

The Benenden Healthcare Society Limited, which is an incorporated friendly society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The remainder of the Society's business is undertaken on a discretionary basis. Financial Services Register number 205351.

This document is only intended to provide a summary of your membership. For full details of the services we provide and the principles we consider when determining whether assistance can be provided, please refer to Your Guide to Benenden Healthcare.

What is this type of insurance?

This is not a traditional insurance product. Benenden Healthcare provides healthcare services such as; Medical Diagnostics, Medical Treatment, Physiotherapy, 24/7 GP and Mental Health helplines. **We are not a private medical insurer. We provide healthcare services on a discretionary basis, except treatment for TB, which is provided on an insured basis. Our services are reviewed regularly and subject to the resources we have available. In some cases, provision of service can be dependent on factors such as a referral letter from a qualified NHS Practitioner, NHS wait times and the type of treatment required.**



What is insured?

All of our services excluding treatment of Tuberculosis (TB) are provided on a discretionary basis.

✓ **Treatment of TB** – If you are diagnosed with TB we will cover the cost of approved treatment. This service is provided on an insured basis and can be requested after six months of membership.

The following services are provided on a discretionary basis.

You can request our assistance for the following from day one of membership:

- **24/7 GP Helpline** – you can call our helpline or log in to the Benenden Health App, 24 hours a day, 7 days a week to book an appointment for a telephone or video consultation with a UK-based GP for you or your immediate family
- **24/7 Mental Health Helpline** – you can call our helpline 24 hours a day, 7 days a week for immediate emotional support and signposting for problems such as mild to moderate anxiety, depression, bereavement, relationships, and legal and debt concerns
- **Care Planning and Social Care Advice** – access to a care adviser who can provide information and advice about adult care issues - including short or long-term care. Our Neurodiversity and Disability Advice Service can support adults and children, as well as parents or guardians whose child may have additional needs.

After six months of membership, you can also request our assistance for the following:

- **Medical Diagnostics** – you can request private medical diagnosis in our diagnostic network for symptoms which you've been referred by a qualified NHS practitioner. Once authorised, we can support your diagnostic costs up to £2,500. All authorised costs up to this amount will be settled directly by Benenden Health. Our website benenden.co.uk/nhswait gives guidance on how your NHS waiting time is used to help determine whether your request for services could be supported
- **Physiotherapy** – you can request a physiotherapist to assess your condition over the phone to determine if you're likely to benefit from physiotherapy and if so, the best course of treatment for you. If recommended, physiotherapy may be provided either via guided self-managed exercise or virtual or face-to-face sessions with a physiotherapist in our network
- **Mental Health Support** – you can request Mental Health Support. This service aims to provide short-term structured support for Members facing life stressors such as bereavement, issues with work or relationship difficulties, and support for mild or moderate distress. This can include support for common mental health conditions such as anxiety or depression where a short course of structured support would be clinically beneficial
- **Cancer Support** – if you have cancer, you can request this service which provides access to a registered nurse who will provide you with emotional and practical support and advice

After six or 24 months of membership, you can request:

- **Medical Treatment** – you can request private medical treatment for our approved procedures in our treatment network. A full list of our approved procedures is available on our website benenden.co.uk/our-procedures. Our website benenden.co.uk/nhswait gives guidance on how your NHS waiting time is used to help determine whether your request for services could be supported. If you joined us before 19 February 2024 you can request Medical Treatment after six months of membership. If you join us on or after 19 February 2024 you can request Medical Treatment after 24 months of membership.



What is not insured?

- ✗ With the exception of treatment for tuberculosis, the other services are provided on a discretionary basis.



Are there any restrictions on cover?

The following restrictions apply to our services, including (where applicable) the treatment of tuberculosis.

- ! You must ordinarily reside in the UK (this excludes the Isle of Man and Channel Islands) and aged 16 or over to be eligible to take out membership
- ! We are unable to pay for services obtained before we have given our authorisation (with the exception of 24/7 GP and Mental Health helplines and Mental Health Support)
- ! We can only provide treatment from our approved procedures list. Examples of excluded procedures include surgeries related to cancer, heart or brain conditions, joint replacements or anything not on our approved procedures list. A full list of procedures is available at benenden.co.uk/our-procedures
- ! We can only provide diagnostics and treatment at our approved hospital network
- ! Members living within our calculation of a two-hour drive time of Benenden Hospital will undergo their diagnosis and treatment at Benenden Hospital
- ! If we request that you provide a referral from a qualified NHS practitioner, this must be provided and reviewed by us before we can authorise any services
- ! We cannot offer mental health support for conditions which our counsellors determine to require long term support
- ! The NHS wait times will be considered before authorising any diagnostics and treatment services
- ! We will only fund diagnostic costs up to £2,500 and appointments for a diagnosis must take place within six months of our authorisation
- ! All treatments we authorise must take place within eight weeks of our initial authorisation. We won't settle any expense that you incur more than eight weeks after initial authorisation
- ! We're unable to pay for any services if you're travelling overseas other than the 24/7 GP and Mental Health helplines
- ! We won't provide funding for the same service, where the request for support is related to the same medical condition on the same body area within two years of us first authorising support
- ! We won't pay for monitoring of any on-going condition, including consultations or treatment
- ! We'll only authorise Physiotherapy, Medical Diagnostics or Medical Treatment for one set of health concerns at any one time



Where am I covered?

- ✓ The services are only available to you within the UK apart from the 24/7 GP and 24/7 Mental Health telephone helplines which can be accessed from around the world



What are my obligations?

- You must give us honest, accurate and complete information when requesting our services.
- Have your membership number ready when you contact us.
- Ensure you only go ahead with services for which you have been authorised (with the exception of the 24/7 GP and Mental Health helplines, Mental Health Support).
- If calling for medical diagnostic or medical treatment services you need to have details of the NHS wait times, and consultant or test type required for medical diagnosis and CCSD code for required medical treatment.
- All contributions must be paid on time.



When and how do I pay?

You can pay for your membership by either;

- Monthly, quarterly, or annual Direct Debit. We'll confirm when payments will be taken in your payment schedule
- Annually by Credit Card or Debit Card
- Weekly, monthly or quarterly depending on your salary/pension's frequency. Membership may be paid from your salary or pension if they are set up with us



When does the cover start and end?

Cover starts from the date stated in your welcome letter and continues for as long as the contributions are paid.



How do I cancel the contract?

Members have 14 days from the day they receive their membership pack after joining, to cancel their membership. Any payments you have made in this time will be refunded.

All cancellations after the initial 14-day period will take effect and payments will cease at the end of the month in which the cancellation is received. If you have paid your membership contribution annually in advance and wish to cancel your membership, your membership will cease at the end of the month in which we receive your cancellation and we will reimburse you the cost of the number of full months remaining on your annual payment.

To cancel your membership, you can call us on 0800 414 8480 or write to the Benenden Health Membership Team, Benenden Health, Holgate Park Drive, York, YO26 4GG. Alternatively, you can email us at memberrelations@benenden.co.uk. Please include your membership number in all correspondence.

If you pay your membership from your pay or pension, please advise your payroll or pension department to stop any further payments to us.