

## Foresight Health Cash Plan Frequently Asked Questions for Customers

### Direct Debit

**Q: What is the Foresight Health Cash Plan and how will it benefit me?**

A: Your employer has paid for you to be covered on the Foresight Health Cash Plan, providing you with a range of valuable cash benefits and services. You'll receive money back, up to set limits, towards the cost of your essential healthcare including new glasses or contact lenses, dental treatment and physiotherapy. If you have dependent children, they'll also be covered on certain key benefits.

You have access to a range of health and wellbeing services including:

- 24hr Advice and Information Line (including up to 6 face to face counselling or cognitive behavioural therapy sessions)
- 24hr worldwide DoctorLine™ telephone service with optional webcam consultations
- Special deals at UK health and fitness clubs
- Westfield Rewards - an online shopping portal, providing access to offers on a wide range of goods and services at over 600 leading high street/online retailers

On Levels 2, 3 and 4 you have access to a Scanning Service and Best Doctors®, which can give you an independent and confidential second medical opinion if you need it. With the Scanning Service, we will arrange your scan for you, usually within 2 weeks, so you don't have to worry about the wait or the cost.

**Q: Can I go to any Practitioner for treatment?**

A: We do require that you receive diagnosis or treatment from a fully qualified GP, consultant or practitioner who is registered with, or a member of, the relevant professional body as specified in your plan guide.

**Q: Where does it tell me exactly what I can and cannot claim for?**

A: Our easy reference Benefit Rules within the plan guide tells you everything about what you can and cannot claim for under each healthcare benefit and service.

**Q: How do I make a claim?**

A: Claiming is easy. Simply receive your healthcare treatment as normal, keep hold of your receipt and send it to us together with a claim form within 13 weeks of the date of each payment for treatment, goods or services. We aim to process your claim normally within four working days and will then arrange payment directly into your bank account.

**Q: Is there a qualifying period before I can make a claim?**

A: You'll be able to claim immediately from the date of your registration - as soon as your cover starts. If you do upgrade your level of cover and/or an additional adult applies for cover, there will be a qualifying period of three months, unless you do this within one month of your corporate paid cover starting, in which case the qualifying periods will be waived.

**Q: Do I have to declare any medical conditions I already have?**

**A:** All pre-existing medical conditions are covered on your corporate paid cover.

However if you have bought cover for an additional adult the following applies:

- If the additional adult has a medical condition for which they are receiving or expecting to receive a consultation or treatment - this will not be covered
- If the additional adult has a medical condition for which they have attended hospital or received medical care within the twelve months prior to applying for - this will not be covered
- Pre-existing medical conditions are covered for optical and dental benefit

**Q: How do I access the 24 Hour Advice and Information Line?**

**A:** This easy to use confidential telephone counselling and advice service gives you, and family members who are usually resident with you, unlimited access to a team of qualified professionals 24 hours a day - 365 days a year.

Simply call **0800 092 0987** or **0145 525 5123** (call charges may apply). You will need to quote the special Scheme number supplied to you in your welcome letter or email. The content of your call will not be divulged unless there is a serious risk to you or someone else.

Face to face and cognitive behavioural therapy sessions are arranged by the telephone counsellor, should they consider them to be beneficial.

**Q: How long will I have to wait to speak to a GP when using the DoctorLine™ service?**

**A:** This service gives you and your resident family members access, at your convenience, to confidential telephone advice from a fully qualified GP, 24 hours a day - every day, from anywhere in the world. Once you have accessed the service via the telephone, by arrangement you will be telephoned back by a qualified practising GP, at a time convenient to you. To access the service, call **0345 612 3861** or **0203 858 9094**. Optional webcam consultations are also available.

**Q: How do I access the Scanning Service?**

**A:** The Scanning Service is available on Levels 2, 3 and 4 (and Level 1 if this is stated in your welcome letter).

To access this facility you'll first need to see your Consultant, who will give you a written referral for a scan. Once you have this referral, simply call the Scanning Helpline on **0345 345 4556** (Monday to Friday 8am - 6pm), and the Helpline staff will explain the process for booking your scan.

**Q: How do I access Best Doctors®?**

**A:** Best Doctors® can be used to get a second medical opinion from a world-leading medical specialist if you, your partner or dependent children have been diagnosed with a serious or worrying medical condition. **It's only available on Levels 2, 3 and 4.**

To access this confidential service, simply telephone **0800 085 2088** or **0203 608 9377** and confirm your eligibility by quoting your Westfield Health account number, full name, address and date of birth. Telephone lines are open 24 hours a day, every day. Once it has been established that you have an eligible condition, you will be assigned a dedicated Case Manager who will listen to your concerns, support you and keep you informed at each stage of the process. Full details of the Best Doctors service are provided in your plan guide.

**Q: How do I access the Health Club Concession?**

A: You can access the Health Club Concession by logging on to [www.westfieldhealth.com](http://www.westfieldhealth.com), go to the **My Westfield** area and follow the on screen instructions. Alternatively call us on **0345 123 5327** or **0115 850 7442** (available 9am-5pm, Monday to Friday, except public holidays).

**Q: Can I upgrade my cover and/or cover an additional adult?**

A: To upgrade your cover and/or apply for cover for an additional adult, all you have to do is complete and return, the application form at the back of the plan guide, to Westfield Health.

Additional premiums will be paid via Direct Debit. Please note that if you upgrade your level of cover and/or an additional adult applies for cover, a qualifying period will apply to some benefits.

**Q: How do I claim back an excess from my private medical insurance plan?**

A: If you're claiming on a PMI policy, you can claim back towards the excess that you pay using your Foresight Health Cash Plan. Once you've paid the PMI invoice, send the receipt to us having completed either the Consultation or Therapy section on the claim form. You can also claim under Consultation if the receipt relates to treatment.

**Q: Who is Westfield Health?**

A: We've been dedicated to supporting the health of the nation since 1919. From humble beginnings, we've evolved to become an award-winning health and wellbeing provider.

We encourage positive changes in the wellbeing of our customers and the wider population across the UK. Together, we can help everyone to live healthier lives through better choices, ongoing support and a more proactive approach to healthcare.

As a not for profit company, we reinvest our surplus in products and services that directly benefit our customers. Through our charitable donations, we support the NHS and medically related charities to help our customers and the community to lead healthier lives.

**This is to be used as a guide only. Full details can be found in the Foresight Health Cash Plan guide in your Welcome Pack.**