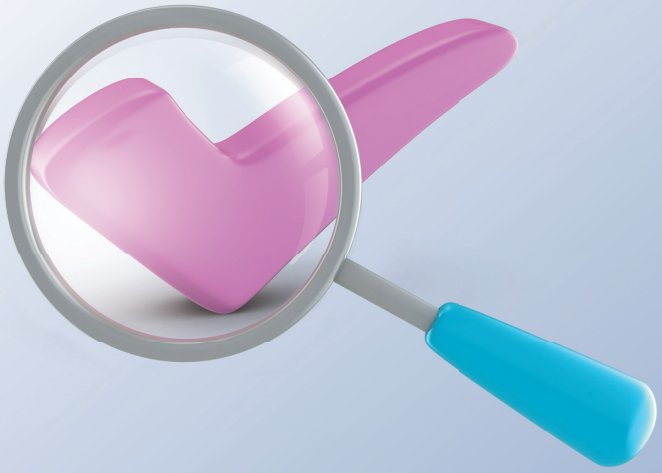
Sovereign Health Care

ASSET

Your Asset health care cash plan explained in full

POLICY TERMS AND CONDITIONS



Looking after your everyday wellbeing starts here

Welcome to your Asset cash plan from Sovereign Health Care. Your cash plan is there to be used and will give you tax free cash back when you spend money on maintaining your everyday health, including a new pair of glasses or contact lenses, visiting the dentist, having physiotherapy and much more.

Table of benefits

The table below details the cover provided with the Asset health care cash plan. Please read these terms and conditions carefully for full details and benefit explanations.

Asset annual benefits	Level 1	Level 2	Level 3	Payback
Everyday essentials				
Dental*	up to £80	up to £160	up to £240	100%
Optical*	up to £60	up to £120	up to £180	100%
Help to keep you ticking over				
Physiotherapy/Osteopathy/Chiropractic/ Sports massage including cover for PMI excess	up to £150	up to £300	up to £450	100%
Chiropody/Podiatry	up to £50	up to £100	up to £150	100%
Acupuncture/Homeopathy/Reflexology	up to £50	up to £100	up to £150	100%
Health screening†	up to £125	up to £250	up to £375	100%
Support if you need hospital treatment				
Hospital consultant fees and diagnostic tests including cover for PMI excess	up to £125	up to £250	up to £375	100%
Hospital day case admission	£30 per day	£60 per day	£90 per day	Max 5 days

Supporting benefits – helping you deal with life's challenges

Employee Assistance Programme (EAP) provided by a specialist third party
Through the EAP, you can access 24 hour confidential support and counselling on a range of life issues from marriage to divorce, birth to bereavement, legal issues to debt management. You can also access up to 8 sessions of face-to-face counselling, including Cognitive Behavioural Therapy (CBT) where clinically appropriate.
See the separate Employee Assistance Programme leaflet in your policy pack for details about how to access the service.

Personal accident cover underwritten by American International Group UK Limited
Up to £20,000 for permanent disablement and £10,000 for accidental death should the unthinkable happen. See the separate terms and conditions in your policy pack for full details.

*Dependent children under 18 are covered for optical and dental benefits on the employee's policy only. Cover provides separate annual maximums for the employee and each of their dependent children.
†Where your employer provides you with direct access to a health screen through a third party practitioner, you will only be entitled to claim through your Asset policy for the cost of this type of health screen once in any two year period.

General conditions

Welcome to your Asset health care cash plan

Asset is Sovereign Health Care's corporate paid health care cash plan. Your policy is funded at the level specified by your employer. If your employer permits, you can upgrade to a higher level of cover and/or cover your partner.

Please read these terms and conditions carefully as they will help you to make the most of your Asset policy. The Personal Accident cover provided within your Asset policy is governed by a separate Personal Accident Insurance Policy Document enclosed in your welcome pack.

How to contact us

If you have any questions please don't hesitate to contact us using the details below. Please remember to quote your policy number(s) when you contact us.

If you have a query please call our customer relations team on **01274 841130**
Our customer relations team are usually available Monday to Thursday between 9am to 5pm and Friday between 9am to 4pm (our **"office hours"**).

Email **cr@sovereignhealthcare.co.uk**
You can email us at any time and we will respond to you during office hours. Please quote your policy number and name in your email.

Visit **www.sovereignhealthcare.co.uk**
You can claim online and get more information by visiting our website.

You can write to us at Customer Relations, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

Joining Asset and your level of cover

Your employer provided your details to us prior to the commencement of your Asset policy and specified the level of cover they are paying for you. If your employer permits you can upgrade to a higher level of cover and/or cover your partner. Details are provided in the section titled 'Upgrading and adding your partner'.

Your level of cover and the start date of your Asset policy are specified on your policy certificate which is part of your policy welcome pack. The table of benefits opposite details the annual benefits payable at the different levels of cover. The amounts shown are annual maximums and not per claim. No medical is required to join the Asset scheme.

Cover for Dependent Children

For the purposes of these terms and conditions, a "Dependent Child" is defined as a child below the age of 18 who is living with you.

Dependent Children are covered at no extra cost for optical and dental benefits on the employee's Asset policy only. Cover provides separate annual maximums for you and each of your Dependent Children at the specified level of cover.

If you chose to cover your partner, their policy does not entitle them to claim for Dependent Children.

Where both parents/guardians have Asset provided by their employer, claims for Dependent Children can only be made against one parent's/guardian's policy, not both. Before you make your first claim for a Dependent Child you must decide which parent's/guardian's policy to add them to.

To make a claim for treatment received by a Dependent Child simply complete an Asset claim form providing all information requested in respect of the Dependent Child.

Dependent Child claims cannot be submitted online. These should be sent to us in the post.

When a Dependent Child reaches their 18th birthday they will cease to be a Dependent Child for the purposes of your policy and will therefore no longer be covered.

Upgrading and adding your partner

Where your company allows, if you want to upgrade to a higher level of cover and/or cover your partner you should do this before the start date of your policy. If you wish to upgrade to a higher level of cover and/or cover your partner at a later date then this will be subject to our acceptance.

Please note that upgrading and/or covering your partner does not create a legal contract between you/your partner and us for cover under the agreement. Our obligations are to your employer as set out in the section titled, 'The agreement between your employer and us'.

Cooling off period – your right to change your mind

Your Asset policy is provided to you by your employer and should you wish to leave the scheme, you must contact your employer who will then inform us.

If you have upgraded your level of cover and/or covered your partner and you decide the policy does not meet your requirements for any reason, you may cancel within 14 days of cover commencing or from the day on which you received your policy documents (whichever is the later) by advising us and your employer of your decision in writing (the "Cancellation Period").

Premiums will not be repaid if a claim has been made within the Cancellation Period or the Cancellation Period has expired. Any premium refunds due will be made by your employer.

Payment of your Asset premiums

Your employer is responsible for paying the premiums for your cover to Sovereign Health Care. Premiums are payable monthly in arrears at an agreed date and are non refundable. These premiums must be kept up to date or we will be entitled to suspend your cover under the terms of the agreement and claims may not be paid. If premiums remain unpaid for three consecutive months, your policy will be considered cancelled and all cover will cease.

The additional monthly premiums for upgrading your policy and/or covering your partner will be deducted from your salary by your employer and remitted to us monthly by your employer.

If we make changes to the Asset health care cash plan

To ensure the ongoing sustainability of the Asset health care cash plan, we will review the performance of the scheme periodically. Should we decide to make any changes to the policy premiums, benefits and/or rules we will give your employer at least one month's written notice.

The premiums stated include insurance premium tax (IPT) at the current rate. We reserve the right to change the Asset health care cash plan premiums following changes to the rate of IPT or as a result of any other legislative or regulatory changes.

If you are paying to upgrade your policy and/or cover your partner we will give you one month's written notice if we make any changes. This will be sent to the address we hold for you within our systems so it is essential that you inform us of any change of address as soon as possible. We do not take responsibility for correspondence not reaching you due to your failure to provide us with your correct address details.

Leaving Asset

You or your employer can end your membership of the Asset scheme (and/or that of your partner if applicable). If you want to end your membership and/or that of your partner then you must write to us and also inform your employer.

Your membership and that of your partner will automatically end if:

- our agreement with your employer is terminated;
- you leave your employer; or
- you die.

We may terminate your membership and that of your partner if:

- your employer does not pay premiums or any other payments due under the agreement; or
- there is reasonable evidence that you or they misled us or attempted to do so.

If your membership ends then the membership of your partner will also end.

If you leave your employer, you will be invited to join a different Sovereign Health Care cash plan. If you apply within 30 days of leaving your employer and we accept your application, you will receive cover on a continuous basis and we will provide cover for any pre-existing conditions.

If you have upgraded your level of cover and/or covered your partner and would like to cancel this arrangement you must notify your employer to stop collecting premiums from your salary and let us know. As premiums are paid in arrears, any premiums you have already paid are non refundable.

Residence outside the United Kingdom

If you reside outside the United Kingdom you will be covered as long as you are employed by the same employer. If you leave their employment and remain living outside the United Kingdom you will not be eligible to transfer to our standard health care cash plan. If you temporarily reside outside of the United Kingdom as part of your employment, you will be covered as long as you are employed by the same employer and your permanent residence is in the United Kingdom. You will not be eligible to upgrade your policy and/or cover your partner where you reside outside of the United Kingdom.

Claims – general rules

See the 'Benefits explained' section for specific details about what we **will** and will **not** pay for under each benefit.

You can have more than one Sovereign Health Care policy however you can only claim for treatment once. If you have more than one, you can claim against both policies but we will not pay more than you have paid for your treatment.

We do not cover premiums you may pay for other types of insurance policies including but not limited to private medical insurance (PMI) and dental maintenance schemes such as Denplan.

We take pride in paying our customers claims promptly. We process all claims as quickly as possible, but we rely on you submitting a fully completed claim form along with the relevant, valid documentation.

You can choose to have your claims paid by direct credit into a bank account or by cheque. If you would like to have your claims paid into a bank account please complete the relevant section on the claim form, return a 'Direct Credit' form to us or call us on 01274 841130 to set this up.

You must submit a claim within 12 months of the date any treatment was received. If you fail to do so, you will have waived your right to be paid/reimbursed for that claim.

Where you have paid for treatment in advance of receiving the treatment, we will only settle claims once you have received the treatment and we have had confirmation that all treatment paid for has been received.

If you pay for treatment using NHS vouchers, we will not accept the claim or reimburse you.

We will only consider claims for payment once we have received a fully completed claim form accompanied by original, valid receipts where required.

We will not pay for any postage, packing and/or delivery costs.

When submitting a claim, please be aware that we do not accept the following:

- receipts that have been altered, photocopied or faxed
- joint named receipts
- till roll receipts
- credit or debit card slips
- invoices not marked as 'paid'
- bank statements or photocopies of any accounts
- receipts where only a part payment or deposit has been paid, including receipts showing a balance outstanding for payment.

You must ensure that all receipts identify the name of the person who received the treatment, the name of the practitioner, details of the treatment and the date it took place.

We do **not** return any receipts or invoices. If you require a copy for your records please arrange this before you submit your claim.

All treatment must be provided by a suitably qualified practitioner and, where applicable, they must be registered with an appropriate professional body recognised by us.

Under no circumstances can claims be accepted where the provider/practitioner is you, your partner or a member of your family.

When you submit a claim, if we are in any doubt regarding the treatment, the person that has received the treatment or the person that has provided the treatment, we reserve the right to contact the health care provider/practitioner for further information.

Occasionally we may request a medical report from you, your GP or health care provider/practitioner to verify a claim. If we make such a request, checks will be carried out in accordance with the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal data. If we do seek additional information and/or if your GP or health care provider/practitioner makes a charge for completing your claim form, we will not pay for any amount you may be charged by them for doing this. These charges will be your responsibility.

Claims will not be paid if you are in breach of these terms and conditions.

Claims – Personal Accident cover

The Personal Accident cover provided by your Asset policy is underwritten by American International Group UK Limited. AIG Direct manages all aspects of customer service and claims on behalf of American International Group UK Limited. The terms and conditions that apply to the Personal Accident cover are set out in the separate Personal Accident Insurance Policy Document enclosed in your welcome pack. Should you need to make a claim on your policy, please notify AIG Direct at the following address:

Claims Manager,
Personal Accident Customer Service Centre,
American International Group UK Limited,
The AIG Building,
2-8 Altyre Road,
Croydon, CR9 2LG.
Telephone: 0800 368 3254
Email: aigdirect.claims@aig.com

Qualifying periods and pre-existing conditions

There are no qualifying periods for any benefit provided as part of your Asset policy with the exception of laser eye surgery or refractive eye surgery within the optical benefit, which you cannot take advantage of until 12 months from your cover start date. For all other benefits you can claim immediately for treatment received on or after the cover start date detailed on your policy certificate.

Pre-existing conditions are covered for the main cash plan benefits of the Asset policy – this applies to ailments or injuries you had prior to the policy starting. However cover for pre-existing conditions **does not** necessarily apply to the Personal Accident cover which has separate terms and conditions.

Claiming year

For the purpose of this clause, 'claiming year' means the year period from your cover start date until its anniversary and each subsequent year period. Your level of cover caps your entitlement to claim against a particular benefit to a maximum in each claiming year. You can make multiple claims against a particular benefit provided that you do not exceed the relevant cap.

The table of benefits on page 2 details the benefits payable. The maximum cover shown is per claiming year and not per claim.

How to claim

Your Asset health care cash plan is designed to be used so please remember to claim for treatment received.

Claiming is simple, all you need to do is:

1. For receipt based claims, remember to get an itemised receipt when you pay for treatment – this should include the name of the person who received the treatment, the name of the practitioner, details of the treatment and the date it took place. If you are claiming for the hospital day case admission benefit you will need to ask the hospital or medical centre where you were treated to complete the relevant section on the claim form with their details and the details of the procedure. They should also sign and stamp the form.
2. Complete a claim form – you can do this online by registering for our secure customer area, or by post using the claim form enclosed in your policy welcome pack or by downloading one from our website. Then submit your completed claim form to us with the original named receipt(s). Remember you need to claim within 12 months of the date of treatment.
3. We will then pay the money into your bank account or send you a cheque if you prefer.

Dependent Child claims cannot be submitted online. These should be sent to us in the post.

Claims for treatment abroad

You can claim for treatment received anywhere in the world from a qualified practitioner (provided that he/she is not a member of your family – see the section titled 'Claims – general rules').

For example if you buy your glasses whilst you are abroad, you can claim for these under your policy. If we accept a claim for treatment received outside the UK, it will be paid in pounds sterling at the prevailing exchange rate published by Oanda **(www.oanda.com)** for the relevant currency on the date we settle your claim. Please ensure you submit a valid receipt. If the receipt is not in English, it would be helpful if you could attach a covering letter in English stating the treatment you have received.

Fraudulent claims and misuse of the policy

The Asset cash plan has been designed to allow customers the opportunity to claim cash back towards the costs of everyday health care. In the event of a fraudulent claim we reserve the right to cancel or suspend your policy and commence legal action. We always seek to recover the costs of all fraudulent claims.

We are members of the Health Insurance Counter Fraud Group (HICFG) and will share information about suspected fraudulent activity with HICFG.

If you display blatant misuse of the policy such as providing false information, making claims under more than one insurance policy in order to receive a sum greater than the cost of treatment (this is called 'betterment'), claiming for treatment where the provider/practitioner is you, your partner or a member of your family, it is likely to lead to your policy being cancelled and premiums will not be refunded. These examples are not exhaustive and we will always act to serve the best interests of all our customers.

We will not pay claims where treatment was received as a result of intentional self injury/illness or your own negligence.

Overpayment of claims

If we make an overpayment of a claim we reserve the right to offset the overpaid amount against any future claims or to recover such overpayment from you directly. In the event that the policy is cancelled any overpayment must be re-paid by you to us immediately.

Governing law

The Law of England and Wales applies to these terms and conditions. All communications will be in English.

Complaints procedure – your right to complain

We pride ourselves on our customer service standards however we recognise that occasionally you may be unhappy with us. If you are not satisfied with any aspect of the service you have received from us please contact our Customer Relations Manager detailing

the nature of your complaint by either:

Writing to: Customer Relations Manager, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

Telephoning: 01274 841130. Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

To help us deal with your complaint quickly, please quote your policy number and your policyholder/ insured name.

If you are unhappy with the response you receive from us, you have the right to refer your complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation from us that our internal complaints procedure has been applied in full.

How we use your personal information

Sovereign Health Care and its group companies comply with the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal information ('Data Protection Legislation') and we will store and process any personal information collected by us in our systems in accordance with Data Protection Legislation. We are committed to keeping your personal information secure, including sensitive personal information relating to health or medical conditions.

When you and/or your employer submit personal information to us, you consent to us using and sharing it in the ways described here. By providing personal information about another person (for example your partner), you confirm that you have that person's permission to provide the information to us, and for it to be used and shared by us in the same way as your own.

We will use your personal information to provide the services set out under the terms and conditions of this policy, including claims assessment and processing, as well as to prevent crime (including fraud and money laundering) and to comply with any legal requirement on us. We may also share your information with approved business partners, organisations and your employer if applicable, for the purposes of administering your policy. Information about claims may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. Whenever we transfer or share information we ensure that it is protected.

Where we have your consent to do so, we may use your personal information to contact you by post, telephone, text or email about special offers, products and services which may be of interest to you. You may exercise your right to withdraw your consent and opt-out of receiving any of our marketing information by emailing us at cr@sovereignhealthcare.co.uk, quoting your policy number, or by calling 01274 841130. You can unsubscribe from any electronic marketing communications by clicking the unsubscribe link within a communication.

For further details on how your personal information is used, including disclosure to third parties, how we maintain security of your information and your rights in relation to the information we hold about you, please see our privacy policy available on our website or contact us if you require a hard copy.

Any telephone calls may be recorded and monitored for training and quality purposes.

Third party authorisation

Sovereign Health Care and its group companies comply with the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal data.

We are committed to keeping your personal information secure, including sensitive personal information relating to your health or medical conditions. We are not allowed to discuss your policy(ies) with your partner, a relative or any other third party, unless you give us permission to do so. You can give us your permission by completing a 'Third party authorisation form' or by calling us to give us your authorisation instruction over the telephone.

To do this call our customer relations team on 01274 841130, please note both the policyholder and the person to be authorised must be available to confirm the instruction over the telephone.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event of us being unable to meet our financial obligations you may be entitled to claim compensation from the scheme. Further information about compensation scheme arrangements is available at www.fscs.org.uk or by calling 0800 678 1100.

The agreement between your employer and us

Your Asset health care cash plan is provided through a formal agreement between your employer and Sovereign Health Care (the "agreement"). The cover detailed in these terms and conditions explains what benefits you are able to claim, general policy rules, the complaints process and information about our regulator. There is no legal contract between you and us for cover under the agreement.

Benefits explained

This section explains in more detail what we **will** and will **not** pay you for with regards to the individual benefits within your Asset policy. Your level of cover is detailed on your policy certificate enclosed within your welcome pack. For all benefits we will pay you up to the annual maximum of your level of cover as shown in the table of benefits on page 2.

You are required to pay for the cost of any treatment first, for which you should obtain a detailed, named receipt. Once you have completed your treatment and paid for it in full, you can then claim the costs of the treatment back from us, up to your annual maximum level of cover. A detailed receipt should endorse your claim. For more information on how to claim, see pages 5 and 6.

The Personal Accident cover provided within your Asset policy is governed by a separate Personal Accident Insurance Policy Document enclosed in your welcome pack.

Everyday essentials

Dental

We will refund the **full** amount paid by you to a qualified NHS or private dental practitioner up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

We will pay you for:

1. Dental treatment including check ups and hygienist fees
2. Full or partial dentures
3. X-rays

We will not pay you for:

1. Cosmetic dentistry
2. Dental implants
3. Dental prescription charges
4. Non prescribed items or consumables e.g. mouthwash, dental floss, toothbrushes
5. Missed appointment charges
6. Registration/administration fees
7. Dental maintenance or dental membership schemes e.g. Denplan premiums

Optical

We will refund the **full** amount paid by you to a qualified optical practitioner up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

We will pay you for:

1. Sight tests
2. Prescription spectacles including frames, prescription sunglasses and prescription contact lenses
3. Spectacle repairs
4. Laser eye surgery or refractive eye surgery performed by a recognised hospital or laser eye clinic but only when 12 months worth of premiums have been paid. This excludes consultation at any time and any treatment received within the first 12 months of the policy

We will not pay you for:

1. Non prescription spectacles/sunglasses/contact lenses
2. Optical sundry items or consumables e.g. any type of solutions, spectacle cases, cleaning materials
3. Spectacle/contact lens insurance premiums
4. Receipts where only a part payment or deposit has been paid, including receipts showing a balance outstanding for payment
5. Laser eye surgery or refractive eye surgery consultations at any time
6. Laser eye surgery or refractive eye surgery treatment received within the first 12 months of the policy
7. Missed appointment charges

Help to keep you ticking over

Physiotherapy/Osteopathy/Chiropractic/ Sports massage

We will refund the **full** amount paid by you to a qualified and registered physiotherapist, osteopath, chiropractor or sports massage therapist up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover. The amount covered is not per therapy. It is a total amount which can be used against one, or a combination, of the therapy treatments detailed up to the annual cover level maximum.

We will pay you for:

1. Physiotherapy, osteopathy or chiropractic treatment supplied by a practitioner who is qualified and registered with an appropriate professional body recognised by Sovereign Health Care, these include:
   - Physiotherapists registered with the Health & Care Professions Council (HCPC)
   - Osteopaths registered with the General Osteopathic Council (GOsC)
   - Chiropractors registered with the General Chiropractic Council (GCC)
2. Sport massage treatment supplied by a therapist recognised by Sovereign Health Care
3. A Private Medical Insurance (PMI) excess that has been paid by you to your PMI provider in order to access physiotherapy, osteopathy, chiropractic or sports massage treatment

We will not pay you for:

1. Any treatment supplied by a practitioner who is not qualified and registered with an appropriate professional body recognised by Sovereign Health Care
2. Any other treatment that is not physiotherapy, osteopathy, chiropractic or sports massage. Examples of treatments that we do not cover are aromatherapy, herbal therapies, Indian head massage, Reiki, Alexander Technique, Bowen Therapy and cranial sacro therapy. This list is not exhaustive
3. X-rays and scans
4. Appliances and supporting materials including but not limited to lumber roll, spinal pillows/ cushions, flexiband, tape, ice packs, books/ literature etc
5. Missed appointment charges

Chiropody/Podiatry

We will refund the **full** amount paid by you to a qualified and registered chiropodist or podiatrist up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover. The amount covered is not per therapy. It is a total amount which can be used against one, or a combination, of the therapy treatments detailed up to the annual cover level maximum.

We will pay you for:

1. Chiropody or podiatry treatment supplied by a qualified practitioner registered with the Health & Care Professions Council (HCPC)

We will not pay you for:

1. Any treatment supplied by a practitioner who is not qualified and registered with the HCPC
2. Cosmetic procedures and pedicures
3. X-rays
4. Consumable items including but not limited to corn plasters, insoles and dressings
5. Surgical footwear or appliances including but not limited to arch supports and orthotic insoles
6. Missed appointment charges

Acupuncture/Homeopathy/Reflexology

We will refund the **full** amount paid by you to a qualified and registered acupuncturist, homeopath or reflexologist up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover. The amount covered is not per therapy. It is a total amount which can be used against one, or a combination, of the therapy treatments detailed up to the annual cover level maximum.

We will pay you for:

1. Acupuncture, homeopathy or reflexology treatment supplied by a practitioner who is qualified and registered with an appropriate professional body recognised by Sovereign Health Care, these include:

Acupuncture

- British Acupuncture Council
- British Medical Acupuncture Society (BMAS)
- The Modern Acupuncture Association
- The Association of Traditional Chinese Medicine and Acupuncture UK

Homeopathy

- The Faculty of Homeopathy
- ITEC qualified
- The Society of Homeopaths
- Alliance of Registered Homeopaths

Reflexology

- Federation of Holistic Therapists
- British Reflexology Association
- Association of Reflexologists
- International Institute of Reflexologists
- British School of Reflexology
- International Federation of Reflexologists
- Complimentary Therapists Association

We will not pay you for:

1. Any treatment supplied by a practitioner who is not qualified and registered with an appropriate professional body recognised by Sovereign Health Care
2. Homeopathic medicines purchased in isolation e.g. from a chemist, health food shop, mail order or the internet
3. Any other treatment that is not acupuncture, homeopathy or reflexology. Examples of treatments that we do not cover are aromatherapy, herbal therapies, Indian head massage, Reiki, Alexander Technique, Bowen Therapy and cranial sacro therapy. This list is not exhaustive
4. Sundry items
5. Missed appointment charges

Health screening

We will refund the **full** amount paid by you after receiving an approved health screening check, undertaken by medically qualified staff up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

Where your employer provides you with direct access to a health screen through a third party practitioner, you will only be entitled to claim through your Asset policy for the cost of this type of health screen once in any two year period. In addition, for this type of health screen to be eligible for cover under the Asset scheme, you must choose to have the health screen (i.e. it cannot be mandatory) and you must pay for the cost of the health screen yourself (i.e. it cannot be funded by your employer).

We will pay you for:

1. Well man or well woman screening
2. Osteoporosis and mammogram screening

We will not pay you for:

1. Screening for legal, employment, insurance, emigration or similar purpose e.g. HGV/PSV
2. Home testing kits
3. Diagnostic procedures or tests
4. Missed appointment charges

Support if you need hospital treatment

Hospital consultant fees and diagnostic tests

We will refund the **full** amount paid by you to a specialist hospital consultant who is registered with the General Medical Council (GMC) up to the appropriate maximum in each claiming year. This maximum is determined by your level of cover.

To make a valid claim you must have a formal referral from your GP or qualified health care practitioner to see a specialist hospital consultant to support diagnosis of an illness/condition. The GP or health care practitioner making the referral should not be linked to the hospital consultant in a way which creates a conflict of interest.

We will pay you for:

1. An appointment with a specialist hospital consultant
2. Treatment from a specialist hospital consultant
3. X-rays and diagnostic tests, investigations and/or scans ordered by a specialist hospital consultant to aid diagnosis
4. A Private Medical Insurance (PMI) excess that has been paid by you to your PMI provider in relation to you seeing and being treated by a specialist hospital consultant

We will not pay you for:

1. Charges made by a hospital/clinic for use of their facilities such as theatre, dressings and equipment
2. Ambulance or taxi charges
3. Consultation and diagnostic tests as a result of a lifestyle choice such as vasectomy, sterilisation, cosmetic surgery, emigration, medical and/or insurance related reports
4. Consultation and diagnostic tests related to fertility or assisted conception
5. Dietician/nutritional services
6. Termination of pregnancy
7. Missed appointment charges

Hospital day case admission

We will pay you at the relevant fixed daily amount up to a maximum of 5 days per claiming year, each time you are treated in a recognised hospital or medical centre (with surgical facilities) where the patient signs an admission form. For the purpose of clarity, day case admission is where you are admitted and discharged on the same day. The amount paid is determined by your level of cover. The claim form must be completed and signed by the hospital or medical centre where you were admitted for treatment.

We will pay you for:

1. An admission to a day case ward or unit for treatment of a medical condition
2. The first 5 occasions in each claiming year

We will not pay you for:

1. Attending hospital as an outpatient or for accident and emergency visits
2. Maternity, geriatric and psychiatric treatments and hospice care
3. Pre-admission appointments
4. Cancelled operations or procedures
5. If your treatment means that you remain in hospital overnight

Employee Assistance Programme – helping you solve life's challenges

The Employee Assistance Programme (EAP) within your Asset policy is provided by a specialist third party which is a separate and independent service provider to Sovereign Health Care. **Please see the EAP leaflet in your policy pack for details about how to access the service.**

Balancing everyday life with the requirements of work and home can create pressures for all of us. If you're going through difficult times or experiencing one of life's major events, you can call the EAP and benefit from the wealth of experience, knowledge and emotional support they can offer. Some of the services you have access to through the EAP include:

- A 24-hour telephone support helpline
- Face-to-face counselling
- Legal, financial and consumer information
- Medical information
- Support for managers

There's also online support with a whole host of information and resources on a wide range of topics.

Please don't be afraid to call. The services of the EAP are confidential and are there when you need a helping hand.

The services of the EAP are also available to your spouse/partner and children aged 16-24 in full-time education residing in the same household.

All counsellors providing services under the EAP are bound by the confidentiality provisions of the British Association for Counselling and Psychotherapy (BACP) Code of Ethics and Practice. Anything you may discuss with a counsellor or legal consultant is confidential. Neither the fact that you have used the service or the content of any contact will be divulged to your employer or anyone else outside the third party EAP provider. The only circumstances in which information may be disclosed are:

- If you provide explicit consent
- The third party EAP provider is ordered by a court of law to disclose information
- The nature of your problem is such that the counsellor has reasonable grounds for believing that there may be a risk of harm to yourself or someone else

Sovereign Health Care reserves the right to change the provider of the EAP.

Sovereign Health Care does not accept responsibility for any delay or failure in the provision or content of the service which is beyond our or the third party EAP provider's control.

If your cover through Sovereign Health Care ends you and your family will no longer be eligible to use the services of the EAP.

The services provided by the EAP are run in accordance with HM Revenue and Customs (HMRC) guidelines.

Sovereign Health Care

ASSET

Making everyday health care more affordable for over 145 years

Established in 1873 as a Bradford-based hospital fund, Sovereign Health Care has been helping people plan for the cost of their everyday health for over 145 years. Last year alone, we paid out £7.3 million in claims to our customers and, because we have no shareholders, any surplus made is available to either reinvest in the business or award to community or charitable initiatives. In the last 12 years, over £7.9 million has been donated to health and wellbeing good causes.

To discuss any aspect of your Asset policy please call our customer relations team on:

01274 841130

Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

www.sovereignhealthcare.co.uk

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