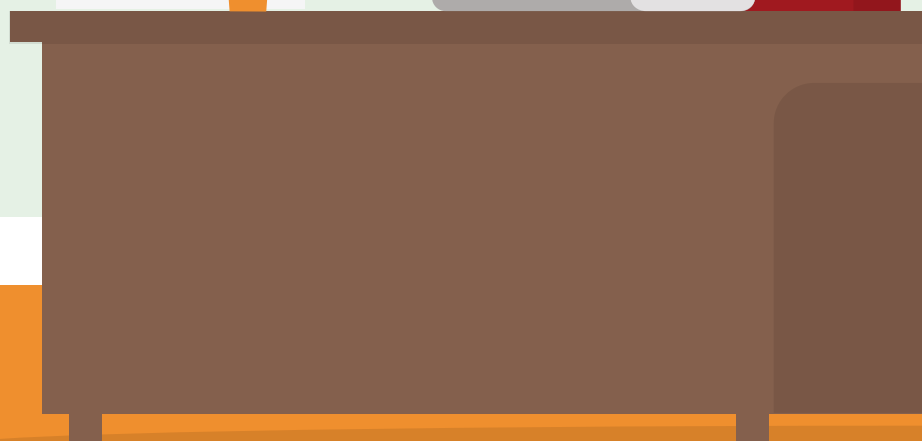
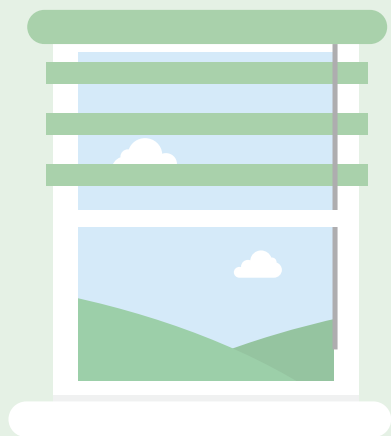


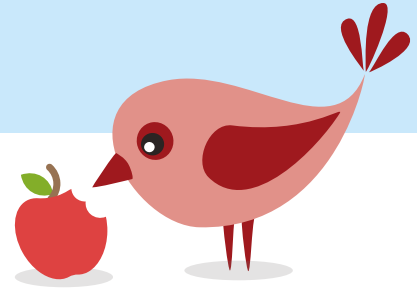
Paycare

Everyday Health Cover since 1874



Policy Document

Your Paycare policy explained



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Welcome to Paycare

This booklet sets out how our Health Cash Plans work and answers some questions you might have.

Please keep it safe as there's lots of information in here that might be useful to you in the future.

When we say 'we' or 'us' in this booklet, we mean Paycare. When we say 'you', we mean the policyholder. When we say 'child' or 'children', we mean children born to or adopted by you or your partner, who are 17 or younger. They must live with you and not be employed. You can make claims for your children for some treatments and services.

When we say 'group', we mean a collection of Paycare policyholders who get their cover through their shared employer or organisation.

This policy covers treatment and services within the United Kingdom (UK) only. By 'United Kingdom', we mean England, Scotland, Wales and Northern Ireland.

This contract is between you and us – no-one else has any rights under it.

Paycare are a Health Cash Plan provider who've been helping our policyholders and our community be happier and healthier since 1874.

We provide health cash plans to policyholders all over the UK. We're really proud that our policyholders tend to stay with us for a very long time. We even have policyholders who've been with us for 50 years!

Our customers, community and people are at the heart of everything we do. We live and breathe the values of our community. We embrace change, we're stronger together and above anything we keep it simple.

We're a not-for-profit organisation, which means every penny left over from running our business goes to good causes. We've donated over £2m to charity so far.

If you'd like to learn more about our history, please visit:

www.paycare.org/about-paycare/history-paycare-health-cash-plans/

How to contact us



Go online

www.paycare.org



Email us

enquiries@paycare.org



Call us

01902 371 000

8:30am - 4:30pm
Monday - Friday



Write to us

Paycare House
George Street
Wolverhampton
WV2 4DX

Have a question?

You might find the answer in our FAQs:
www.paycare.org/faqs

Find us on Social Media

 /MyPaycare

 @MyPaycare

How this policy works

Your cover at a glance

Your schedule will tell you which services you can make claims for. You'll also be able to see your policy's start date and whether your policy has a waiting period. You can only make claims for treatments and services you've received and paid for after any waiting period is over. We pay claims based on the date you paid for the treatment or service, not the date we receive the claim. For more information about the claim date, see 'Your claim date' on **page 7**.

Our policies have different levels – the higher the level of your policy, the more we pay for each claim you make. Your schedule will tell you which level your policy is. You can claim for treatments and services up to the limit shown on your schedule each benefit year. A benefit year lasts for 12 months and your schedule will tell you its start date.

Who can apply

To apply for a Paycare policy, you need to be at least 16 years old and live in the UK. Some of our policies have age restrictions.

If you're applying for a policy for the first time, you need to be under 66 years old when your application reaches us.

We don't have to accept your application.

Keeping us updated

All information you give us must be true and complete to the best of your knowledge.

If there are any changes to the information you've given us, it's important you let us know as soon as possible. If you don't let us know about changes to the information you've given us, we can refuse a claim or cancel your policy.

It's your responsibility to keep your contact details up to date so we can get in touch with you about your policy.

Pre-existing condition

When you take out the policy, you may need to tell us about any pre-existing conditions affecting anyone it covers.

By 'pre-existing condition', we mean symptoms or treatment related to an illness, injury or medical condition you or anyone covered had before you first applied for cover.

If you or anyone covered might need any future treatment or a medical check-up for any symptoms you had before joining, you must let us know.

For the first two years after joining Paycare, you won't be able to make claims related to pre-existing conditions under some sections of the policy. This will only affect claims for Professional Therapy, Specialist Consultation & Tests, Hospital Day Case and Hospital Night Stay.

If you want to upgrade your cover, you'll need to let us know if your health has changed from when you first applied for the policy. For more information, see 'If you choose to upgrade your policy' on **page 26**.

Waiting periods

There may be a waiting period before you can make a claim when you take out a new policy. The waiting period is 13 weeks, except for the New Child payment, which has a waiting period of 12 months. The only claims you can make during the waiting period are for Hospital Night Stay because of an accident.

You can't claim for anything else until the waiting period has ended. Sometimes, we have special offer that give you a shorter waiting period. If that's the case, your waiting period will be shown on the offer. No offers will lower the waiting period for the New Child Payment.



The waiting period is 13 weeks, except for the New Child payment, which has a waiting period of 12 months.

The waiting period will start again from the beginning if you increase your cover level. In this waiting period you can still make claims up to your previous cover limit. If you choose to lower your cover level, there's no waiting period.

Making payments

Each payment made gives you cover for the period the payment is for – this is usually one month.

You need to keep on top of payments to be able to make claims and use our services. If we haven't received your payment by the due date, we won't pay any claims until you've paid what you owe. If you miss two Direct Debit payments in a row, we'll cancel your policy.

If you pay by Direct Debit and one of your payments fails, we'll try to collect double the next month. If we still haven't received the payment for the second month, we'll stop trying to collect your Direct Debit payments and cancel your policy. We'll also cancel your policy if you cancel your Direct Debit, unless you've been in touch with us about paying by a different method. If you're part of a group and your employer doesn't pay us by the due date, any claims we're processing will be held. We'll get in touch with them to fix the issue.

We'll give you at least one month's notice if we're going to make any changes to your payment amount.

Introducing MyPaycare

MyPaycare is a portal to manage your claims and policy online. It lets you go paperless, not to mention saves trees, time and the hassle of print and postage. It's really easy to get started.

Simply register with MyPaycare using your policy number - visit:

www.paycare.org/mypaycare

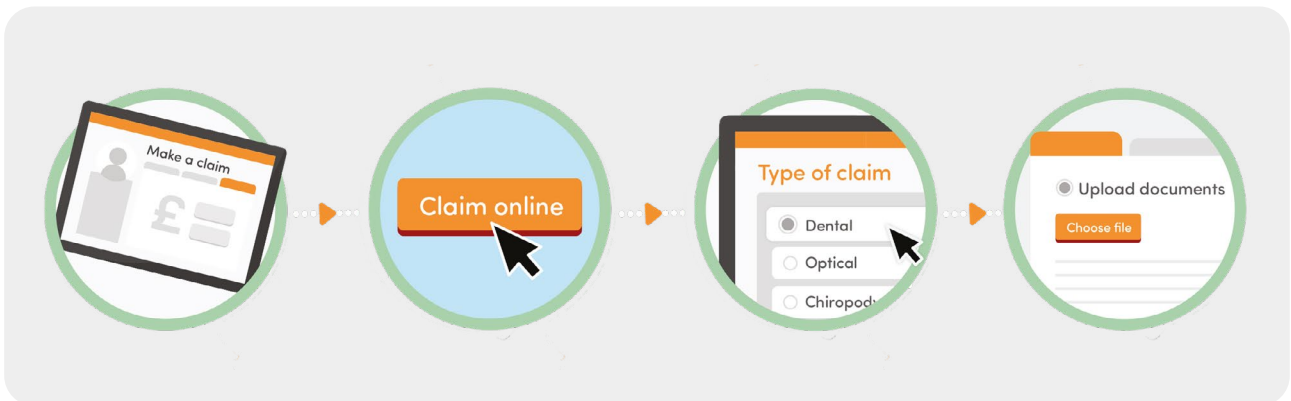
MyPaycare is designed to make it simple for you to use your mobile or desktop device to create new claims or check on previous claims. Using the portal, you can quickly and simply upload claim information, check policy details and benefits or access wellbeing services, all within a few clicks.

How to make a claim

Ways you can claim

The quickest way to get paid is to submit your claim online. MyPaycare is your online claiming portal. Once you've registered here, you'll see the simple online claim form you can use. This is quick to complete and is accessible from mobile or desktop devices. The portal allows you to upload evidence to support your claim directly from your device.

How to claim online



How to claim by post

We'd prefer to keep print to a minimum, to save your postage costs and to make sure we're being conscious of our environmental impact. However, we understand there may be times that this doesn't work for everyone. If you don't have regular access to the internet or a device, you can still make a claim without using MyPaycare.

Get in touch with our customer service team and we can send you our postal claim form.

What you need to know before making a claim

Before making a claim, you should check if you're covered using your schedule or by logging into MyPaycare. If needed, check the practitioner you're using against the qualification register. You can see details about how to do this or how we can check a person is qualified for you under 'Check our Qualification Directory' on **page 8**.

Once you've received and paid for your treatments, please ask your practitioner for a full receipt. You can see everything your receipt needs to show under 'Receipt requirements' on **page 9**. If we pay a claim, but you then get your money back, for example as a refund or from another insurer, we'll ask you to pay us back.



We don't cover treatment carried out at, paid for, or organised by your place of work. This includes treatment that another employee has arranged. This policy doesn't cover any interest or admin fees you're charged during treatment or the cost of prepaid treatment courses.

Your claim date

You should send us the completed claim form, receipt and anything else to support your claim as soon as possible.

We can only accept your claim if we receive it within 13 weeks of the claim date. For most services, the claim date is the date you paid for the treatment or service. For Hospital Day Case and Hospital Night Stay, the claim date is the date the person covered was discharged from hospital. For New Child Payment, the claim date is the date your child was born or adopted.

You must have received AND paid for the treatment or service before making a claim. Even if you pay for a treatment or service before receiving it, the 13 weeks you have to make a claim starts from the date you pay. You must send us any evidence we need to support your claim within those 13 weeks. If we don't have all the evidence we need within 13 weeks of the claim date, we'll cancel your claim.

The amount we'll pay is based on the claim date – not the date you send us your claim or the date your claim reaches us. We'll then pay you up to the limit of your policy for that benefit year. For more information about key dates, please check your schedule.

If you want to make a claim for Personal Accident Cover, we need to know about the accident within 30 days of it happening.

Giving us the facts

You'll need to give us any information we ask for to support your claim. This could include reports from doctors. If you don't agree to this, we might not be able to pay your claim. If anyone charges you for filling in the claim form or providing extra information, you can't claim that money back from us.

If you can make claims from another insurer or someone else, you need to let us know. We'll lower the amount you can claim from us by the amount you got or can get from them.

If we overpay you or pay you money for a claim you shouldn't have been able to make, we may ask you to return the payment.

Check our Qualification Directory

We'll only pay claims for treatment and services from a qualified professional who is registered with an organisation that's recognised by us.

If your claim is for Professional Therapy, Chiropractic or Wellbeing/Alternative Therapy, you should check our Qualification Directory to help you find a suitable practitioner - go to:

www.paycare.org/qualifications-directory

If you have any problems with this, please get in touch with our friendly team and we'll check for you. You'll need to have the practitioner's full name and the type of treatment they're offering to hand.

What your receipt needs to show

If your claim is for treatment and services, we need a copy of the receipt. You should ask the practitioner for a full receipt once the treatment has been received and paid for.

You can upload a photo of the receipt to MyPaycare or send us a copy in the post with a completed claim form. We're unable to return any original documents you send to us.

The receipt must name you or whoever is covered by the policy as the patient and be on letter-headed paper or stamped with the practice details. It also needs to show the amount due, the date of treatment, the date you paid and a description of the treatment or service. Take a look at our receipt requirements diagram below.

We need to have the name and qualifications of the practitioner providing the treatment or service if you're claiming for Professional Therapy, Chiroprody, or Specialist Consultation & Tests.

We don't accept credit card slips, debit card slips or non-itemised till roll receipts. We don't accept receipts that have been written over or changed in any way.



If we believe a receipt has been changed, we may treat it as fraud.

Receipt requirements

If your original receipt does not meet these requirements, don't worry! Just ask your practitioner for a till receipt or invoice.

Need some help?

Our claims team will be happy to confirm if your receipt meets our requirements:

✉ enquiries@paycare.org

☎ 01902 371 000



Accepted receipts

We can accept either a **till receipt** or **full invoice**, as long as it features all of the following information:

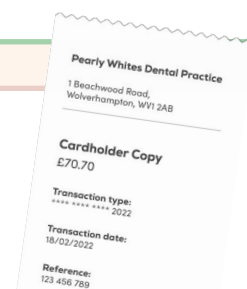
- ✓ Headed paper
- ✓ Your name
- ✓ Practice name
- ✓ Practice address
- ✓ Date of receipt
- ✓ Practitioner's name
- ✓ Treatment details
- ✓ Paid status
- ✓ Contact details
- ✓ Total cost



Not accepted

We cannot accept the following:

- ✗ Card machine receipts
- ✗ Any receipt which does not feature **all of the details** listed above.



What this policy covers

Wellbeing services

As a Paycare policyholder you have access to a great range of additional wellbeing services to help you to stay happy and healthy. Each of these services are chosen to support you in many different ways. We regularly review and update this range of benefits and suppliers to make sure you're getting the best value and quality from them.

Paycare Support Helpline

The Paycare Support Helpline can help you with a wide range of life events and circumstances. This may include talking to a counsellor. You can get a range of specialist advice about things such as:

- Debt, legal, and tax issues
- Money worries
- Health and wellbeing concerns
- Mental health support
- Caring for elderly relatives
- Parenting

MyPocketGP

This is a service where you choose an appointment slot using the MyPocketGP app or by calling their phone line. A GP will then call you back or set up a video consultation. You can use this service whenever you like and can access it abroad. You need to pay the cost of making the phone call and any costs from following the advice you're given, including prescription charges.

This service isn't a replacement for your own GP or the emergency services and it won't hold your medical records. Appointments are given on a first come, first served basis.



In a medical emergency, you should contact your own GP or the emergency services to avoid delays.

Paycare Perks

This is a discount scheme that gives you savings on hundreds of high street, leisure and health and fitness products and services. Just log in to your online account and click 'Paycare Perks' to see what you could save.

Redundancy Premium Protection

If you're made redundant, we want to help during this difficult time. We offer policyholders who've been with us for at least a year up to 3 months' free cover for their policy. To claim, you must have become unemployed through redundancy and not found another job. If your circumstances haven't changed after 3 months, we may be able to give you free cover for another 3 months.

You'll need to email your redundancy letter to **policyadministration@paycare.org** as evidence or send us a copy in the post. You must have been a policyholder for the past 12 months in a row for us to agree to free cover. While giving you free cover, we'll only pay claims up to the limit of the lowest level of your policy, no matter which policy level you're on.

All our policies offer Redundancy Premium Protection. Only you are covered for this.

Need some help?

We're here to help! You can contact customer service with any questions about how your policy works.



Call us:

01902 371 000
(Mon - Fri, 8:30am to 4:30pm)



Email us:

enquiries@paycare.org

Treatments and services you can claim for

You can claim for these services, no matter what policy you have. We'll pay up to the limit on your cover level for the benefit year. You can also make claims for your children, but the limit is shared between everyone covered on the policy. You must visit a professional who is registered with an organisation that is recognised by us.

Optical

We'll cover goods and services that have been provided by an optician.

✓ What's covered

- Eye tests
- Prescribed glasses
- Cleaning materials given to you as part of a prescription
- Fitting costs
- Prescribed lenses fitted to frames you already have
- Repairs to glasses
- Sunglasses, safety glasses and swimming goggles with prescription lenses
- Contact lenses (including monthly contact lenses)
- Corrective laser eye surgery and any consultations needed

✗ What's not covered

- Non-prescription glasses, sunglasses and contact lenses
- Frames only
- Cleaning materials bought on their own
- Accessories like cases, chains and cords
- Payment for any optical insurance or plan
- Anything given to you through any optical insurance or plan
- The cash value of anything you use a voucher to pay for
- Shipping and postage fees for online orders

Dental

Treatment must be given by a dentist, dental surgeon, periodontist, orthodontist or hygienist.

✓ What's covered

- Dental and hygienist appointments
- Dental crowns, bridges and fillings
- Dental braces and gum shields
- Dentures and repairs
- Dental x-rays

✗ What's not covered

- Dental prescription charges
- Products like toothbrushes, mouthwashes and dental flosses
- Tooth whitening
- Dental treatment following an accident
- Fees for missing or cancelling an appointment and other admin fees
- Dental insurance and pre-payment plans
- Joining fees

Professional Therapy

You must visit a qualified professional who is registered with an organisation that is recognised by us.

Please see our Qualification Directory to help you find a suitable professional therapist – go to: www.paycare.org/qualifications-directory

If you've joined Paycare within the past two years, you won't be able to make claims related to pre-existing conditions under this section. If you've upgraded your policy within the past two years, you can make claims related to pre-existing conditions, but only up to the limit of your previous policy.

✓ What's covered

- Physiotherapy treatment
- Osteopathy treatment
- Chiropractic treatment
- Acupuncture treatment
- Hypnotherapy treatment
- Reflexology treatment
- Homeopathy treatment and medication

✗ What's not covered

- Any massage
- Investigative procedures like X-rays, MRI scans and CT scans
- Physical aids, like back supports or insoles
- Cosmetic treatment
- Alternative medicines bought from anyone other than the professional treating you
- Products like acupuncture needles or dressings bought on their own
- Treatment held at/organised by your place of work

Chiropody

You must visit a qualified professional who is registered with an organisation that is recognised by us.

Please see our Qualification Directory to help you find a suitable professional therapist – go to: www.paycare.org/qualifications-directory.



What's covered

Chiropody treatment given by a suitable professional chiropodist



What's not covered

Any products and appliances bought on their own or as part of the treatment

X-rays and other investigative procedures

Cosmetic treatment, including pedicures

Any treatment from chiropodists you're related to

Any treatment you give to yourself as a professional chiropodist

Specialist Consultation & Tests

You should make a claim under this part of your policy for consultations with a Specialist to diagnose a condition. You must have been referred to the Specialist by your GP and we may check with your GP that they referred you.

If you've joined Paycare within the past two years, you won't be able to make claims related to pre-existing conditions under this section. If you've upgraded your policy within the past two years, you can make claims related to pre-existing conditions, but only up to the limit of your previous policy.

What's covered

Any consultations or follow-up consultations

Tests recommended by a Specialist to help them make a diagnosis

The cost of hiring rooms or equipment needed for a private consultation

Any excess you're charged by a private medical insurer for consultations or treatment

What's not covered

Visits to clinics and GPs and tests recommended by a GP but not a Specialist

Treatment or surgery of any kind

Anything related to pregnancy care or fertility treatment

Pregnancy termination unless it has been medically advised by your GP

Consultations for cosmetic surgery unless medically advised by your GP or Specialist

Medical examinations and reports for employment, insurance or legal reasons



When we say 'Specialist', we mean a medically qualified person who is an expert in a specific area of medicine. They must be registered as a Specialist with the General Medical Council. If you're not sure whether the person you've been referred to is a Specialist, please check with us before trying to make a claim. We'll be able to tell you if they're a Specialist or not.

Health Screening

We cover health screenings carried out at a hospital or health screening clinic that aim to prevent a condition or find it early.

✓ What's covered

Full health screenings

Heart disease screenings

Mammograms

✗ What's not covered

Screenings held at a mobile unit or held at/organised by your place of work

Any home testing kits

Tests like blood tests, X-rays or scans that are carried out on their own

Any tests to help diagnose a condition

Medical examinations and reports for insurance, employment or legal reasons

Other treatments and services you may be able to claim for

These treatments and services are included in some of our policies. You should check your schedule to see which treatments and services you can make a claim for.

Wellbeing / Alternative Therapies

You must visit a qualified professional who is registered with an organisation that is recognised by us.

Please see our Qualification Directory to help you find a suitable practitioner – go to: www.paycare.org/qualifications-directory

If your employer adds this service to your policy as an optional 'addition', you can't make claims for your children under this section.

What's covered

- Reiki treatment
- Bowen Technique treatment
- Alexander Technique treatment
- Allergy testing
- Indian Head Massage
- Hopi Ear Candle treatment

What's not covered

- Any treatment that isn't listed in the 'What's covered' column
- Any products bought from the person giving you treatment
- Home testing kits
- Mail order or internet-based services



These treatments and services are included in **some of our policies**. You should check your schedule to see which treatments and services you can make a claim for.

Inoculation / Vaccination

Your policy may cover the cost of inoculations and vaccinations given by a medical professional and prescriptions and charges related to them. If your employer adds this service to your policy as an optional 'addition', you can't make claims for your children under this section.

✓ What's covered

Inoculations/vaccinations for:

Cholera

Diphtheria

Hepatitis (A and B)

Influenza

Malaria

Meningitis

Poliomyelitis

Rabies

Tetanus

Tuberculosis

Typhoid fever

Yellow fever

✗ What's not covered

Inoculation or vaccination for any disease not listed in the 'What's covered' column

Charges and prescriptions related to inoculation or vaccination for any disease not listed in the 'What's covered' column



These treatments and services are included in **some of our policies**. You should check your schedule to see which treatments and services you can make a claim for.

New Child Payment

Your policy may allow you to claim a one-off payment for the amount on your schedule if you have a baby or adopt a child. Your schedule will show you if this is covered on your policy. The policyholder is the only person who can make a claim under this section.

Your claim date will be the day your child was born or legally adopted. Any claims you make must be for children born, stillborn or adopted after the 12-month waiting period has ended. You'll need to provide us with a copy of the full birth certificate, still birth certificate or full adoption certificate to make a claim.

What's covered

Adopting any child who is under 16 when you adopt them

Your baby being born or stillborn to you or your partner

What's not covered

Fostering a child

Pregnancy termination

Miscarriages before 24 weeks of pregnancy

Your child having a baby



These treatments and services are included in **some of our policies**. You should check your schedule to see which treatments and services you can make a claim for.

Going to hospital - Hospital Day Case & Hospital Night Stay

Please check your schedule before applying. It will tell you if you're covered and how many day cases and night stays you can claim for.

You can make claims for your children, but the limit of day cases or nights stays is shared between everyone covered on the policy.

If your claim is for Hospital Day Case or Hospital Night Stay, there are two ways you can make a claim. One way is for the hospital to fill in, stamp and sign the relevant section of the claim form. The other way is for you to send us the original hospital discharge note with your claim form. We'll only accept this if the note gives us all the information the claim form asks for.

You can't claim for a Hospital Day Case and Hospital Night Stay in the same stay.

Need some help?

We're here to help! You can contact customer service with any questions about how your policy works.



Call us:

01902 371 000
(Mon - Fri, 8:30am to 4:30pm)



Email us:

enquiries@paycare.org

Hospital Day Case

You can claim for this if you or your child have a procedure in a private or NHS hospital without staying overnight.

If you've joined Paycare within the past two years, you won't be able to make any claims related to pre-existing conditions under this section. If you've upgraded your policy within the past two years, you can make claims related to pre-existing conditions, but only up to the limit of your previous policy.

✓ What's covered

Being admitted to a day case ward to treat or investigate a medical condition

Having a procedure that requires medically supervised recovery

✗ What's not covered

Pre-admission appointments or treatment in A&E

Cosmetic treatment unless medically advised by your GP or Specialist

Pregnancy termination unless medically advised by your GP

Any treatment related to fertility



These treatments and services are included in **some of our policies**. You should check your schedule to see which treatments and services you can make a claim for.

Hospital Night Stay

You can claim for this if you or your child need to stay in a private or NHS hospital or hospice overnight.

If you've joined Paycare within the past two years, you won't be able to make any claims related to pre-existing conditions under this section. If you've upgraded your policy within the past two years, you can make claims related to pre-existing conditions, but only up to the limit of your previous policy.

✓ What's covered

Overnight stays for a condition that developed after you took out the policy

Giving birth and having to stay in hospital for more than 5 nights. We'll pay claims from the 6th night spent in hospital, up to the nightly limit on your policy. You can only claim for either yourself or your baby, even if you're both still in hospital

Your baby having to stay in hospital for more than 5 nights after being born to a mother who isn't a policyholder. We'll pay claims from the 6th night your baby spends in hospital, up to the nightly limit on your policy

✗ What's not covered

Pre-admission appointments or treatment in A&E

Cosmetic treatment unless medically advised by your GP or Specialist

Pregnancy termination unless medically advised by your GP

Any treatment related to fertility

Giving birth and you and your baby staying in hospital for fewer than 6 nights

Your baby spending fewer than 6 nights in hospital after being born to a mother who isn't a policyholder

Any nights a partner who isn't a policyholder has to spend in hospital after giving birth to your baby



These treatments and services are included in **some of our policies**. You should check your schedule to see which treatments and services you can make a claim for.

Personal Accident Cover

We provide Personal Accident Cover if an accident happens that causes you an injury while you're in the UK. Only you are covered for this part of your policy.

We'll pay you up to the amount shown for each injury on the Personal Accident Cover table. The most we'll pay for each accident is £10,000.

If you have an accident, you must ask us for a Personal Accident claim form within 30 days. If your injuries mean you can't contact us, a family member or friend can do this for you. We'll then be in touch about your claim. A medical professional will need to complete a section of the claim form for you. If they charge you for this, you can't claim that money back from us.

To find out more information on our personal accident cover - go to: **Personal Accident Table**



What's covered

Accidental injuries caused by accidents that happen in the UK to adult policyholders who are under 70.



What's not covered

Claims for anyone who was aged 70 or over when the accident happened

Accidental injuries that happen abroad

Injuries that aren't caused by an accident



These treatments and services are included in **some of our policies**. You should check your schedule to see which treatments and services you can make a claim for.

What this policy doesn't cover



We won't pay claims caused by

War

Terrorism

Extreme sports

Attempted suicide

Self-harm

Drug or alcohol abuse

Cosmetic surgery

Fertility problems

Need some help?

We're here to help! You can contact customer service with any questions about how your policy works.



Call us:

01902 371 000
(Mon - Fri, 8:30am to 4:30pm)



Email us:

enquiries@paycare.org

Making changes to this policy

How you can make changes to this policy

If your policy allows you to upgrade or downgrade your cover level, you can do this once every 12 months.

You can only increase your cover level once after your 65th birthday. If you change your cover level part way through a benefit year, your benefit year won't change. This means any claims you've already made will count towards the limit on your new policy for that benefit year.

You can find out more about how to make changes to your policy on our website: www.paycare.org/faqs

If you choose to upgrade your policy

If you upgrade your policy, there may be a waiting period before you can claim from the upgraded level. This will be confirmed in a new schedule. Remember, the waiting period is usually 13 weeks, except for the New Child Payment, which has a waiting period of 12 months. During the waiting period, you can make claims up to the limit of your previous policy.

You need to let us know about any pre-existing conditions affecting you or anyone else that's covered when you upgrade your policy. For the first two years of upgrading, there are restrictions on claims you can make that are related to pre-existing conditions under some sections of the policy. This will only affect claims for:

- Professional Therapy
- Specialist Consultation & Tests
- Hospital Day Case
- Hospital Night Stay

During these two years, you can make claims that are related to pre-existing conditions under these sections, but only up to the limit of your previous policy. You can make claims up to the limit of your new policy as soon as any waiting period is over if they're not related to pre-existing conditions.

After the two years have passed, the restriction on pre-existing conditions will be lifted. This means you can make claims under these sections up to the limit of your upgraded policy, whether they're related to pre-existing conditions or not.

If there's anything you don't understand, please ask our team, visit our website, or ask your work's HR department if you access your policy through your employer.

If you choose to downgrade your policy

If you downgrade your policy, you won't be able to change your level of cover for another 12 months. There's no waiting period to downgrade, and you won't be asked to tell us about any medical conditions you've had in the past.

If you change your mind

If you decide you'd like to cancel the change in cover, please let us know within 14 days. We'll then return your policy to the level it was on before. We'll refund any difference in premium, as long as you haven't made a claim over the yearly allowance of the level it was on before.

When we can make changes to this policy

We can change the terms and conditions of your policy, including the services we offer and your payments. If we do this, we'll always give you at least one month's notice in writing. It's your responsibility to make sure we can contact you by letting us know about any changes to your contact details.

You can only be covered by one policy with us. It's up to us to decide which policy to keep you on if you're on more than one.

If we choose not to enforce the terms and conditions of this policy at one time, we can still rely on them in the future.

Cancelling your policy

How you can cancel your policy

You can cancel your policy at any time by emailing or calling us.

This policy has a 14-day cooling-off period. This means we'll fully refund you if you decide to cancel your policy within 14 days of receiving it, as long as you haven't made any claims.

If you decide to cancel your policy after this, there's no penalty. We won't refund any payments you've made and your cover will stop on the last day that was covered by the final payment you made.

If you're a policyholder in a group and your employer cancels the policy, your cover will stop on the last day that was covered by their final payment. If you leave your job, you may be able to keep your cover by moving to one of our other policies. Please get in touch with our customer service department for more information about this.

If we've paid claims that you shouldn't have been entitled to, we'll ask you to pay this money back to us. If you get your policy through your employer and you leave your job, you need to stop making claims straight away as you'll no longer be covered.

Rejoining

If you decide to cancel your policy, you can apply to rejoin at any time. We don't have to accept your application to rejoin and we'll take claims you made on your previous policy into account.

If you apply to rejoin Paycare in the same benefit year that you cancelled your policy, your allowances won't be refreshed. This means any claims you made will count towards the limit for that benefit year on your new policy.

When we can cancel your policy

We'll cancel your policy if you cancel your Direct Debit or it gets rejected twice in a row. For more information, see 'Making payments' on **page 5**.

We'll cancel your policy straight away if you don't follow the rules set out in these terms and conditions or if you behave abusively towards our staff.

We can cancel the policy straight away if we believe you're involved in fraud. We may also pass your details to fraud prevention agencies and other organisations. If you get your policy through a group, we may contact your employer. By 'fraud', we mean giving us false information on purpose or acting dishonestly. This could be to benefit from your policy or someone else's.



If we've paid claims that you shouldn't have been entitled to, we'll ask you to pay this money back to us.

Examples of fraud include:

- Sending us a receipt that's fake or has been changed
- Pretending to be someone else on the phone
- Changing someone else's personal/bank details

How to make a complaint

Let us know if you're unhappy

We always aim to give the best possible service to our customers, but we understand there may be times something goes wrong. If you're unhappy please let us know by getting in touch with our Customer Services team by phone, email or post. We'll want to understand what's gone wrong so we can deal with your complaint fairly.

What to do if you're still unhappy

If you're not happy with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). You'll have up to 6 months from the date of our final response to do this.

How to contact the Financial Ombudsman Service

Visit their website:

www.financial-ombudsman.org.uk

Email:

complaint.info@financial-ombudsman.org.uk

Write to:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

How your money is protected

You are protected by the Financial Services Compensation Scheme (FSCS). This means that if we went out of business, the FSCS would give you the cover for any valid claims you'd made that we hadn't paid.

How to contact the FSCS

Visit their website:
www.fscs.org.uk

Call them:
020 7892 7300

The law and your policy

If you bought your policy in the United Kingdom, you can choose which part of the UK's laws are used for your policy. English law will be used, unless we make a written agreement with you that another law will be used before sending you your policy.

How we use your personal information

When you apply for a policy with us, we record and store information you give us. We use your data to help us consider your application, handle any claims you make, and to generally manage your policy.

We'll never give your personal data to anyone outside Paycare to use for marketing without asking you first. If we do share your information with other companies, we'll follow all relevant laws to make sure your data is protected.

Please see our Privacy Notice for full details of how we handle and manage your personal data:
www.paycare.org/site-map/privacy-paycare-health-cash-plans

To contact our Data Protection Officer, please email:
GDPRTeam@paycare.org.



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George Street,
Wolverhampton
WV2 4DX**

Tel: 01902 371000.

Email: enquiries@paycare.org

www.paycare.org

Paycare is a not-for-profit company limited by guarantee.

Authorised by the Prudential Regulation Authority (PRA) and regulated by the PRA and Financial Conduct Authority (FCA). The FCA's address is 25 North Colonnade, Canary Wharf, London E14 5HS. You can check the Financial Services Register on the FCA website www.fscs.gov.uk. Paycare's FCA reference is 202292. Company Registration Number 820791.

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