plutushealth

ensuring good health

Personal Plan

Benefits, Terms and General Conditions

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BENEFIT CONDITIONS

A number of the following points refer to our office. For clarity, this is situated at 60 Newport Road, Cardiff, CF24 0YG.

We will pay benefit at the rate applicable to your chosen plan if your claim complies with the conditions as stated in the following paragraphs and your contributions are up to date.

***Maximum Rule: The maximum rule incorporates all hospital benefits as stated in Paragraphs 1, 2, 3 and 4 following. The maximum amount of hospital benefit payable to the member in any five consecutive treatment years is equivalent to seventy nights In-Patient Benefit for the Member's chosen plan. The five consecutive year treatment period is calculated from the first attendance/ discharge date of claims submitted in the previous five years.**

1. HOSPITAL IN-PATIENT (member only) BENEFIT

***Subject to the maximum rule.**

1.1 We will pay benefit for In-Patient treatment in a registered U.K. hospital. Hospital In-Patient benefit is also applicable for emergency In-Patient treatment during temporary absence abroad (on proof of admission and discharge including the dates concerned). Benefit is payable to the member.

1.2 To claim In-Patient benefit, the member must be admitted to a ward before midnight. In-Patient benefit is paid per night.

2. HOSPITAL OUT-PATIENT (member only) BENEFIT

***Subject to the maximum rule.**

2.1 We will pay benefit for attendance at a registered U.K. hospital for appointments attended at designated clinics or departments or for emergency attendance at A&E only.

2.2 The maximum number of days benefit covered in the plan, either at Local Rate or Distance Out-Patients Rate (see **2.3** below) or a combination of the two, is thirty attendances at the Local Rate (Local Rate is defined as attendance at a UK hospital less than 50 miles in distance from the claiming member's home address (as registered with us) calculated on the most direct road route from AA Route Finder) in any one treatment year. Multiple attendances on the same day at the same hospital count as one attendance.

2.3 Distance Out-Patients Rate - (this is defined as attendance at a UK hospital 50 miles or more in distance from the claiming member's home address (as registered with us) calculated on the most direct road route from AA Route Finder) - this benefit will be paid to a maximum amount equivalent to thirty attendances at the Local Rate in any one treatment year. The number of attendances includes Local Rate, Distance Out-Patients Rate or a combination of the two. Multiple attendances on the same day at the same hospital count as one attendance.

2.4 The one year treatment period for Out-Patient claims is the calendar year from 1st October to 30th September. The subsequent year will commence on the following 1st

October and so on.

2.5 Out-Patient benefit is not available for Antenatal attendances.

2.6 We will only pay for the number of attendances confirmed by the hospital as stated on the claim form.

3. DAY SURGERY (member only) BENEFIT

***Subject to the maximum rule.**

3.1 Benefit is payable twice per treatment year, for minor surgery administered at a registered U.K. hospital. The treatment year is calculated from the first attendance date of claims submitted during the previous twelve months.

How to make a claim (paragraphs 1 – 3)

- **A fully completed In-Patient/Out-Patient/ Day Surgery claim form must be submitted (claim forms can be obtained from our office or downloaded from our website www.plutushealth.co.uk).**
- **Claims must be submitted within three months from date of treatment or discharge from hospital, with the exception of Out-Patient claims where we allow 12 months from the date of attendance. We will only pay for the number of attendances confirmed by the hospital**
- **Benefit is only paid for one admission/attendance per hospital per day.**
- **Multiple admissions/attendances on the same day at the same hospital count as one admission/attendance.**
- **We will not accept altered claim forms.**
- **We will not pay In-Patient/ Out-Patient/Day Surgery or Medical Specialist Fee (see point 4 below) benefit for known medical conditions on joining for the first twelve months of membership.**
- **Hospital benefits will be paid at the original plan rate for all known medical conditions for the first twelve months from upgrading.**

4. MEDICAL SPECIALIST FEES (member only) BENEFIT

***Subject to the maximum rule.**

4.1 Benefit is payable for half the cost of medical consultation fees incurred by the member, up to a maximum, (depending on chosen plan), in a treatment year. The treatment year is calculated from the first attendance date of any claims for Medical Specialist fees submitted during the preceding twelve months. Benefit applies only for a consultation (not treatment) with a medical or surgical specialist holding consultant status in an NHS or registered private hospital in the U.K.

4.2 Benefit is only paid for one attendance per hospital per day. Multiple attendances on the same day at the same hospital count as one attendance.

4.3 **To make a claim,** the paid original identifiable receipt must be submitted within three months from the date of payment. All computer-generated receipts must be stamped by the hospital or the consultant in attendance. We will not pay benefit if the consultancy cost is covered by private medical insurance. We will only pay benefit toward the cost incurred by the contributor.

4.4 We will not pay specialist consultation benefit for examinations for pensions, insurance, emigration, legal or industrial actions, medical examinations for employment matters, maternity, family planning, cosmetic surgery or

missed appointment fees.

4.5 We do not pay Out-Patient benefit for claims under this category. The exception to this is where a member has reached maximum benefit under this category but then attends a hospital for further medical specialist consultations. In such instances we will pay Out-Patient benefit at the member's chosen plan level provided the maximum annual benefit for Out-Patients has not been reached.

5. HOSPITAL IN-PATIENT (partner) BENEFIT

5.1 The member's partner must be registered with us prior to the partner's first hospital admission which is subject to a claim on us. On registration a member's partner must complete and sign a health declaration. On the date of registration for newly registered partners there is a qualifying period of three months before a claim can be made and twelve months for known health conditions. Benefit is paid for In-Patient treatment in a registered U.K. hospital. Hospital In-Patient benefit is also applicable for emergency treatment during temporary absence abroad (on proof of admission and discharge including the dates concerned).

5.2 Benefit is payable to the member and is subject to **a maximum payment of seventy nights In-Patient (partner) Benefit from the member's chosen plan in any five consecutive treatment years.**

5.3 The five year consecutive treatment period is calculated from the discharge date of the first In-Patient (partner) claim submitted in the previous five years.

5.4 This benefit is only available to the member for a legitimate spouse/partner who resides at the same address. The member cannot claim for any other member of their family who resides at the same address.

5.5 To claim In-Patient (partner) benefit, the partner must be admitted to a ward before midnight. In-Patient (partner) benefit is paid per night.

6. HOSPITAL IN-PATIENT (child) BENEFIT

6.1 The member's child must be registered with us prior to the child's first hospital admission which is subject to a claim on us. On registration of a member's child or children, the member must complete and sign a health declaration for the child or children. On the date of registration for newly registered children there is a qualifying period of three months before a claim can be made and twelve months for known health conditions. Benefit is paid for In-Patient treatment in a registered U.K. hospital. Hospital In-Patient benefit is also applicable for emergency treatment during temporary absence abroad (on proof of admission and discharge including the dates concerned).

6.2 Benefit is payable to the member for his/her child (residing at the same address as the member) under the age of sixteen and is subject to **a maximum payment of seventy nights In-Patient (child) benefit in any five consecutive treatment years.**

6.3 The five year consecutive treatment period is calculated from the discharge date of the first In-Patient (child) claim submitted in the previous five years.

6.4 To claim In-Patient (child) benefit, the child must be admitted to a ward before midnight. In-Patient

(child) benefit is paid per night.

How to make a claim (paragraph 5 – 6)

- **A fully completed In-Patient claim form must be submitted, (claim forms can be obtained from our office or downloaded from our website, www.plutushealth.co.uk).**
- **Claims must be submitted within three months from date of discharge from hospital.**
- **To claim In-Patient benefit, the partner/child must be admitted to a ward before midnight. In-Patient benefit is paid per night.**
- **We will not accept altered claim forms.**
- **We will not pay the member In-Patient benefit for partner and or child claims for known medical conditions of the partner and/or child for the first twelve months of the member joining us.**
- **Should the member's plan be upgraded, Hospital In-Patient benefit will be paid at the original rate for all known medical conditions of the partner and/or child for the first twelve months from upgrading.**

7. MATERNITY BENEFIT

7.1 Benefit is paid for each birth.

7.2 In-Patient benefit will not be paid for the first five nights of hospitalisation during the confinement.

7.3 Out-Patient benefit is not available for Antenatal attendances.

7.4 **Benefit is not payable within the first twelve months of becoming a member.**

7.5 Benefit will be paid at the original rate if the member's chosen plan has been upgraded within the preceding twelve months.

7.6 **To make a claim** we require the original full birth certificate, which we will copy and return. Claims must be submitted within three months from the date of birth.

*** Maximum benefit in any two consecutive year periods (refer to paragraphs 8 to 11) - we will pay half the cost of treatment up to the maximum benefit, as shown in the table of benefits, over a 24 month calendar period. The benefit available for each claim type during the period of 24 calendar months is calculated from the date certified on the first receipt submitted during that period for that claim type e.g. for the first dental claim submitted for £50.00 dated 16/08/19 by an adult member, benefit of £25.00 would be paid to the member. The claimant would come back into that benefit of £25.00 on 17/08/21.**

8. DENTAL BENEFIT

8.1 We will pay half the paid cost of fees incurred to **a *maximum in any two consecutive treatment years according to the member's chosen plan,** for treatment by a qualified dental practitioner registered with the General Dental Council of the United Kingdom.

8.2 We will pay benefit for costs incurred by a dental technician.

8.3 We will not pay benefit for regular payments made for any dental care plan such as Denplan.

9. OPTICAL BENEFIT

9.1 We will pay half the paid cost of fees and treatment incurred to **a *maximum in any two consecutive treatment years according to the member's chosen plan**, for eye tests, new spectacles, lenses, repairs and contact lenses, prescribed by a qualified optical practitioner registered with the General Optical Council of the United Kingdom. We will also pay

half the paid cost of repairs subject to the above maximum.

9.2 We will not pay benefit towards lens solution, sundries and charges incurred under care contract schemes.

*Optical items bought over the internet.

In addition to our standard terms and conditions in all cases we require the original optician's prescription confirming the items purchased were for the member making the claim and that the qualified practitioner prescribing the treatment is registered with the General Optical Council of the United Kingdom. The identifiable prescription must be dated within a 2 year period of the optical claim. We understand such prescriptions can be used for 2 years. We will take a copy of the original document and keep it on file for reference if needed within the 2 years. The original will be returned to the member.

We require an original, paid, identifiable receipt from the optical provider, confirming payment in full has been made. We do not pay towards postal charges.

10. PHYSIOTHERAPY/ OSTEOPATHY/CHIROPRACTIC/ ACUPUNCTURE

10.1 We will pay half the paid cost of treatment incurred to **a *maximum in any two consecutive treatment years according to the member's chosen plan,** for treatment only by a qualified and registered therapist. We do not pay for consultation, assessment, goods or medication purchased. We will only pay benefit for treatment received.

10.2 We will pay physiotherapy benefit if attending a sports physiotherapist for treatment, only if a doctor's letter of referral accompanies the claim. The referral will be valid for 12 months.

10.3 Therapists must be registered with one of the following professional bodies:

Physiotherapists – a qualified practitioner registered with the Health & Care Professions Council (HCPC) and a member of the Chartered Society of Physiotherapists of the United Kingdom (MCSP).

Osteopaths – a qualified practitioner (BSc (Hons), BOst, BOstMed, a master's degree in osteopathy (MOst)) or a Diploma in Osteopathy) in all cases registered with the General Osteopathic Council of the United Kingdom (GOsC).

Chiropractors – a qualified practitioner (BSc, MChiro or MScChiro from the following UK institutions AECC, MCC and Welsh Institute of Chiropractic) registered with the General Chiropractic Council of the United Kingdom (GCC).

Acupuncturist – a qualified practitioner (BSc or BA), registered with the British Acupuncture Council (MBAcC).

11. HOME CARER BENEFIT

11.1 We will pay half the paid cost to the member to the ***maximum benefit in any two consecutive year period according to the member's chosen plan.** Benefit is based on care provided per individual membership.

11.2 Home help must be provided by a Local Authority or an Agency contracted by a Local Authority.

11.3 We will accept paid receipts or paid statements from the Local Authority.

How to make a claim (paragraphs 8 – 11)

- **The original paid identifiable (to the contributor) receipt must be submitted within three months from the date of payment.**
- **We will not accept invoices, orders, duplicates, photocopies, reprints, estimates, statements, debit/credit card receipts or compliment slips.**
- **All computer generated receipts must be stamped by the practice attended.**
- **You have to have received and paid for treatment/service before we will pay your claim.**
- **We do not accept receipts that have been altered.**
- **All original receipts are retained by us.**

12. PERSONAL ACCIDENT BENEFIT

12.1 Cover is for the member only, for death, disablement and for injuries suffered as a result of an accident. Claim forms are available on request from our office.

12.2 A schedule of exclusions is contained in the policy document which can be downloaded from the Plutus Health website or obtained from the Plutus Health office.

12.3 Written notice of claims should be submitted by the insured person or his or her personal representative to Plutus Health within 3 months of any accident.

12.4 For Plutus Health members aged 80 years or more, Personal Accident Benefit for death, loss of eye(s) and loss of limb(s) only. No benefits are available for any other injuries suffered as a result of a personal accident.

Privacy Policy including Data Protection

Complaints Policy including Financial Ombudsman Service

Financial Services Compensation Scheme (FSCS)

For details of the above please refer to our website **www.plutushealth.co.uk**

GENERAL CONDITIONS

1. Contributions include Insurance Premium Tax at the applicable rate.
2. All UK residents aged from 16 up to and including the age of 65 years may join our Health Plan. Once a member, provided your contributions are paid when due, your membership may continue up to any age.
3. Persons wishing to re-join Plutus Health will be subject to a review of past claims prior to re-admittance. Re-joining less than 12 months from cancelling is not permitted, unless payment of back dues is made.
4. We reserve the right to decline applications for membership. We also reserve the right to terminate membership by giving one months notice.
5. Requests to upgrade will be considered at the discretion of our management whose decision will be final. Fresh Existing Health Declaration forms will be required in every case. Upgrades for members over 65 are not allowed.
6. There is a qualifying period of 3 months before any claim can be made against a new membership. For known medical conditions on joining, no hospital claims will be paid for the first 12 months. Hospital benefits will be paid at the original rate for all known medical

conditions for the first 12 months from upgrading. There is no qualifying period if a hospital admission or attendance is required because of an accident.

7. We do not pay for any amounts that a hospital or doctor or other persons may charge for completing your claim form and/or for medical information requested by us in support of your claim. These charges will be your responsibility.
8. To claim Hospital In-Patient (Partner) /(Child) benefit, the member and legitimate spouse/partner/child must reside at the same address as the member and be registered with us prior to any claim being made. The member cannot claim this benefit for any other member of their family residing at the same address.
9. In-Patient benefit for members' registered children will cease on their 16th birthday.
10. It is your responsibility as a member to ensure that your contributions are paid at the correct rate and frequency.
11. We will not pay benefit where the amount payable is less than £1.00.
12. We reserve the right to recover any overpayment of benefits paid to you.
13. We will give you one months notice by post, at the address shown in our records, of any increase in contributions or any changes made to your benefits and conditions.
14. To protect all members, if we feel it is appropriate we will take legal a action against anyone who makes a dishonest or fraudulent claim.
15. Cancellation of membership – Members have a right to change their minds and cancel their agreement with us. Any member wishing to exercise this right must do so in writing to our registered office within 14 days of the date of signature of their 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 will not be refunded.
16. Our plans are all monthly renewable contracts where members can choose to pay their contributions at a frequency that suits them, monthly, quarterly, half yearly or annually.

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

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Personal T & C 6 – 1/20