

## UNDERWRITTEN BY PINNACLE INSURANCE PLC

Head and Registered Office : Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX  
Company Registered Number : 1007798  
Policy Number : 01946  
Date of Policy : 1<sup>st</sup> May 2004

### YOU ARE ADVISED TO READ THIS DOCUMENT CAREFULLY

HOW TO CLAIM: Simply telephone Cardif Pinnacle on 0870 720 0745 for a claim form, complete all the sections and return it to us.

## HEALTH CASHBACK PLAN

This **policy** provides **you** with the Health CashBack Plan as described in this booklet, provided **you** meet the eligibility requirements in Section 2. and **you** have paid the **premium** for this insurance.

Please read this **policy** carefully and make sure **you** understand it. If **you** have any questions about this insurance please telephone or write to **us** at:

Customer Services, Cardif Pinnacle  
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX  
Telephone: 0870 720 0745

Please inform **us** immediately of any change in **your** address or any other change affecting **you** which requires an alteration to the **schedule**.

All benefits will be paid directly to **you**.

### 1. DEFINITIONS

The words which appear in bold in this **policy** have specific meanings which are explained below:

**"accident"** means a sudden and unexpected bodily injury resulting from external violent and visible means (which does not include any sickness, disease or any naturally occurring condition or degenerative process);

**"condition"** means any sickness, disease or injury (or symptoms of any of these) whether or not it results in a diagnosis;

**"day"** means a period of at least 12 hours and requiring the use of a **hospital** bed or nursing home bed and subsequent periods of 24 hours;

**"dental accident"** means a sudden and unexpected injury to the mouth resulting from direct external violent means, which causes damage to teeth and/or gums;

**"dentist"** means:

- (i) within the **United Kingdom**, the Channel Islands or the Isle of Man, a dental practitioner who is currently registered with the General Dental Council and engaged in general dental practice; or
- (ii) in the case of **emergency dental treatment** outside the **United Kingdom**, the Channel Islands or the Isle of Man, a dental practitioner who is appropriately qualified, registered and practising in the country in which treatment is received;

**"doctor"** means a qualified medical practitioner registered with the General Medical Council and working in the **United Kingdom**, the Channel Islands or the Isle of Man. A **doctor** who confirms **your** disability when **you** are making a claim cannot be **you**, a relative or close friend;

**"elective surgical procedure"** means a procedure which is not medically necessary to sustain or maintain **your** quality of life and is undertaken solely at **your** request;

**"eligible children"** means **your** natural or legally adopted children who are named in the **schedule** and:

- (i) are not covered under any other similar policy with **us**, and are either:
  - (a) over 6 months old and under 18 years of age and permanently living with **you**; or
  - (b) over 18 and under 22 years of age, provided they are unmarried, in full-time education and living with **you**, except during term-time; or
  - (c) entirely without gainful employment due to a physical or mental handicap and are chiefly dependant on **you** for maintenance and support and permanently living with **you**;
- (ii) they must continue to satisfy this definition on the date they become entitled to make a claim in order to claim benefit. No more than 4 **eligible children** will be covered under this **policy**;

**"emergency call-out"** means:

- (i) within the **United Kingdom** - the necessity for a **dentist** to re-open the practice to provide **emergency dental treatment** between the hours of 6:00pm and 8:00am (Monday to Friday) inclusive, or outside the normal and published surgery hours; or
- (ii) outside the **United Kingdom** - the necessity for a **dentist** to re-open the practice to provide **emergency dental treatment** outside the normal working hours;

**"emergency dental treatment"** means dental treatment given during an initial emergency appointment for the immediate relief of severe pain, the arrest of a haemorrhage, the control of an acute infection, the treatment of an injury which causes a severe threat to **your** general health or ability to eat;

**"end date"** means the date cover ends under this **policy** which will be the earliest of the following:

- (i) the date of **your** death; or
- (ii) the date **we** advise **you** in writing that **your** insurance cover has ended; or
- (iii) the date **you** advise **us** in writing that **you** no longer wish to be covered under the **policy**; or
- (iv) the date **your premium** falls into arrears;

**"hospital"** means a lawfully operated establishment which has accommodation for residential patients with organised facilities for diagnosis and major surgery which provides 24 hours a day nursing services by registered nurses and shall not be, other than incidentally, an institution for the care of mental or nervous illness or convalescence; and **"hospitalised"** shall be construed accordingly;

**"loss of sight"** means total, permanent and irrecoverable loss of sight in one or both eyes as the direct result of an **accident**;

**"oral cancer"** means a malignant tumour, with its primary site being in the **oral cavity** which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer *in situ* and tumours associated in any way to HIV infections or AIDS;

**"oral cavity"** means the hard and soft palate; accessory, salivary, lymph and other gland tissue in the muscol lining of the oral cavity, but excluding the tonsils;

**"partner"** means a spouse or a person who resides with **you** on a permanent basis as if **your** legal spouse regardless of gender;

**"period of insurance"** means the period between the **start date** and the **end date** during which **you** have paid the **premium**;

**"permanent contact lenses"** means permanent prescription contact lenses that are designed to have an expected usable life of at least 6 months;

**"policy"** means the insurance policy terms and conditions set out in this document;

**"policy year"** means the 12 month period immediately following the **start date** and each subsequent period of 12 months thereafter;

**"premium"** means the monthly sum **you** pay **us** for each month's insurance cover under this **policy**;

**"schedule"** means the letter **we** send **you** which shows the details of **your** cover, including **your** chosen level of benefit, the Table of Benefits and who is covered under this **policy**;

**"start date"** means the date **your** application for insurance is accepted by **us** as shown in the **schedule**;

**"United Kingdom"** means England, Scotland, Wales and Northern Ireland;

**"we/us/our"** means Pinnacle Insurance plc;

**"you/your"** means the person(s) named on the **schedule** which may include **your partner** and/or **eligible children** as named.

The singular shall include the plural and vice versa. The headings are for convenience only and will not affect the construction of the **policy**.

## 2. ELIGIBILITY

To become insured under this **policy**:

- (i) **you** (and **your partner** if applicable) must be at least 18 and less than 75 years of age at the **start date**;
- (ii) **you** must apply for and be accepted by **us** for insurance cover under this **policy**;
- (iii) **you** must pay the **premium** and comply with the other terms and conditions of this **policy**;
- (iv) **you** must permanently reside in the **United Kingdom**, the Channel Islands or the Isle of Man; and
- (v) **you** must not be covered under any other similar policy with **us**.

In addition, for **your** children to become insured under this **policy**, they must be **eligible children** as defined in Section 1.

## 3. PAYING THE PREMIUM

- (i) The **premium** is shown in the **schedule** and is based on the level of benefit chosen by **you**. It will change if the level of benefit changes.
- (ii) **You** must pay the **premium** when it is due, even if **you** are making a claim or receiving benefit under the **policy**.
- (iii) If **you** do not pay the **premium** when it is due, **we** will not pay any benefit under the **policy** from the date the **premium** was due.
- (iv) If **we** change the amount of **premium**, **we** will tell **you** in writing at least 30 days before the change.
- (v) If **you** live in the **United Kingdom** the **premium** quoted includes insurance premium tax. If there is any change in the rate of insurance premium tax the **premium** will be automatically adjusted. Any alteration in the rate of tax will be announced publicly.

## 4. QUALIFICATION PERIOD

- (i) **You** will not be entitled to claim for any treatment received in the 6 months immediately following the **start date**.
- (ii) This initial qualifying period is waived in the following circumstances only:
  - (a) for admissions to hospital within the European Union when an immediate casualty admission, as a result of an **accident**, is certified by the **hospital** concerned; or
  - (b) for **emergency dental treatment** or any treatment received in respect of a **dental accident**; or
  - (c) for any **loss of sight** claim.

## 5. BENEFITS

- (i) **You** will be entitled to the benefits shown in the Table of Benefits provided that:
  - (a) the insured event occurs and **you** make a claim during the **period of insurance**;
  - (b) **you** have complied with the other terms and conditions of this **policy**; and
  - (c) **you** comply with **our** requests to provide evidence to **our** reasonable satisfaction of the circumstances surrounding the claim. This could be, but is not limited to, written confirmation of **hospital** admission or by way of original receipts.
- (ii) The level of benefit applicable to **you** is shown in the **schedule**.

## 6. NOTES TO THE TABLE OF BENEFITS

### (i) HOSPITAL CASH.

A benefit at the daily rate shown in the Table of Benefits is payable for:

- (a) **IN-PATIENT ADMISSION IN THE EUROPEAN UNION** - the period **you** are admitted for in-patient treatment in a **hospital**;
- (b) **EMERGENCY ADMISSION IN THE EUROPEAN UNION AND NORTH AMERICA** - the period **you** are admitted to a **hospital** for emergency in-patient treatment whilst on a business trip or holiday abroad lasting up to 28 days;
- (c) **ACCIDENT CASUALTY ADMISSION:**
  - (i) **IN THE EUROPEAN UNION** - the period **you** are admitted as an in-patient in a **hospital** as a casualty admission immediately following an **accident**, even if the qualifying period of 6 months specified in Section 4. (i) has not been completed;
  - (ii) **OUTSIDE THE EUROPEAN UNION** - the period **you** are admitted as an in-patient in a **hospital** as a casualty admission immediately following an **accident** during business or holiday visits abroad of up to 28 days. No other benefit is payable for services supplied outside the European Union and North America. The 6 month qualifying period specified in Section 4. (i) applies to this benefit.

Claims submitted are subject to the other terms and conditions of the **policy** and must be supported where necessary, at **your** expense, with a translation into English of the details of the claim.

### Intensive Care Admissions

The benefit shown in the Table of Benefits will be doubled if **you** are admitted to hospital as an intensive care in-patient.

### (ii) HOSPITAL PARENTAL STAY. (if applicable)

A benefit at the daily rate shown in the Table of Benefits is payable, if **you** have stayed overnight in a **hospital** with an **eligible child** who has been admitted as an in-patient overnight.

### (iii) JOINT IN-PATIENT. (if applicable)

A benefit at the daily rate shown in the Table of Benefits is payable whenever **you** and **your partner** are in-patients at the same time in a recognised **hospital** or registered nursing home and are both eligible for benefits.

## Note:

- Hospital Cash, Hospital Parental Stay and Joint In-patient benefits have an aggregate maximum payment of 91 days benefit per person in any **policy year** and will be paid weekly in arrears.
- Hospital Cash, Hospital Parental Stay and Joint In-patient benefits are not payable in respect of any **eligible children**.

### (iv) DAY CASE ADMISSION.

A benefit at the rate shown in the Table of Benefits is payable for each day case admission **you** have for investigations, treatment or diagnosis in a **hospital** or registered nursing home, subject to a maximum of 10 admissions in any **policy year**.

Benefit is not payable in respect of out-patient attendance.

Maternity care, psychiatric and hospice day care or respite care are excluded from this benefit. No benefit will be payable for Day Case Admission if **we** make any benefit payment for Hospital Cash in respect of the same day.

### (v) OPTICAL AND DENTAL FEES.

**We** will reimburse **you** the treatment costs shown in the Table of Benefits paid to:

- (a) an optician whenever a pair of prescription glasses or **permanent contact lenses** are supplied. Benefit is only payable for the supply of **permanent contact lenses** and not for disposable contact lenses, lenses purchased under an optical care contract scheme or for medical examination fees, fitting fees or sundries; or
- (b) a **dentist** for treatment or check-up charges or orthodontic and periodontal treatment. Benefit is not payable for charges incurred under dental care contract schemes;

subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits.

### (vi) CONSULTATION.

**We** will reimburse **you** the costs shown in the Table of Benefits paid to a specialist physician or surgeon for an out-patient consultation, subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits.

X-rays, blood tests or other diagnostic tests directly connected with the consultation are included within this benefit. This benefit does not include treatment charges, medical examinations and reports, health screening services, visits to clinics or general practitioners.

### (vii) PHYSIO +: physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy and chiroprody.

**We** will reimburse **you** the treatment costs shown in the Table of Benefits paid to a physiotherapist, osteopath, chiropractor, acupuncturist, homeopath or chiropractist, subject in any **policy year** to the appropriate maximum entitlement shown in the Table of Benefits.

Claims will only be accepted in respect of treatment given by a physiotherapist, osteopath, chiropractor, acupuncturist, homeopath or chiropractist who is qualified and registered with an appropriate professional organisation within the **United Kingdom**.

### (viii) LOSS OF SIGHT. **We** will pay **you** the benefit described in the Table of Benefits, if **you** (**your partner** or **eligible children**, if applicable) suffer **loss of sight**.

### (ix) ORAL CANCER

**We** will reimburse **you** up to £5,000 for treatment costs associated with **oral cancer**, subject to the following conditions:

- (a) the **oral cancer** must be diagnosed by a qualified doctor who is licensed to practise in the **United Kingdom**;
- (b) the benefit will only be paid for treatment given by a consultant, who is recognised as a specialist in cancer treatment, within the 12 months immediately following the date of diagnosis; and
- (c) the benefit will only be paid for one course of treatment. Once **you** have claimed for a course of treatment for **oral cancer** this cover ends.

## 7. EXCLUSIONS

In addition to the specific exclusions set out in Section 6. – Notes to the Table of Benefits, the following main exclusions shall apply to the **policy**.

- (i) In respect of all claims, no benefits will be payable for any claim which is directly or indirectly the consequence of the following:
  - (a) any **condition**:
    - (i) which **you** knew about, or ought reasonably to have known about, before the **start date** or during the qualifying period; or
    - (ii) for which **you** sought or received advice, treatment or counselling from any **doctor** during the 12 months immediately before the **start date**.

This exclusion does not apply to the Optical and Dental Fees benefit;

- (b) any injury intentionally self-inflicted whilst sane or insane;
- (c) the consumption of alcohol or the taking of drugs other than under qualified medical advice or supervision;
- (d) ionising radiation, contamination or the radioactive effect of any nuclear fuel or component thereof;
- (e) the commission of or the attempt to commit a criminal offence or being engaged in any illegal occupation;
- (f) deliberate exposure to exceptional danger (except in an attempt to save human life), including the participation in extreme sports or working in dangerous occupations;
- (g) riding on a motorcycle as a rider or a passenger;

- (h) any condition directly or indirectly related to Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) as recognised by the World Health Organisation or any syndrome or condition of a similar kind including any related condition unless contracted during any investigation, test or course of treatment or as a complication of another medical condition except where such investigation, test or course of treatment has been carried out as a result of drug abuse or sexually transmitted disease;
  - (i) working or training as a paid professional sportsperson;
  - (j) being outside the **United Kingdom**, the Channel Islands, the Isle of Man, USA, Canada or the European Union for more than 6 months in aggregate in any **policy year**;
  - (k) any motor accident not reported to the Police;
  - (l) any **accident** resulting from driving a vehicle for hire or payment, for courier and/or messenger services, for motor racing competitions, rallies, trials or speed testing;
  - (m) any motor accident which results in **your** conviction for dangerous or drink driving; or
  - (n) civil commotion, terrorism, riot or insurrection, war or any act incidental to war (whether declared or not) or whilst **you** are on naval, military or air force duty, service or any type of operations.
- (ii) In respect of a **dental accident** or **emergency dental treatment** claim, no benefit will be payable for:
- (a) any treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn;
  - (b) laboratory fees, except those arising as a direct consequence of a **dental accident** which is covered by this **policy**;
  - (c) costs which **we** reasonably consider are not reasonable and necessarily incurred. All benefits will be paid in accordance with customary and accepted levels of charges for the treatment received. The charges must not be excessive, as reasonably decided by **our** dental advisor;
  - (d) any dental treatment which was prescribed, planned or was taking place at the **start date**;
  - (e) damage to dentures;
  - (f) implants, orthodontic treatment or any **elective surgical procedure**;
  - (g) prescription charges, mouthguards, gum shields or any dental appliances;
  - (h) reimbursement for travelling expenses or telephone calls in connection with any treatments; or
  - (i) any treatment received for injuries not apparent within 30 days from the date of the original cause of the claim.
- (iii) In respect of an **oral cancer** claim, no benefit will be payable for:
- (a) any **oral cancer**:
    - (i) which **you** knew about, or ought reasonably to have known about, before the **start date**; or
    - (ii) for which **you** sought or received advice, treatment or counselling from any doctor during the 12 months immediately before the **start date**;
  - (b) **oral cancer** arising within 90 days of the **start date**; or
  - (c) **oral cancer** resulting from the chewing of tobacco products or betel nut, or from prolonged alcohol abuse.

## 8. HOW TO MAKE A CLAIM

- (i) If **you** wish to make a claim under this **policy**, please write to or telephone **us** at the address or telephone number below. **We** will send **you** a claim form which should be returned to **us** as quickly as possible and in any event within 90 days after the date of discharge from **hospital** or the date the service was supplied.
- (ii) **We** will require proof to **our** reasonable satisfaction of all facts relevant to the claim, which will include the following:
  - (a) claims for Hospital Cash, Hospital Parental Stay and Day Case Admission will require the claim form to be fully completed by the hospital authority or registered nursing home that provided the treatment;
  - (b) claims for Optical and Dental Fees, Physio + and Consultation fees, Dental Accident, Emergency Dental Treatment and Emergency Call-out will require the relevant section on the claim form to be fully completed and the original dated receipts from the service provider;
  - (c) claims for Loss of Sight will require written confirmation from the appropriate specialist that the loss of sight is total, permanent and irrecoverable;
  - (d) claims for Oral Cancer will require written confirmation from the consultant; and
  - (e) in the event that **we** request receipts, these must be the original dated receipts from the service provider. Copies of receipts will not be acceptable.
- (iii) **We** may require **you** to be examined by a **doctor** or other medical specialist at **our** expense. If **you** fail to keep the appointment, **we** may not pay the claim.
- (iv) Benefits will be paid direct to **you**.
- (v) Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim, will be provided to the register.

- (vi) **We** have the right to make any enquiries and/or request any information which **we** feel is necessary to ascertain the validity of **your** claim.
- (vii) If **you** are claiming benefit and that benefit is covered by another insurance policy, **we** reserve the right to reduce the amount payable so that the combined benefit paid does not exceed the total amount shown in the Table of Benefits.
- (viii) **Our** address is:  
 Claims Department, Cardiff Pinnacle  
 Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX  
 Telephone: 0870 720 0745

## 9. NON-VALID BENEFIT PAYMENTS

If **we** make any payments to **you** as a result of **your** fraud, recklessness or negligence **you** will no longer be entitled to any benefits under this **policy** and **we** may demand that any payments **you** have received from **us** are paid back. **We** may take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any investigation costs reasonably incurred.

## 10. MIS-STATEMENT OF AGE OR OTHER INFORMATION

If **you** gave false or misleading information when **you** applied for insurance cover and this information affected the decision to insure **you**, the cover will end, and **we** will not pay any benefit.

**11. CANCELLATION AND VARIATION**(i) **You** may cancel **your** cover under this **policy** and not be charged the premium providing **you** notify **us** in writing within 14 days of the **start date** and **you** have not made a claim.

- (ii) After the first 14 days **you** may cancel **your** cover at any time by giving **us** 30 days notice in writing, however **you** will not be entitled to any refund of any premiums paid.
- (iii) **We** may, by giving **you** 30 days written notice, refuse to accept the renewal of **your** insurance under this **policy**.
- (iv) **We** will give **you** 30 days written notice of any change to the terms of this **policy**.

## 12. CHANGING THE LEVEL OF BENEFIT

- (i) **You** may only change the level of benefit on the anniversary of **your** **policy**.
- (ii) If **you** want to change **your** level of benefit, **you** must ask **us** in writing. If **we** agree to change **your** level of benefit, **we** will change the **policy start date** to the date **we** accept the change.
- (iii) If **you** increase **your** level of benefit, **you** will not be eligible to claim benefit at the new increased level until the qualifying period stated in Section 4. (i) has elapsed. If **you** need to claim during the qualifying period, **you** will be eligible to the benefit but the claim shall be paid at the original lower level of benefit.
- (iv) If **you** decrease **your** level of benefit, **you** will be eligible to claim benefit without waiting for the qualifying period stated in Section 4. to elapse.

## 13. GENERAL CONDITIONS

- (i) The **policy**, the **schedule** and any endorsement are to be read as one document. **You** are subject to their terms and failure to comply may mean that **you** will not be able to claim under the **policy**.
- (ii) This **policy** shall be governed by English law. The parties to this **policy** agree to irrevocably submit to the jurisdiction of the courts of England and Wales unless **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case **you** will be entitled to commence legal proceedings in **your** local courts.
- (iii) This **policy** does not acquire a surrender value, and cannot be assigned or charged in any way whatsoever.
- (iv) **We** are covered by the Financial Services Compensation Scheme (the FSCS). **You** may be entitled to compensation from the FSCS if **we** cannot meet **our** obligations. The amount of compensation depends on the type of business. Most types of insurance business are covered for 100% of the first £2,000 of a valid claim and 90% of the remaining amount of the loss. Further information about compensation arrangements is available from the Financial Services Compensation Scheme, telephone number 020 7892 7300.
- (v) To improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.

## 14. ENQUIRIES AND COMPLAINTS

**Step 1** - While it is always **our** intention to provide a first class standard of service, if **you** do have any concerns regarding **your** insurance cover, please address them to:

Customer Relations Manager, Cardiff Pinnacle\*  
 Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

**Step 2** - Should **you** remain dissatisfied with the outcome of any internal enquiries, **you** have the right to refer **your** complaint to:

The Financial Ombudsman Service (FOS)  
 South Quay Plaza, 183 Marsh Wall, London E14 9SR

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the FOS cannot consider complaints.

A leaflet detailing **our** full complaints/appeals process is available from **us** on request.

\* Cardiff Pinnacle is a trading style of Pinnacle Insurance plc.

<b>Table of Benefits A:</b>		50% Contribution - Single Cover - No children - No Hospital Parental Stay or Joint In-patient			
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b> <b>Hospital Cash:</b> (per day) • In-patient in the European Union • Emergency admission in the European Union and North America • Accident Casualty Admission <b>Day Case Admission</b> (per admission)		£30	£60	£90	£120
(ii) <b>Optical and Dental Fees</b>	50% of costs covered up to	£140	£240	£360	£450
(iii) <b>Consultation</b>	50% of costs covered up to	£200	£400	£600	£800
(iv) <b>Physio +</b> Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody	50% of costs covered up to	£300	£600	£900	£1,200
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b> <b>Dental Accident</b> We will reimburse you up to £2,500 for treatment costs arising from a <b>dental accident</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<b>Emergency Dental Treatment</b> <u>Within the <b>United Kingdom</b></u> We will reimburse you up to £200 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 4 claims per <b>policy year</b> . <u>Outside the <b>United Kingdom</b></u> We will reimburse you up to £400 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Emergency Call-out</b> We will reimburse you up to £100 per claim for the cost of an <b>emergency callout</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Oral Cancer</b> We will reimburse you up to £5,000 for treatment costs associated with <b>oral cancer</b> .					

Note: It is important that you refer to Section 6. - Notes on the Table of Benefits in your policy when reading this table.

<b>Table of Benefits B:</b>		50% Contribution - Single Cover - up to 4 children - No Joint In-patient			
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b> <b>Hospital Cash:</b> (per day) • In-patient in the European Union • Emergency admission in the European Union and North America • Accident Casualty Admission <b>Hospital Parental Stay*</b> (per day) <b>Day Case Admission</b> (per admission)		£10	£30	£60	£90
(ii) <b>Optical and Dental Fees</b>	50% of costs covered up to	£50	£140	£240	£360
(iii) <b>Consultation</b>	50% of costs covered up to	£80	£200	£400	£600
(iv) <b>Physio +</b> Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody	50% of costs covered up to	£120	£300	£600	£900
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b> <b>Dental Accident</b> We will reimburse you up to £2,500 for treatment costs arising from a <b>dental accident</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<b>Emergency Dental Treatment</b> <u>Within the <b>United Kingdom</b></u> We will reimburse you up to £200 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 4 claims per <b>policy year</b> . <u>Outside the <b>United Kingdom</b></u> We will reimburse you up to £400 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Emergency Call-out</b> We will reimburse you up to £100 per claim for the cost of an <b>emergency callout</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Oral Cancer</b> We will reimburse you up to £5,000 for treatment costs associated with <b>oral cancer</b> .					
* No cover for <b>Eligible Children</b>					

Note: It is important that you refer to Section 6. - Notes on the Table of Benefits in your policy when reading this table.

<b>Table of Benefits C:</b> 50% Contribution - Joint Cover - No Children - No Hospital Parental Stay or Joint In-patient					
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b> <b>Hospital Cash:</b> (per day) • In-patient in the European Union • Emergency admission in the European Union and North America • Accident Casualty Admission <b>Day Case Admission</b> (per admission) <b>Joint In-patient</b> (per day)		£10    £10 £40	£30    £30 £120	£60    £60 £180	£90    £90 £270
(ii) <b>Optical and Dental Fees</b>	50% of costs covered up to	£50	£140	£240	£360
(iii) <b>Consultation</b>	50% of costs covered up to	£80	£200	£400	£600
(iv) <b>Physio +</b> Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody	50% of costs covered up to	£120	£300	£600	£900
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b> <b>Dental Accident</b> We will reimburse <b>you</b> up to £2,500 for treatment costs arising from a <b>dental accident</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<b>Emergency Dental Treatment</b> <u>Within the <b>United Kingdom</b></u> We will reimburse <b>you</b> up to £200 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 4 claims per <b>policy year</b> . <u>Outside the <b>United Kingdom</b></u> We will reimburse <b>you</b> up to £400 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Emergency Call-out</b> We will reimburse <b>you</b> up to £100 per claim for the cost of an <b>emergency callout</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Oral Cancer</b> We will reimburse <b>you</b> up to £5,000 for treatment costs associated with <b>oral cancer</b> .					

Note: It is important that **you** refer to Section 6. - Notes on the Table of Benefits in **your policy** when reading this table.

<b>Table of Benefits D:</b> 50% Contribution - Family Cover - up to 4 children					
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b> <b>Hospital Cash:</b> (per day) • In-patient in the European Union • Emergency admission in the European Union and North America • Accident Casualty Admission <b>Hospital Parental Stay*</b> (per day) <b>Joint In-patient</b> (per day) <b>Day Case Admission</b> (per admission)		£10    £10 £40 £10	£30    £30 £120 £30	£60    £60 £180 £60	£90    £90 £270 £90
(ii) <b>Optical and Dental Fees</b>	50% of costs covered up to	£50	£140	£240	£360
(iii) <b>Consultation</b>	50% of costs covered up to	£80	£200	£400	£600
(iv) <b>Physio +</b> Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody	50% of costs covered up to	£120	£300	£600	£900
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b> <b>Dental Accident</b> We will reimburse <b>you</b> up to £2,500 for treatment costs arising from a <b>dental accident</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<b>Emergency Dental Treatment</b> <u>Within the <b>United Kingdom</b></u> We will reimburse <b>you</b> up to £200 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 4 claims per <b>policy year</b> . <u>Outside the <b>United Kingdom</b></u> We will reimburse <b>you</b> up to £400 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Emergency Call-out</b> We will reimburse <b>you</b> up to £100 per claim for the cost of an <b>emergency callout</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Oral Cancer</b> We will reimburse <b>you</b> up to £5,000 for treatment costs associated with <b>oral cancer</b> .					
* No cover for <b>Eligible Children</b>					

Note: It is important that **you** refer to Section 6. - Notes on the Table of Benefits in **your policy** when reading this table.

<b>Table of Benefits E:</b> 75% Contribution - Single Cover - No children - No Hospital Parental Stay or Joint In-patient					
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b>					
<b>Hospital Cash:</b> (per day)		£30	£60	£90	£120
• In-patient in the European Union					
• Emergency admission in the European Union and North America					
• Accident Casualty Admission					
<b>Day Case Admission</b> (per admission)		£30	£60	£90	£120
(ii) <b>Optical and Dental Fees</b>	75% of costs covered up to	£140	£240	£360	£450
(iii) <b>Consultation</b>	75% of costs covered up to	£200	£400	£600	£800
(iv) <b>Physio +</b>					
Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody	75% of costs covered up to	£300	£600	£900	£1,200
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b>					
<b>Dental Accident</b>	<b>We will reimburse you up to £2,500 for treatment costs arising from a dental accident, subject to a maximum of 4 claims per policy year.</b>				
<b>Emergency Dental Treatment</b>					
<u>Within the United Kingdom</u>	<b>We will reimburse you up to £200 per claim for the cost of emergency dental treatment, subject to a maximum of 4 claims per policy year.</b>				
<u>Outside the United Kingdom</u>	<b>We will reimburse you up to £400 per claim for the cost of emergency dental treatment, subject to a maximum of 2 claims per policy year.</b>				
<b>Emergency Call-out</b>	<b>We will reimburse you up to £100 per claim for the cost of an emergency callout, subject to a maximum of 2 claims per policy year.</b>				
<b>Oral Cancer</b>	<b>We will reimburse you up to £5,000 for treatment costs associated with oral cancer.</b>				

Note: It is important that you refer to Section 6. - Notes on the Table of Benefits in your policy when reading this table.

<b>Table of Benefits F:</b> 75% Contribution - Single Cover - up to 4 children					
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b>					
<b>Hospital Cash*:</b> (per day)		£10	£30	£60	£90
• In-patient in the European Union					
• Emergency admission in the European Union and North America					
• Accident Casualty Admission					
<b>Hospital Parental Stay*</b> (per day)		£10	£30	£60	£90
<b>Day Case Admission</b> (per admission)		£10	£30	£60	£90
(ii) <b>Optical and Dental Fees</b>	75% of costs covered up to	£50	£140	£240	£360
(iii) <b>Consultation</b>	75% of costs covered up to	£80	£200	£400	£600
(iv) <b>Physio +</b>					
Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody	75% of costs covered up to	£120	£300	£600	£900
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b>					
<b>Dental Accident</b>	<b>We will reimburse you up to £2,500 for treatment costs arising from a dental accident, subject to a maximum of 4 claims per policy year.</b>				
<b>Emergency Dental Treatment</b>					
<u>Within the United Kingdom</u>	<b>We will reimburse you up to £200 per claim for the cost of emergency dental treatment, subject to a maximum of 4 claims per policy year.</b>				
<u>Outside the United Kingdom</u>	<b>We will reimburse you up to £400 per claim for the cost of emergency dental treatment, subject to a maximum of 2 claims per policy year.</b>				
<b>Emergency Call-out</b>	<b>We will reimburse you up to £100 per claim for the cost of an emergency callout, subject to a maximum of 2 claims per policy year.</b>				
<b>Oral Cancer</b>	<b>We will reimburse you up to £5,000 for treatment costs associated with oral cancer.</b>				
* No cover for <b>Eligible Children</b>					

Note: It is important that you refer to Section 6. - Notes on the Table of Benefits in your policy when reading this table.

<b>Table of Benefits G:</b> 75% Contribution - Joint Cover – No Children - No Hospital Parental Stay or Joint In-patient					
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b>	<b>Hospital Cash:</b> (per day)	£10	£30	£60	£90
	<ul style="list-style-type: none"> <li>In-patient in the European Union</li> <li>Emergency admission in the European Union and North America</li> <li>Accident Casualty Admission</li> </ul>				
	<b>Day Case Admission</b> (per admission)	£10	£30	£60	£90
	<b>Joint In-patient</b> (per day)	£40	£120	£180	£270
(ii) <b>Optical and Dental Fees</b>	75% of costs covered up to	£50	£140	£240	£360
(iii) <b>Consultation</b>	75% of costs covered up to	£80	£200	£400	£600
(iv) <b>Physio +</b>	75% of costs covered up to	£120	£300	£600	£900
	Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody				
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b>					
<b>Dental Accident</b> We will reimburse you up to £2,500 for treatment costs arising from a <b>dental accident</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<b>Emergency Dental Treatment</b>					
<u>Within the <b>United Kingdom</b></u> We will reimburse you up to £200 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<u>Outside the <b>United Kingdom</b></u> We will reimburse you up to £400 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Emergency Call-out</b> We will reimburse you up to £100 per claim for the cost of an <b>emergency callout</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Oral Cancer</b> We will reimburse you up to £5,000 for treatment costs associated with <b>oral cancer</b> .					

Note: It is important that you refer to Section 6. - Notes on the Table of Benefits in your policy when reading this table.

<b>Table of Benefits H:</b> 75% Contribution - Family Cover - up to 4 children					
<b>Benefit</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
(i) <b>Hospital Care</b>	<b>Hospital Cash*:</b> (per day)	£10	£30	£60	£90
	<ul style="list-style-type: none"> <li>In-patient in the European Union</li> <li>Emergency admission in the European Union and North America</li> <li>Accident Casualty Admission</li> </ul>				
	<b>Hospital Parental Stay*</b> (per day)	£10	£30	£60	£90
	<b>Joint In-patient*</b> (per day)	£40	£120	£180	£270
	<b>Day Case Admission</b> (per admission)	£10	£30	£60	£90
(ii) <b>Optical and Dental Fees</b>	75% of costs covered up to	£50	£140	£240	£360
(iii) <b>Consultation</b>	75% of costs covered up to	£80	£200	£400	£600
(iv) <b>Physio +</b>	75% of costs covered up to	£120	£300	£600	£900
	Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, chiropody				
(v) <b>Loss of Sight</b>	per eye	£5,000	£5,000	£5,000	£5,000
(vi) <b>Dental Accident</b>					
<b>Dental Accident</b> We will reimburse you up to £2,500 for treatment costs arising from a <b>dental accident</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<b>Emergency Dental Treatment</b>					
<u>Within the <b>United Kingdom</b></u> We will reimburse you up to £200 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 4 claims per <b>policy year</b> .					
<u>Outside the <b>United Kingdom</b></u> We will reimburse you up to £400 per claim for the cost of <b>emergency dental treatment</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Emergency Call-out</b> We will reimburse you up to £100 per claim for the cost of an <b>emergency callout</b> , subject to a maximum of 2 claims per <b>policy year</b> .					
<b>Oral Cancer</b> We will reimburse you up to £5,000 for treatment costs associated with <b>oral cancer</b> .					
* No cover for <b>Eligible Children</b>					

Note: It is important that you refer to Section 6. - Notes on the Table of Benefits in your policy when reading this table.

