



# Retired Members Healthcare Plan

Terms and conditions policy document



**Bolton & District**  
Hospital Saturday



# Welcome

We are delighted you have chosen to join the GMB Retired Members Healthcare Plan that is available to help policyholders with their everyday medical expenses.

We've tried to make this policy as simple to understand as possible. Please take time to read this document carefully and keep it safe for future reference. This is your Policy Document. It contains the full terms and conditions of your membership in addition to all the legal information and other important details we are obliged to provide you with. This policy is contractually binding whether or not you have signed the application form or any other document.

For all matters relating to your GMB Retired Members Healthcare Plan membership please contact: Protego Group Ltd on 0330 332 7171. The cost to call 0330 numbers is the same as calling a normal local or national landline. If your tariff or call package offers free or inclusive calls to landlines, numbers starting with 03 should be included in the exact same way.

For matters relating to claims please contact:  
Bolton & District Hospital Saturday Council on 01204 555047.

To claim online or to download a claim form please visit the Hospital Saturday website at [www.hospitalsaturday.co.uk](http://www.hospitalsaturday.co.uk)

Insured persons are covered for the benefits shown in your Premium and Benefits table which in turn is governed by the **Terms and Conditions in this policy document.**

Westfield Contributory Health Scheme Ltd is the underwriter of this policy.

# General terms and conditions

## JOINING THE SCHEME

Anyone aged over 50 can join the GMB Retired Members Healthcare Plan with no upper age limit on joining, and can use the policy for as long as they wish. You will not be required to have a medical to join our scheme. Your qualifying period commences on payment of your first premium.

## MEMBERSHIP

Once your membership has commenced it may continue, subject to the normal terms and conditions and the continuous payment of premiums. We recommend that you review your membership option every year in line with inflation and any increases in healthcare charges. Policyholders must be resident within the United Kingdom. Any changes to your name address or bank account details should be immediately notified to us. Please contact GMB Retired Members Healthcare Plan Helpline at Protego Group.

Tel: 0330 332 7171.

## RENEWALS

The policy is renewed monthly on an ongoing basis. We will not send you a new Policy Document at renewal unless we have varied or made changes to the premiums, terms and conditions, benefits, or benefits levels.

## COOLING-OFF PERIOD

The contract is concluded and your membership commences upon the payment of your first contribution by direct debit. You have 14 days from this date or the date you receive your Policy Document whichever is the later in which to cancel your membership. If you do cancel within this 14-day period any contributions you have paid will be refunded provided you have not submitted a claim. If you wish to cancel then or after this period then please also see the section headed Leaving Us on page 11. Please contact GMB Retired Members Healthcare Plan Helpline at Protego Group. Tel: 0330 332 7171.

## PREMIUMS

Collection of premiums is handled by Protego Group therefore any queries concerning this must be directed to them. Please contact GMB Retired Members Healthcare Plan Helpline at Protego Group. Tel: 0330 332 7171. Payments are made in advance on a rolling basis and are non-refundable. For a claim to be honoured your payments must be fully up to date. Should payment fall into arrears we reserve the right to refuse your claim, even if the treatment date was before the date of arrears. Occasionally it will be necessary for us to increase the premium, alter the benefits available or amend the rules relating to your policy.

If this happens you will receive one month's notice in writing.

Notification of address changes, are your responsibility and we cannot be held responsible for any correspondence failing to reach you. We promise to notify you immediately if legislation which is outside of our control (e.g. Insurance Premium Tax) results in any change to your payments. Once your policy has been operating for 13 weeks you can upgrade to a higher level. You can only do this once a year and you can obtain information on how to do this, by calling 0330 332 7171.

If you have used your maximum entitlement for specialist consultation tests and/or therapies you cannot upgrade your policy until you are back in benefit.

Downgrades are not normally allowed. The level of cover you have chosen sets the premium that is payable by you. All new customers will be required to make their payments by Direct Debit and pay in advance. It is your responsibility to keep us informed of any change in bank details where you require us to pay claims.

## **BENEFIT PAYMENTS**

All payments are provided in respect of a twelve month period. Each individual benefit period begins on the date of the first treatment, goods purchased or service that you have received. Each claim for a different benefit starts a new commencement period for that particular benefit. After each benefit period has

expired the next benefit period will commence on the date of next hospital admission or receipted claim request. Should you be charged by a doctor or practitioner for completing any claim such costs will be at your expense.

All claims, except optical and dental, must relate to a medical condition.

Under current legislation benefits are tax-free. Premiums must be paid up to date prior to benefit payments being paid, as we are unable to process any claims if your premiums are in arrears. Claims are calculated on the actual cost you have incurred. If the full cost of the consultation and/or treatment has been met by another policy, for example a Private Medical Insurance policy, you would not be eligible to claim. However if the other policy meets only part of the cost you are able to claim the excess amount, up to the relevant maximum, you have paid directly.

## **OVERPAYMENT**

Should any overpayment of benefit be paid by our underwriter the amount in question must be reimbursed.

## **WHEN YOU CAN CLAIM**

You can claim in accordance with your Qualifying Period and Benefits Table as outlined in your welcome letter accompanying this Policy Document. If you upgrade your cover you will not be eligible to claim at the higher benefit rate for 13 weeks.

## HOW TO MAKE A CLAIM

Every claim must be accompanied by a fully completed claim form and will be paid in full subject to the appropriate policy limit. You can submit your claim online by visiting [www.hospitalsaturday.co.uk](http://www.hospitalsaturday.co.uk) and following the simple steps provided. You can also download a claim form from this website or alternatively ring 01204 555047 to request one, should you wish to make your claim by post. The following criteria must be applied:

- Claims must relate to a medical condition. If claiming online we reserve the right to request the original receipt you have scanned should we believe that this is necessary
- Original receipts are required
- The receipt must be in the name of the person claiming
- Payments will always be made to the person receiving treatment
- Details of the treatment must be outlined
- Details of the practitioner performing the treatment must be provided
- All claims must be submitted within 3 months of the treatment date as shown on the receipt otherwise they will be ineligible for consideration

- For all Hospital In-Patient claims we require the hospital to confirm the date of admission, the date of discharge and reason for the hospital stay. You may need to give your consent to the hospital for them to give us this information. This can be done by having the hospital fully complete, sign and stamp one of our claim forms or by submitting the hospitals Discharge Form.

Bolton & District Hospital Saturday Council is responsible for the administration and payment of claims. We have the right to request a medical report to validate any claim. We promise to adhere to the Access to Medical Records Act 1988 and Personal Files and Medical Reports (Northern Ireland) Order 1991 should such information be requested. We also reserve the right to request a second opinion for any claim. We will accept the costs incurred should such action be taken. This may result in an appointment with a healthcare professional of our choice. Failure to attend this appointment may result in your claim being refused.

On occasion it may also be necessary for us to request a medical declaration from your GP, dentist or other medical practitioner. You must pay all costs related to obtaining this report. Payments made outside of the UK will be honoured at the current exchange rate on the date that the claim is paid. All payments will be made in pounds sterling with the exchange rate used being made in that country's official currency. Payments will not be made for any treatment received in advance. Photocopied claim forms or receipts are not accepted. Amended or altered receipts will result in a claim being rejected.

Claims should be posted directly to:

BDHSC  
PO Box Bolton  
PO Box 335  
S98 1BY

Office hours:  
Monday to Friday, 9.00am until 5.00pm.

Telephone: 01204 555047

Email:  
[enquiries@hospital-saturday.org.uk](mailto:enquiries@hospital-saturday.org.uk)

# Your benefits explained

## OPTICAL

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### We cover:

- ✓ Eye tests
- ✓ Prescribed spectacles, contact lenses
- ✓ Payments you make for prescription lenses, supplied under a monthly scheme, when you obtain an itemised receipt confirming payment has been made (to be submitted quarterly)
- ✓ Sunglasses with prescribed lenses
- ✓ Repairs
- ✓ Laser eye surgery
- ✓ Disposable contact lenses

### We don't cover:

- ✗ Non prescribed spectacles or contact lenses
- ✗ Optical sundry items / consumables
- ✗ Spectacle/contact lens insurance premiums
- ✗ Part payment of prescriptions
- ✗ Ophthalmic consultation fees
- ✗ Off-the-shelf reading glasses

## DENTAL (NHS & PRIVATE)

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### We cover:

- ✓ Dental treatment, check-ups, hygienist fees
- ✓ X-Rays
- ✓ Full or partial dentures
- ✓ Denture repairs
- ✓ Dental consultation fees

### We don't cover:

- ✗ Cosmetic dentistry
- ✗ Non prescribed items and consumables
- ✗ Dental maintenance schemes
- ✗ Premiums paid to a dental care contract
- ✗ Laboratory fees and dental technician fees

## ACCIDENTAL IMPACT INJURY

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Up to the appropriate maximum can be claimed for accidental impact injury every year towards the actual costs you have incurred. All claims must be for a dental injury that has been the direct result of an accidental impact, such as a fall etc. Please note, dental conditions caused by general wear and tear, eating, biting or during sleeping are covered under the **DENTAL** benefit listed above. Your dentist must indicate on the claim form that the treatment relates to accidental impact injury.

## SPECIALIST CONSULTATION

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Payment can be made directly to the consultant at your request.

### We cover:

- ✓ Consultations as recommended by GP
- ✓ Diagnostic tests
- ✓ Pathological examinations
- ✓ PET scans / MRI scans / ultrasounds
- ✓ Blood tests in relation to diagnostic consultation



**We don't cover:**

- X Cost of a referral
- X Treatment charges
- X Ambulance charges
- X Fees incurred other than during illness
- X Dietician or nutritional services
- X Visits to GPs or clinics
- X Operation fees
- X Anaesthetic fees
- X Speech therapy services
- X Biopsy
- X Counselling services e.g. bereavement, psychiatric, psychological
- X Assisted conception, fertility treatment or pregnancy care
- X Check ups including cancer remission
- X Fees for follow up consultations (excluding results of previous related tests)

**WELLBEING (PHYSIOTHERAPY, OSTEOPATHY, CHIROPRACTIC, ACUPUNCTURE)****We don't cover:**

- X Any treatment provided by a practitioner not registered with the appropriate professional body
- X X-Rays and scans, unless recommended by a specialist consultant
- X Appliances for lumbar support, books, flexiband, tape, ice or heat packs.

**COMPLEMENTARY THERAPIES**

All treatment received must be validated by a letter of referral from your GP.

**We cover:**

- ✓ Remedial massage
- ✓ Homeopathy, reflexology and aromatherapy

**We don't cover:**

- X Sports massage, Indian head massage, Reiki, Alexander technique and Hopi ear candles

**CHIROPODY / PODIATRY****We cover:**

- ✓ Any treatment that is the result of a medical condition that is carried out by a qualified practitioner

**We don't cover:**

- X Cosmetic pedicure, except hard skin removal
- X X-Rays
- X Consumables: corn plasters/insoles/dressings
- X Surgical or corrective footwear

## STAYING IN HOSPITAL

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We will pay for the period you are admitted to a recognised hospital at the appropriate nightly rate in accordance with the level of cover chosen. Cover will be provided to a maximum of 10 nights in a benefit year. A maximum of 10 nights for the duration of the policy will be provided for the same medical condition.

### We cover:

- ✓ Immediate cover following an accident even if the qualifying period has not been met

### We don't cover:

- ✗ Respite care
- ✗ Nights when patients are allowed to leave hospital for any reason
- ✗ Outpatient treatment
- ✗ Attendance at A&E
- ✗ Stays relating to a psychiatric condition

## HOME HELP

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The home help benefit can be claimed if, after assessment by a local authority, or approved local authority supplier, you have incurred a cost for charges made by a local authority or approved local authority supplier for home help assistance. Up to the maximum benefit can be claimed every benefit period.

## HEARING AIDS/REPAIRS

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This benefit is paid to help with the cost paid to a registered Hearing Aid Dispenser. Up to the maximum benefit can be claimed for new hearing aids and repairs every benefit period. Replacement batteries are not included within the benefit.

## SURGICAL APPLIANCES

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Up to the relevant maximum amount can be claimed within every benefit period towards the actual cost incurred for surgical appliances. Surgical appliances are defined as something worn constantly by an individual, for a medical condition. Examples of items covered within this benefit included medically prescribed surgical shoes, shoe inserts, abdominal supports, surgical stockings, trusses, surgical corsets, mastectomy bras and surgical wigs.

Equipment, for example tens machines and nebulisers and preventative items worn for short periods of time, for example flight socks, are not covered within the benefit.

## **LEGAL, WELLBEING AND EMERGENCY DOMESTIC HELPLINES - 0800 107 6585**

### **Scheme Number - 72739**

The legal and wellbeing helplines are provided by Health Assured Limited. All of the helplines are totally confidential. To use any of the services telephone 0800 107 6585, quote the scheme number (72739) and advise the service that you require:

#### **1. Private Legal Advice**

Confidential legal advice on any personal legal problem such as, but not limited to, employment, consumer contract, landlord and tenant, property, probate and motoring, within the territorial limits of the United Kingdom, Channel Islands and the Isle of Man.

#### **2. Identity Theft Helpline**

Information and help with regard to keeping your identity safe, what to do if it is stolen, how to deal with online identity theft, document security and how to get credit checks.

#### **3. Telephone Counselling**

Support on issues such as bereavement, workplace issues, relationship issues, alcohol and drugs, depression and anxiety.

#### **4. Health & Wellbeing Medical Helpline**

Information on supporting a healthy lifestyle, helping with fitness, and general wellbeing. The helpline can provide general medical advice and support, but is not a diagnostic service.

#### **5. Emergency Domestic Service**

This is a referral service in the event that you require help with emergency maintenance problems, such as plumbing, central heating etc. All fees incurred are the policyholder's responsibility.

#### **WHAT YOU CAN'T CLAIM FOR**

- Any condition/illness that was in existence prior to the policy commencing, excluding dental, optical, specialist consultation tests or therapy treatments that relate to a medical condition, of which you are already aware, which your GP has included in your medical records.
- Should you upgrade your cover any medical condition in existence prior to the upgrade can only be covered at the original level of cover.
- Any treatment in respect of a non-medical condition
- Any medical advice or treatment you received prior to joining
- Any type of missed appointment
- Self-inflicted illness or injury or suicide attempt

- We do not cover prepaid prescription certificates
- Activities related to hazardous sports injuries. A full list of these is available on request
- Examinations at a medical centre
- GP fees for private treatment
- Pregnancy terminations, contraceptives or gender reassignment operations
- Cosmetic surgery
- Drug, alcohol or solvent abuse

### **MEDICAL PRACTITIONERS, CONSULTANTS AND SPECIALISTS**

Claims will only be paid if the person providing your treatment or care is a qualified practitioner who meets the following criteria. They must be (depending on their field):

- Named on the register of specialists maintained by the General Medical Council and/or Dental Council
- In a position of substantive appointment in a National Health Service Hospital or Armed Service (locums are excluded)
- In possession of a certificate of Completion of Training from the Royal College of Nursing.
- A qualified dental practitioner
- A qualified optician or ophthalmic surgeon
- Registered with the Health Professionals Council

- Registered with the British Acupuncture Council or The Modern Acupuncture Association or British Medical Acupuncture Society
- Registered with the General Chiropractic Council
- Registered with the General Osteopathic Council
- Registered with The Faculty of Homeopathy or The Society of Homeopaths or the Alliance of registered Homeopaths BETEC qualified
- Registered with ITEC, FHT or CNHC
- Registered with MCSP or SRP

### **LEAVING US**

You must confirm your cancellation by writing directly to The Compliance Director, Protego Group Ltd, St Georges House, Greengate Lane, Prestwich, Manchester M25 3HW or by email to [compliance@protegroup.com](mailto:compliance@protegroup.com). You can cancel your policy by giving us one month's notice. Your policy will remain in force and you will be liable to maintain your payment of premiums until such notice has been received and expired.

If you do not provide the relevant notice and simply cancel the direct debit instruction at your bank and do not contact us, we will not immediately cancel your plan and we reserve the right to recover any sums overdue. If you do wish to cancel, please contact us directly to avoid any communication regarding outstanding payments.

We will not refund any premiums paid and we reserve the right to prevent individuals from joining again for three years from the date of termination. We reserve the right to cancel your Policy by providing one month's written notice, unless any claim is fraudulent in which case it will be cancelled with immediate effect.

In the event of cancellation it is the member's responsibility to ensure that the payment of premiums ceases, after the month's notice has expired. You will not be refunded for any monthly premiums that have already been made.

We will not be responsible for any bank charges incurred by a member in connection with the continuance or cancellation of a policy. We reserve the right to refuse membership or refuse a request to upgrade membership, or renew or continue to renew membership without giving reason. Membership will be cancelled automatically if premiums are in excess of two months in arrears.

If you have claimed your maximum entitlement for specialist consultations & tests and /or therapies you cannot cancel your plan for a minimum of one full year from the date of your first claim in that Benefit Period unless your policy is terminated by us.

## **FRAUDULENT CLAIMS**

Our contract is based on mutual trust. If we are suspicious that a claim may be fraudulent we have rigorous anti-fraud measures in place. If proven, fraudulent claims may result in legal action against offenders and cancellation of the policy. Abuse of the policy in any other way may result in cancellation of the policy. Examples of what we would consider fraudulent claims include any amendments to receipts, inaccurate completion of medical declarations, failure to divulge pre-existing medical conditions when asked and misrepresentation of any kind.

We have the right to immediately suspend or cancel your policy and refuse to pay any monies requested. We always prosecute fraudulent claimants and look to recover any costs incurred as a result of action taken. Fraud is a criminal offence that can result in a fine or prison sentence. We monitor claims behaviour on all policies and may request an appointment with you to discuss your claims.

## OUR PRIVACY PROMISE

We are committed to protecting the privacy of our users and customers whilst improving people's quality of life by enabling them to make healthier choices. We believe in being open and up front with users and customers and have developed our Privacy Promise, a quick and simple summary explaining how we manage, share and look after your personal data.

We promise to collect, process, store and share your data safely and securely:

You're always in control: Your privacy will be respected at all times and we will put you in control of your privacy with easy-to-use tools and clear choices.

We work transparently: We will be transparent about the data we collect and how we use that data so that you can make fully informed choices and decisions.

We operate securely: We will protect the data that you entrust to us via appropriate security measures and controls. We'll also ensure through the contracts we have in place, that other businesses we work with are just as careful with your data.

For your benefit: When we do process your data, we will use it to benefit you and to make your experience better and to improve our products and services. If you'd like to know more, please read our detailed Privacy Policy available on our website.

## COMPLAINTS PROCEDURE

### For claims only

We hope that you never need to complain, but if you do please contact us in person, by letter, telephone or e-mail. In writing:

Bolton & District Hospital Saturday,  
PO Box Bolton  
PO Box 335  
S98 1BY

By telephone: 01204 555047

By email:  
enquiries@hospital-saturday.org.uk

### For all other matters

Please contact the Compliance Director:

In writing:

Protego Group Limited,  
St Georges House,  
Greengate Lane,  
Prestwich,  
Manchester M25 3HW

By telephone: 0330 332 7171

By fax: 0870 131 4440

By email:  
compliance@protegroup.com

Both Companies have a formal complaints procedure, which is available from their offices by request. If you are not satisfied with our response you may then take your complaint to:

The Financial Ombudsman Service,  
Exchange Tower,  
London, E14 9SR  
or visit [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

They can also be telephoned on 0800 023 4567. The Financial Ombudsman Service is free and using it does not affect your legal rights.

### **FINANCIAL SERVICES COMPENSATION SCHEME**

In the unlikely event of us being unable to meet our financial obligations you can claim compensation from this scheme. You can find further details at [www.fscs.org.uk/consumer](http://www.fscs.org.uk/consumer) or contact them on 0800 678 1100.

### **LAW AND INTERPRETATION**

This policy will be governed by and construed in accordance with the laws of England and Wales and will be subject to the exclusive jurisdiction of the English Courts. All information including the contractual terms and conditions will be supplied in English throughout the term of the policy. The Table and paragraph headings are for convenience only and do not form part of the policy itself nor do they effect its construction. A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this policy. Every payment to us or by us under this policy shall be payable in the lawful currency of the United Kingdom.

## Regulation

Claims relating to this policy are processed by Bolton and District Hospital Saturday Council an Appointed Representative of Westfield Contributory Health Scheme Ltd.

The underwriter is also Westfield Contributory Health Scheme Ltd (WCHS Ltd), registered in England and Wales, company no. 303523. Westfield Health is the trading name of WCHS Ltd and is authorised by the Prudential Regulation Authority (PRA) and regulated by the FCA and the PRA. The financial services registration number is 202609. The registered office is Westfield House, 60 Charter Row, Sheffield, S1 3FZ.

The Protego Group Limited is registered in England and Wales, company no. 4762595. The registered office is 260-280 Chapel Street, Manchester, M3 5JZ. The Protego Group Limited are authorised and regulated by the FCA. The financial services registration number is 304363. Details of all FCA / PRA registrations can be found by accessing the Financial Services Register online at <https://register.fca.org.uk/s/> or by calling the FCA on 0800 111 6768.