



plutushealth

ensuring good health

Corporate Plan

Benefits, Terms and
General Conditions

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Corporate Plan Benefits, Terms and General Conditions

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

SINGLE MEMBERSHIP

All benefits are available to the member only.

SINGLE FAMILY MEMBERSHIP

All benefits are available to the member only and member's children (named children on the policy under the age of 18 living with the member) with the exceptions of maternity benefit and health screening which are not available to members' children.

All benefit payments are payable to the member only.

DUAL FAMILY MEMBERSHIP

All benefits are available to the member, member's partner and member's children (named children on the policy under the age of 18 living with the member) with the exception of maternity benefit and health screening which are not available to members' children.

All benefit payments are payable to the member only.

BENEFIT CONDITIONS

We will pay benefit at the rate applicable to your contribution paid

and chosen plan and only if your claim complies with the conditions as stated in the following paragraphs and your contributions are up to date.

***Maximum benefit in any one treatment year period (refer to paragraphs 1 to 9) – we will pay a percentage of the cost of treatment up to the maximum benefit, as shown in the table of benefits, over a 12 month calendar period. The benefit available for each claim type during the period of 12 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 17/08/20.**

1. DENTAL BENEFIT

- 1.1 We will pay half the cost of fees incurred to a ***maximum in any one treatment year according to the member's chosen plan**, for treatment by a qualified dental practitioner registered with the General Dental Council of the United Kingdom.
- 1.2 We will pay benefit for costs incurred by a dental technician.
- 1.3 We will not pay benefit for regular payments made for any dental care plan such as Denplan.

2. OPTICAL BENEFIT

- 2.1 We will pay half the paid cost of fees incurred to a ***maximum in any one treatment year according to the member's chosen plan**, for eye tests, new spectacles, lenses, 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.

- 2.2** 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.

THERAPIES

3. CHIROPODY/PODIATRY/ HOMEOPATHY/REFLEXOLOGY

- 3.1** We will pay half the paid cost of fees incurred to a ***maximum in any one treatment year 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 only pay benefit for treatment received.

- 3.2** Therapists must be registered with one of the following professional bodies:

Chiroprapist/Podiatrist – a qualified practitioner registered with the Health & Care Professions Council (HCPC) and the Accredited Register of Foot Health Practitioners, listed on the Professional Standards Authority website.

Homeopaths – a fully qualified practitioner registered with one of the following professional organisations:

- Member of the Faculty of Homeopathy
- Registered with the Society of Homeopaths, register accredited by the Professional Standards Authority.
- Registered member of HMA UK.
- Member of the Alliance of Registered Homeopaths.

Reflexologists - a member of the Association of Reflexologists (AoR).

4. PHYSIOTHERAPY/ OSTEOPATHY/CHIROPRACTIC ACUPUNCTURE

- 4.1** We will pay half the paid cost of fees incurred to a ***maximum in any one treatment year 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.
- 4.2** 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.

- 4.3** 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).

5. HEALTH SCREENING – Adult Members only

- 5.1** We will pay half the paid cost of fees incurred to a ***maximum in any one treatment year according to the member's chosen plan**, for treatment only by medically qualified staff for Well Woman, Well Man clinics, mammography, osteoporosis and heart disease screening.
- 5.2** This benefit is only paid when attending a U.K screening facility.
- 5.3** We will not pay benefit for screenings or examinations for pensions, insurance, emigration, employment matters, legal or industrial actions or missed appointment fees.
- 5.4** We will not pay Health Screening benefit for known medical conditions on joining for the first

twelve months of membership.

- 5.5** Health Screening benefit will be paid at the original plan rate for all known medical conditions for the first twelve months from upgrading your plan.

6. SPECIALIST CONSULTATION FEES

- 6.1** We will pay half the paid cost of fees incurred, up to the ***maximum benefit in any one treatment year according to the member's chosen plan**. This benefit will apply only for consultation for a medical or surgical condition with a specialist, holding consultant status in the National Health Service.
- 6.2** We will not pay for any treatment incurred, only for diagnostic procedures, e.g. x-rays or tests required provided these follow a "paid for" Specialist Consultation and are not as a result of a free NHS consultation.
- 6.3** 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.
- 6.4** We will not pay Specialist Consultation benefit for known medical conditions on joining for the first twelve months of membership.
- 6.5** Specialist Consultation benefit will be paid at the original plan rate for all known medical conditions for the first twelve months from upgrading your plan.

How to make a claim (paragraphs 1 – 6)

- The original paid identifiable (to the recipient) 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 and compliment slips.
- All computer generated receipts must be stamped by the practice or consultant 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 Plutus Health.

7. HOSPITAL IN-PATIENT ADMISSION

*Payable to a maximum of 50 nights in any one treatment year according to the member's chosen plan.

- 7.1 We will pay benefit for In-Patient treatment in a registered U.K. hospital. Hospital In-Patient treatment is also applicable for emergency In-Patient treatment during temporary absence abroad (on proof of admission and discharge including the dates concerned).
- 7.2 To claim In-Patient benefit, the patient must be admitted to a ward before midnight. In-Patient benefit is paid per night.
- 7.3 *Payment of benefit for admission to hospital for psychiatric or geriatric treatment will be restricted to **one half of the maximum benefit as shown per plan (25 nights)**.

8. HOSPITAL DAY-PATIENT/ DAY SURGERY

*Payable to a maximum of 11 admissions in any one treatment year according to the member's chosen plan.

- 8.1 Benefit is payable to a maximum of 11 admissions in any one consecutive treatment year, for treatment in a registered U.K. hospital, for minor surgery.
- 8.2 We will **not** pay benefit in respect of cosmetic surgery, sterilisation, vasectomy, pregnancy termination and out-patient treatments.

How to make a claim (paragraphs 7 – 8)

- A fully completed In-Patient or 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/discharge from hospital.
- We will only pay benefit for the number of nights and the number of attendances confirmed by the hospital.
- Benefit is only paid for one admission/attendance per hospital per day. Multiple admissions or attendances on the same day at the same hospital count as one admission or attendance.
- We will not accept altered claim forms.
- We will not pay In-Patient or Day Surgery benefit for known medical conditions on joining for the first twelve months of membership.
- Hospital benefit will be paid at the original plan rate for all known medical conditions for the first twelve months from upgrading.

9. MATERNITY BENEFIT -

Adult Members only

*Benefit is paid according to the member's chosen plan

- 9.1 Benefit is paid for each birth.
- 9.2 In-Patient benefit will not be paid for the first five nights of hospitalisation during the confinement.
- 9.3 **Benefit is not payable within the first twelve months of becoming a member.**
- 9.4 Benefit will be paid at the original rate if the member's chosen plan has been upgraded within the preceding twelve months.
- 9.5 **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.

10. PERSONAL ACCIDENT BENEFIT

- 10.1 Cover is extended according to the member's chosen plan, for death, disablement and for injuries suffered as a result of an accident. Claim forms are available on request from our office.
- 10.2 On all plans the Death Benefit for enrolled, dependent children will be £2,500. For all other claim categories, dependent children, if enrolled, receive 50% of benefits.
- 10.3 The policy contains exclusions where accident benefit will not be paid. A schedule of these exclusions is contained in the policy document which can be downloaded from the Plutus Health website or obtained from the Plutus Health office.
- 10.4 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.

- 10.5 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.

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 up 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 the fund 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 (Family) benefit, the member and legitimate spouse/partner/child must reside at the same address as the member. The member cannot claim this benefit for any other member of their family residing at the same address.
9. Benefit for members' children will cease on their 18th birthday.
10. It is your responsibility 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 month's 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 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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