benefit	£150	£300	£500	£750
Personal Accident	£5,000	£10,000	£15,000	£20,000
Medical Specialist Fees	£70	£95	£120	£170
Dental Benefit	£100	£200	£350	£500
Optical Benefit	£75	£100	£200	£250
Physiotherapy	£120	£180	£300	£375
Osteopathy	£100	£150	£200	£250
Chiropractic	£100	£150	£200	£250
Acupuncture	£80	£100	£120	£150
Home Carer	£100	£125	£150	£175

All benefits shown are the maximum per person dependant on the plan chosen and the terms of each category of benefit (see pages 6-7), unless otherwise stated.

FAQs

keyfacts®

✦ Am I eligible to join?

All UK residents aged from 16 up to and including 65 years can join. Existing members can continue with us after their 66th birthday on their existing plan at no extra cost.

✦ How do I join?

Join our health plan today by completing and returning the application and direct debit forms at the back of this brochure, or by downloading, completing and sending us the forms from our website www.plutushealth.co.uk.

If you would like to speak to one of our customer service representatives please call:
Tel: 01633 266152 / 250112
Freephone: 0808 178 1179

✦ Do I have to complete a medical?

No medical examinations are required for you to join. You will need to complete and sign a health declaration when you apply. There is a qualifying period of three months before new members can make a claim and 12 months for known medical conditions at the date of joining.

✦ Is there cover for my partner and/or children?

Under our Personal Customers Scheme, partners (not relations) and dependent children under 16 years of age and living at the same address as you are covered for hospital in-patient benefits – provided you have already registered them with us before you make a claim – see page 6 for more details. If more comprehensive partner and child cover is required we can arrange this on an alternative plan. Please contact our office on Freephone 0808 178 1179 for more information.

✦ How do I claim?

For benefits where you have to pay for the service received, such as dental, optical, medical specialist and therapies please send your original identifiable receipt to our office and we will arrange payment to you. Receipts must be original (not copies), identifiable to you and in the case of handwritten or computer generated receipts they must also be signed, dated and stamped by the treatment provider.
For hospital related claims - in-patient, out-patient and day surgery - we provide claim forms which must be completed and signed by you and signed and stamped by the hospital providing treatment.
With the exception of out-patient claims, for which we allow 12 months from the date of attendance, all claims must be made within three months of discharge from hospital or date of treatment received, or payment made.

✦ Where can I get a claim form?

Please contact our office for a claim form as soon as you know you are going into hospital. If your admittance is unexpected either ask a relative or friend to obtain a claim form on your behalf or contact us once you are discharged from hospital. Alternatively a hospital claim form can be downloaded from our website, www.plutushealth.co.uk

✦ Where can I go for treatment?

Hospital benefit is payable for treatment received at registered UK hospitals. In-patient benefit is also available for emergency in-patient admission (including partner and children if registered with us before you make a claim) during temporary absence abroad (on proof of admission and discharge including the dates concerned). Medical specialist fees are payable for consultation with a medical or surgical specialist holding consultant status in an NHS or registered private hospital in the U.K. For other benefits where you have to pay for your treatment such as dentists, opticians and therapy providers, the practitioner must be qualified and registered with the appropriate U.K. registered professional body. If in doubt please contact our office for details of the relevant professional bodies.

✦ Can I upgrade my plan?

Yes, for members aged 65 or under, although requests to upgrade are subject to the approval of our management. Please contact our office to arrange this. Fresh Health Declarations will be required in every case and upgrades are not permitted once a member reaches 66 years of age.
Please note hospital benefits will be paid at the original plan benefit level for the first 12 months from upgrading. All other benefits will be available at the upgrade rates three months after upgrading and after 12 months for known medical conditions.
If my company pays into your health plan, can I contribute more and upgrade my plan?
Yes, usually your employer will deduct the extra contributions from your wages and pay direct to us.

✦ Do contributions increase with age?

No. Your contributions will not change with any age increase. Should there be a need to make any changes to our overall contribution and benefit rates you will be given at least one month's notice, by post, at your address as shown in our records.

✦ Will you recommend health services to me?

You will not receive advice or a recommendation from us for our health plans. You will need to make your own choice about how to proceed.

✦ Are there qualifying periods?

Normally three months from date of joining but see the following sentence and the points below. For known medical conditions, hospital benefits will not be paid in the first 12 months. You cannot claim for treatment received during the qualifying periods.

✦ How is non-disclosure of existing medical conditions treated?

It is vitally important that you declare any pre-existing condition that you are aware of before joining. Future claims could be refused payment if the claim is found to be from a non-disclosed pre-existing condition.

FAQs (cont.)

keyfacts®

✦ How long after I join the plan can I claim for optical and dental benefits?

You can claim for dental and optical benefits three months after you join the plan, for treatment received after the initial three month period.

✦ How long after I join the plan can I claim for hospital benefits?

All hospital benefits can only be claimed once you have been a plan member for three months, for treatment received after the initial three month period, unless as described above, there are known medical conditions, when the 12 months qualifying period applies. There is no qualifying period if a hospital admission or attendance is required because of an accident. Hospital benefit claim forms can be downloaded from our website.

✦ How long after I join the plan can I claim maternity benefits?

You can claim maternity benefits 12 months after the date you join the plan.

✦ How long after I join can I claim for all other benefits?

You can claim for all other health benefits three months after you join the plan, for treatment received and paid for after the initial three month period.

✦ When can I claim increased benefits after upgrading?

Hospital benefit will be paid at the original plan benefit level for all known medical conditions for the first 12 months from upgrading. All other benefits will be available at the upgrade rates three months after upgrading.

✦ Do you do family membership?

Yes we do. We have alternative plans that will allow you to cover your family too. For further information contact our office on Freephone: 0808 178 1179.

✦ Claims for optical items purchased via the Internet

In all cases please contact our customer services advisors on Freephone 0808 178 1179 before making claims under this heading as different rules apply. Full details are contained in our terms and conditions, copies of which can be obtained from our office or downloaded from our website www.plutushealth.co.uk

✦ How do I cancel my membership?

You have a right to change your mind and cancel your agreement with us. If you wish to exercise this right, please do so in writing to our registered office within 14 days of the date you sign your application form.
Any member wishing to cancel their membership after the above initial period must give 14 days' notice in writing to our registered office.
Cancellation will take effect 14 days from the date of the notice or 14 days from receipt of the notice if undated. After this time no further claims will be paid. Any subscriptions already paid by you will not be refunded.

What do I do if I have a complaint?

If you wish to register a complaint, please contact us either by writing to the Chief Executive, Plutus Health, 13 Cardiff Road, Newport NP20 2EH, or by telephoning 01633 266152.

If you cannot settle your complaint with us, you may be entitled to refer it to the:

Financial Ombudsman Service:
South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Tel: 0300 123 9123

Freephone: 0800 023 4 567

Switchboard: 020 7964 1000

For calls from outside the UK: +44 20 7964 1000

Email: complaint.info@financial-ombudsman.org.uk

Web: www.financial-ombudsman.org.uk

Who are we regulated by?

Plutus Health is the trading name of The Gwent Hospitals Workmen's and Contributory Fund and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Our register number is 202166. We are required to give this information to you. Please use the information provided to decide if our services are right for you.

You can check our details on the Financial Services Register by visiting their website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, without any upper limit. Further information about compensation scheme arrangement is available from the FSCS.

Financial Services Compensation Scheme
10th Floor, Beaufort House, 15 St Botolph Street
London EC3A 7QU

Freephone: 0800 678 1100 or 020 7741 4100

Web: www.fscs.org.uk

Plutus Health Privacy Policy

For details of our Privacy Policy please go to our website, www.plutushealth.co.uk

A full list of terms and conditions can be found on our terms & conditions leaflet which is available at our Newport office. Call if you would like to receive a copy, or download it from our website www.plutushealth.co.uk

10 REASONS TO JOIN OUR CASHBACK HEALTH SCHEME

1 Cash back on dental check ups & treatments. Plus hygienist fees.

2 Cash back on complementary therapies including physiotherapy, osteopathy, chiropractor & others.

3 Cash back on medical consultation fees.

4 Claims settled efficiently & normally within 2 working days.

5 Easy to join - Under £10 a month.

6 Free Personal accident cover.

7 Money back for hospital stays & day surgery.

8 Cash back on optician visits including eye tests, prescription glasses, contact lenses & prescription sunglasses.

9 No medical required.

10 Maternity & paternity payment.



Call us free: **0808 178 1179**

to talk to one of our friendly team!

Visit: www.plutushealth.co.uk



Health Plan joining form

For Payroll Deduction: Please complete in BLOCK CAPITALS and return this form to our office - see below for details. A copy of this will be sent to your employer.

Salutation: Full Name:

Date of Birth: Telephone:

Address:

Postcode:

Email:

I authorise my employer to deduct (please tick the plan amount from the table) for credit to my Plutus Health Plan or other such contributions as may later apply (subject to my right to give 14 days notice of withdrawal).

Plan Name	Per Month	Member	Partner
Foundation	£8.82	☐	☐
Bronze	£13.45	☐	☐
Silver	£22.74	☐	☐
Gold	£32.03	☐	☐

Signed: Date:

Place of Work: Clock / Payroll No:

Department:

To enrol your partner or to ensure we have the details of your partner and/or dependent children under 16 years of age for In-patient Partner/Child claims, please complete the following information.

First Name(s):	1	2	3
Relationship:	1	2	3
Date of Birth:	1	2	3

Please provide information on a separate sheet of paper if more than 3 dependants.

On receipt of your membership application(s) we will provide you with Existing Health Declaration Form(s) for you, your partner and children (if enrolled) for completion and return.

We also offer Family Membership which can include children. If interested, please contact our office for details.

Health Plan joining form

FOR DIRECT CONTRIBUTORS: Please complete this side and Direct Debit mandate on page 15. If no bank account is held, please contact our office on Freephone 0808 178 1179 to discuss the payment methods available.

FOR PAYROLL DEDUCTION: Complete page 13 ONLY and return the form to our office – see below for details.

Please complete in BLOCK CAPITALS I apply to join the Health Cash Plan and, if accepted, agree to the rules and regulations and other such conditions as may apply later (subject to my right to give 14 days notice of withdrawal).

Please tick against plan and amount required.
Direct debits cannot be accepted for weekly payments.

Plan Name	Per Month	Member	Partner
Foundation	£8.82	☐	☐
Bronze	£13.45	☐	☐
Silver	£22.74	☐	☐
Gold	£32.03	☐	☐

Salutation: Full Name:

Date of Birth: Telephone:

Address:

Postcode:

Email:

Employer:

Address:

Postcode: Telephone:

I have previously paid into Plutus Health ☒ Yes ☐ No ☐ if YES through: ☐ Direct ☐ Employer ☐

Details:

You can pay your contributions by direct debit. Please complete and return the enclosed mandate with your application.

Does your partner currently contribute to the Plutus Health? ☒ Yes ☐ No ☐

To enrol your partner or to ensure we have the details of your partner and/or dependent children under 16 years of age for in-patient Partner/Child claims, please complete the following information.

First Name(s):			
Relationship:			
Date of Birth:			

Please provide information on a separate sheet of paper if more than 3 dependants.

We also offer Family Membership which can include children. If interested please contact our office for details.

On acceptance of your membership application(s) we will provide you with an Existing Health Condition Declaration Form(s) for completion and return.

Signature: Date:

Signature of partner (if joining): Date:



Direct Debit mandate



Instructions to your Bank or Building society to pay Direct Debits

Please complete this form and return to: Plutus Health, 13 Cardiff Road, Newport, South Wales NP20 2EH

1. Name and full postal address of your Bank or Building Society Branch

To the Manager:

Bank or Building Society

Address:

Postcode:

2. (a) Name(s) of account holder(s)

(b) Plutus Health Membership No.

3. Please tick the appropriate box to indicate frequency of payment:

☐ Monthly ☐ Quarterly ☐ 1/2 Yearly ☐ Annually

4. Branch sort code (from the top right hand corner of your cheque)

- -

Instruction to your Bank or Building Society

Please pay Plutus Health Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

5. Bank or Building Society account number

Signature:

Date:

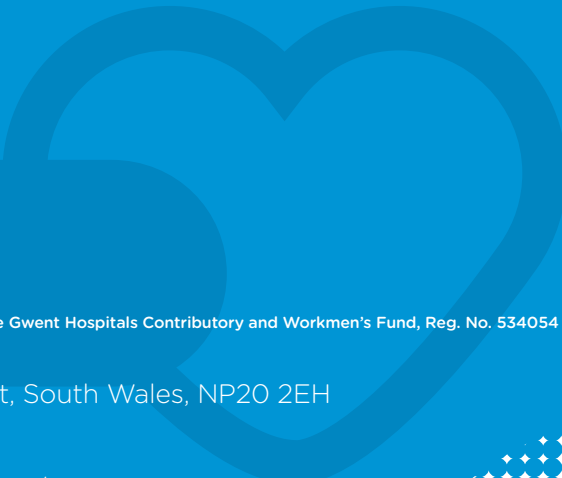
Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- ✦ This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- ✦ If there are any changes to the amount, date or frequency of your Direct Debit Plutus Health will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Plutus Health to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- ✦ If an error is made in the payment of your Direct Debit, by Plutus Health or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- ✦ If you receive a refund you are not entitled to, you must pay it back when Plutus Health asks you to.
- ✦ You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Personal

Plutus Health is the trading name of The Gwent Hospitals Contributory and Workmen's Fund, Reg. No. 534054

Registered Office:

13 Cardiff Road, Newport, South Wales, NP20 2EH

Tel: 01633 266152 / 250112

Freephone: 0808 178 1179

Fax: 01633 262456

Email: admin@plutushealth.co.uk



www.plutushealth.co.uk

plutushealth
ensuring good health

A company limited by guarantee.

The Gwent Hospitals Workmen's and Contributory Fund is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Reg. No. 202166

Personal Scheme 8 - 6/17