HEALTHSHIELD
WE'VE GOT YOU COVERED

LINAMAR MONTUPET
LIGHT CASTING METAL

Tailored

Health Cash Plan

- ✓ 4 levels of cover to choose from
- ✓ Additional contributions via direct debit
- ✓ Fast payment of claims direct to your bank account
- ✓ Pre-existing conditions covered at the company paid level
- ✓ Dependent children covered up to the age of 21 or 24 if in full-time education
- ✓ Shared annual maximums for dependent children except specialist consultation and MRI scans
- ✓ Pre-existing conditions covered at the higher level as long as you increase within 30 days
- ✓ Online Members' Area - check benefit allowances, amend personal details and download claim forms
- ✓ No medical required to join and no GP referral required before having treatment
- ✓ All benefits are claimable over a 12 month period except where indicated in the table below (if applicable)

Table of contributions and annual benefits

Your monthly payments

Level of cover		Level 1	Level 2	Level 3	Level 4
Monthly payments for you (includes benefits for all dependent children)	Cashback level	Company Paid	£12.65	£21.20	£30.50
Monthly payments for you and your partner (includes benefits for all dependent children)		£9.10	£28.85	£45.85	£64.50

Summary of benefits that you can claim

Everyday						
Dental	per adult	100%	£60	£110	£160	£210
	children - shared maximum	100%	£60	£110	£160	£210
Optical	per adult	100%	£60	£110	£160	£210
	children - shared maximum	100%	£60	£110	£160	£210
Chiropody	per adult	100%	£60	£110	£160	£210
	children - shared maximum	100%	£60	£110	£160	£210
Hospital						
MRI, CT and PET scans	per adult	100%	£500	£500	£500	£500
	per child	100%	£500	£500	£500	£500
Specialist consultation, ECG, X-ray and pathology fees	per adult	100%	£200	£300	£400	£500
	per child	100%	£200	£300	£400	£500
Health & wellbeing						
Health & wellbeing	per adult	100%	£85	£120	£160	£210
	children - shared maximum	100%	£85	£120	£160	£210
Health screening	per adult	100%	£100	£120	£160	£210
	children - shared maximum	100%	£100	£120	£160	£210
Fitness and exercise		Gym membership discounts and offers at **www.healthshieldperks.co.uk**				
Online health assessment and personal coaching		Instant access to a range of health assessments and personal coaching tools				
Peace of mind						
Dental accident	per adult	100%	£185	£400	£600	£800
	children - shared maximum	100%	£185	£400	£600	£800
Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy	per adult	100%	£180	£250	£350	£500
	children - shared maximum	100%	£180	£250	£350	£500
Health, legal & counselling						
Employee Assistance Programme Plus 24/7 Counselling and Support Helpline		24 hour counselling and support including health, legal, finance, wellbeing and family advice plus up to 8 face to face sessions for all members				
Virtual GP Surgery and Private Prescription Service		Access to 24/7 GP helpline, online GP surgery via a webcam and Private Prescription Service				

PERKS Enjoy the perks of life
www.healthshieldperks.co.uk

Save £££'s on your shopping with Health Shield Perks, our reward website. You can enjoy great deals, cash back and discounts on purchases including major supermarkets, travel, cinema, health and beauty and much more.

Worldwide cover for many benefits

The above benefits are the maximum levels which apply. The type of benefit, benefit levels and contribution rates may change in future.
All contributions and benefits are subject to an annual review.

Terms and conditions for the Health Shield Tailored Scheme membership plan

GENERAL TERMS AND CONDITIONS

These are the Tailored terms and conditions and should be read with the Key Facts document.

Please make sure that you have read and understood both documents before going for treatment or sending us a claim.

Who can join?

If you want to join the Health Shield Tailored Scheme membership plan ('the plan') or increase your level of cover, you must be between 16 and 69 (that is, not yet 70) when you apply and be employed by a company that agrees to pay a contribution on your behalf. As long as your employer continues to sponsor you, membership will end at age 70 under the terms of the plan. You will not be able to continue in this scheme after your 70th birthday.

If you are a new member who has a pre-existing condition, you will be entitled to receive benefit for that condition.

Pre-existing conditions will not affect any extra voluntary increase in your level of cover, as long as you voluntarily increase your cover within 30 days of your company-sponsored scheme beginning.

If you want to voluntarily increase your level of cover after the first 30 days, pre-existing conditions will not be covered. We will tell you about any conditions that are not covered.

Exclusions for pre-existing conditions may apply to the following benefits only.

- Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy
- Specialist consultation, ECG, X-ray and pathology fees
- MRI, CT and PET scans

To make claims for a partner, you must be contributing to the plan at the rate that covers you and your partner. You must have filled in the appropriate forms so we can officially register your partner and dependent children. You, and your partner and dependent children (if this applies), may only be covered or included in one membership plan.

Your membership

This membership plan is a long-term insurance contract with a maximum term of five years from the date the plan begins. We will renew your policy automatically every five years unless you cancel your cover or you allow it to lapse (you stop paying premiums).

We will refund the appropriate percentage of each valid claim (as shown in the benefit table) up to your yearly benefit limit. However, during the lifetime of this contract, it is important you understand that if our overall claims experience, position in the marketplace or surplus are worse than expected, we may increase your contribution rates, or reduce, change or remove any benefit.

However, if our overall claims experience, position in the marketplace or surplus are better than expected, we may be able to improve your terms. As a result, we will review all benefits and contributions each year and will tell you beforehand if a review will lead to a change in the benefits or contributions paid in the future.

As a member, you agree to us processing personal and sensitive information about you. You, the member, must also sign all claim forms to declare that the details you have provided on the forms are true, and to allow us to get independent verification of the details from the healthcare provider the claim relates to. If we believe that any documents you send us are not genuine, we may keep them.

We can refuse claims if we reasonably believe that the treatment has not taken place or that you have not paid for an item. This includes rejecting receipts from certain practitioners and claims that we cannot check with the practitioner concerned.

Contributions

You will be entitled to receive the maximum benefit if your contributions are up to date and you do not have a pre-existing condition that we cannot cover.

If you make a claim and your contributions are not paid up to date for any reason, we will not be able to process your claim.

We will put a hold on your claims until your contributions cover the dates that you are claiming for.

If you decide to end your membership, all benefits will stop after the date you have paid up to.

Qualifying period

If you apply to join the plan, or if you are an existing member applying to increase your level of cover, you will receive a special immediate benefit concession. This means we will overlook the normal qualifying periods, allowing you, and your partner and dependent children (if this applies) to claim benefits straight away.

Exclusions

We cannot pay benefit for any claims directly related to the following.

- GP fees for private treatment
- Drugs, medicines and vaccinations (including medicines relating to homoeopathic treatment and travel-related vaccines, for example anti-malarial tablets)
- Vasectomies, sterilisation, IVF, fertility treatment and examinations
- Pregnancy terminations, contraceptives, gender re-assignment or cosmetic reasons
- Any health-screening checks, medical examinations, consultations or reports for employment, emigration, legal or insurance reasons
- Treatment provided to you by a member of your family or a work colleague
- Postage and packing costs
- Internet, telephone and group consultations
- Treatments carried out in the workplace or arranged through your employer
- Treatment charges covered by private medical insurance other than any excess. (Excess fees are covered under the Specialist Consultation allowance.)

We cannot pay benefit for claims you make as a result of the following.

- A pandemic disease
- Radioactive contamination
- Suicide or deliberate self-inflicted injury
- War, hostilities, invasion or civil war, and full-time active military service
- Nuclear, chemical or biological terrorism
- Drug, alcohol or solvent abuse, or taking drugs (unless you have been told to by a registered medical practitioner)
- Taking part in professional sports or flying as a pilot or crew member (that is, aircraft, gliders, hang-gliders, microlights, parachuting, paragliding, ballooning)
- Please also see what is not covered under each section of cover.

If you live in the Republic of Ireland, we do not cover the first £5 a year for claims based on receipts. We can only pay claims for these benefits once a year.

Benefit period

The maximum benefits are shown in the table on page 1.

The benefit year of your membership is confirmed in your welcome letter or email. As a member, you will not receive more than the maximum benefit amount under any of the benefit rules for yourself, your partner (if they are covered) or dependent children in each case for any one benefit year. We treat claims in a benefit year according to the dates you (or your partner or dependent child) received treatment.

If you have been covered before as a dependent child or registered partner under someone else's Health Shield membership, we will take account of any claims you have made during your new plan's benefit year.

When you change your level of cover, we will take account of previous claims you have made when we work out your maximum entitlement for the benefit year.

Dependent children

The maximum benefit (as shown in the benefit table) is available over a one-year benefit period and is shared between all your registered dependent children except for the following benefits.

- Specialist consultation, ECG, X-ray and pathology fees
- MRI, CT and PET scans

How to claim

We will deal with claims on the day we receive them, but we cannot accept photocopied, faxed or scanned receipts and claim forms. We also cannot accept credit- or debit-card receipts. You should include the following details on the original receipts.

- The date you received treatment (we cannot pay for anything you have paid for in advance and not yet received)
- The full name and title (Mr, Mrs, Ms or Miss) of the person who has received the treatment
- The official stamp and qualifications of the dentist, optician, chiropodist, physiotherapist, consultant and so on
- The type of treatment received

We cannot accept receipts which have been altered. The receipts must only apply to the amount paid for the person who received treatment. We need separate receipts for each person covered. We will only pay claims to you direct, not to the healthcare practitioner who provides the receipts.

We will not pay for any part of your receipt which you paid for by using gift cards or vouchers, including vouchers from third-party discount sites, or loyalty and reward points.

We will not accept applications for benefit that are more than 12 months old at the time we receive them.

There is a list of accepted accreditations and qualifications on our website at www.healthshield.co.uk. You can also ask us to send you a list by ringing 01270 588 555 or emailing claims@healthshield.co.uk. We review this list every year. The practitioner's qualifications, registration or membership must be relevant to the treatment that they are providing.

Before receiving treatment for one of the benefits listed below, please make sure that you have checked our list of accepted accreditations and qualifications to see whether the person or organisation treating you has the accreditations and qualifications we accept.

- Chiropody
- Specialist consultation, ECG, X-ray and pathology fees
- MRI, CT and PET scans
- Health and wellbeing
- Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy

Worldwide cover

Some benefits apply during business visits and holidays abroad that last up to 28 days. The terms and conditions (including what is and what is not covered) will apply to the claims you send in, and you must send the details translated into English, if necessary. We will convert the amount of your claim into pounds sterling using the currency exchange sell rate, supplied by our bank, on the date we process your claim.

Before we can pay your claim, we may ask for a copy of your travel documents which confirms that you have not been outside of the United Kingdom for more than 28 days.

What benefits are covered

- Dental
- Optical
- Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy (the qualification or accreditation of the practitioner may be an international equivalent)

What benefits are not covered

- Dental accident
- Specialist consultation, ECG, X-ray and pathology fees
- MRI, CT and PET scans
- Chiropody
- Health and wellbeing
- Health screening

Also see the 'Exclusions' section on page 2.

This cover does not replace travel insurance.

DEFINITIONS

'Accepted qualifications' – a list of approved professional organisations and accepted qualifications that we recognise. We review this list every year. The practitioner's qualifications, registration or membership must be relevant to the treatment that they are providing.

'Accident' – a sudden, unexpected and identifiable event causing injury or illness.

'Claims experience' – the number and cost of claims we paid for any one benefit year which is confirmed in your welcome letter or email.

'Dependent children' – your or your partner's children or legally adopted children who are under the age of 21 and living at home, or under the age of 24 in full-time education.

'Excess' – the first part of any eligible treatment costs, that would otherwise be paid by a private medical insurer, which you have chosen to pay yourself.

'Full health screen' – a full medical check-up that may involve giving details of your and your family's medical history and having a physical examination, tests, laboratory tests, scans or X-rays, and may be followed by counselling, education, referral to hospital or further treatments, or further tests.

'Hospital' – an institution which has permanent facilities for caring for patients, has facilities for diagnosing and treating injured or sick people and provides nursing services supervised by registered general nurses. If you are admitted to a hospital, it should be following a referral by a GP, consultant or through the accident and emergency (A&E) department.

'Membership plan' ('the plan') – the Health Shield Tailored Scheme membership plan, and the long-term insurance cash benefit plan described in these terms and conditions. The plan is registered in a single name only (that is, your name), although cover may also be provided for your partner and dependent children, if this applies.

'Pandemic' – an infectious disease that is widespread throughout an entire country, continent, or the whole world.

'Partner' – your husband, wife or any other person who lives with you as if you are married, no matter whether they are male or female.

'Practice-plan premiums' – payments made to a scheme provided by your dentist.

'Pre-existing condition' – any disease, illness or injury that you have received medication, advice or treatment for, and experienced symptoms of, no matter whether the condition has been diagnosed before the start of your cover.

'Surplus' – any money left over after meeting claims and expenses during the financial year.

'We', **'our'**, **'us'** – Health Shield Friendly Society Limited, Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS.

'You' – you, as well as any partner and dependent children who are covered, if this applies, in this membership plan.

BENEFIT TERMS

EVERYDAY

Dental

We will pay benefit for dental treatment, at the appropriate rate and up to the appropriate maximum in any one benefit year.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

What is covered
- Anaesthetic fees
- Check-up charges
- A dental brace or gum shield provided by the dentist
- Premiums and joining fees for the practice's dental plan
- Dental crowns, bridges and white fillings
- Dental veneers
- Dentures, or repairs to dentures at dental laboratories
- Hygienist fees
- Orthodontic and periodontic treatment
- Tooth-whitening treatment provided by the dentist
- X-rays

What is not covered
- Cancellation charges made by the dentist (for example, for missed appointments)
- Dental consumables (for example, toothbrushes, mouthwash, dental floss and so on)
- Dental insurance premiums
- Dental prescription charges
- Dental treatment charges resulting from a dental accident (we cover these charges under the dental accident benefit)

Also see the 'Exclusions' section on page 2.

Optical

We will pay benefit for optical treatment, at the appropriate rate and up to the appropriate maximum in any one benefit year.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

If you have bought your contact lenses or glasses online, you must also send us a copy of your prescription.

What is covered
- Contact lenses (permanent or disposable)
- Contact lens check-ups
- Contact lens solutions (including if you buy these separately)
- Eye laser surgery to correct long- and short-sightedness paid according to the date of treatment and not when payments are made
- Eyesight tests
- Lenses you buy separately to fit to existing frames
- Lenses supplied under an optical insurance plan
- Prescribed glasses
- Prescribed magnifying glasses
- Repairs to prescribed glasses
- Sunglasses, safety glasses and swimming goggles (as long as they have prescribed lenses)

What is not covered
- Insurance premiums
- Non-prescribed glasses and contact lenses (for example, ready-made glasses and coloured lenses)
- Optical consumables (for example, glasses cases)
- Frames you buy separately

Also see the 'Exclusions' section on page 2.

Chiropody

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, for chiropody treatment from a practitioner who is a member of an approved professional organisation.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

What is covered
- Assessments (for example, gait analysis, which is an analysis of how you walk)
- Chiropody treatment
- Podiatry treatment

What is not covered
- Consumables (for example, arch supports, orthotics or insoles) even when prescribed and supplied by the chiropodist or podiatrist at the time of the treatment
- Surgical footwear (for example, corrective shoes prescribed and supplied as a part of the treatment)
- X-rays
- Chiropody prescription charges

Also see the 'Exclusions' section on page 2.

HOSPITAL

MRI, CT and PET scans

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, when a person entitled to benefit has an MRI, CT or PET scan following referral by a consultant physician or consultant surgeon.

The physician or surgeon does not have to hold a consultant position in a hospital, but must be a member, fellow or licentiate (licence holder) of one of the Royal Colleges (or their international equivalent) or be included on the register of specialists maintained by the General Medical Council.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

If you are claiming for an excess payment, please make sure that the statement from the provider of the private medical insurance clearly shows how much excess is left to pay.

When you send us the claim form, you must also send us an original receipt showing your name, the date of the scan, the medical reason for the scan and the hospitals or registered treatment centres official stamp.

You should also make sure that the referral note from your consultant is included.

What is covered
- MRI, CT or PET scan carried out at the appropriate department of a hospital or registered treatment centre or as part of a consultation
- Outpatient scans
- Inpatient scans
- Radiologists report
- If a claim has been settled by a provider of private medical insurance, we can only pay benefit (up to the appropriate maximum) for any remaining excess if you send us your statement from the provider of private medical insurance (Excess fees are covered under the Specialist Consultation allowance.)

What is not covered
- Anaesthetists' fees
- Fees for filling in claim forms or certificates
- Pre-existing conditions
- Private antenatal scans
- Private hospital charges (for example, room fees)
- MRI, CT and PET scans charged to you other than when part of a hospital stay or a consultation

Also see the 'Exclusions' section on page 2.

Specialist consultation, ECG, X-ray and pathology fees

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, when a person entitled to benefit has a specialist consultation or treatment from a medically qualified person who specialises in a field of medicine.

The specialist does not have to hold a consultant position in a hospital, but must be a member, fellow or licentiate (licence holder) of one of the Royal Colleges (or their international equivalent) or be included on the register of specialists maintained by the General Medical Council.

This benefit also refunds costs you would have to pay for an ECG, X-ray and pathology fees charged to you at the appropriate department of a hospital or as part of a consultation.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

If you are claiming for an excess payment, please make sure that the statement from the provider of the private medical insurance clearly shows how much excess is left to pay.

On the claim form, you must fill in the reason for the consultation, treatment or tests.

What is covered
- Hearing aids and audiology tests provided by a registered hearing-aid supplier
- Hearing-aid repairs
- Investigative procedures (for example, colonoscopy, laparoscopy, colposcopy and sigmoidoscopy)
- Medical tests, including ECG, EEC and lung-function tests
- Pathology and biopsy fees
- Physicians' or surgeons' operation fees
- Speech therapy, dyslexia and dyspraxia treatment provided by a registered medical practitioner
- X-ray, including mammograms, ultrasounds and screenings
- If a claim has been settled by a provider of private medical insurance, we can only pay benefit (up to the appropriate maximum) for any remaining excess if you send us your statement from the provider of private medical insurance.

What is not covered
- Anaesthetists' fees
- Counselling fees (we cover these fees under the health and wellbeing benefit)
- Private antenatal scans
- Private hospital charges (for example, theatre and room fees)
- Pre-existing conditions
- Excesses remaining after private treatment through a company sponsored private medical insurance policy
- ECG, X-ray and pathology fees charged to you other than when they form part of a hospital stay or a consultation
- MRI, CT and PET scans (we cover these charges under the MRI, CT and PET scan benefit)

Also see the 'Exclusions' section on page 2.

HEALTH AND WELLBEING

Health and wellbeing

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, when a person entitled to benefit receives treatment related to their health and wellbeing to relieve pain or prevent an illness, from a practitioner who is a member of an approved professional organisation.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

We will only pay claims for the treatments listed below. The practitioner must have the appropriate qualifications as shown on the separate accepted qualifications list referred to above.

The claim form must include the reasons for the treatment, and the type of treatment provided.

What is covered
- Acupressure
- Allergy testing, including food intolerance and nutrition tests
- Aromatherapy massages
- Bowen and Alexander techniques
- Chair massage
- Cognitive behavioural therapy
- Colonic hydrotherapy
- Counselling fees (for example, psychiatric, psychological and bereavement)
- Hopi ear candles
- Hot-stone massage
- Hypnotherapy
- Indian head massage
- Kinesiology
- Manual lymphatic drainage
- Naturopathy
- Nutritional therapy
- Reflexology
- Reiki
- Shiatsu
- Sports and remedial massages
- Swedish massage

What is not covered
- Beauty treatments (including facials)
- Herbs, herbal remedies, supplements or vitamins, even if they have been supplied as part of your treatment
- Vega testing
- Laboratory testing not referred for by a doctor
- Hair analysis
- Home testing kits
- Any treatment, provided by a practitioner recognised by us, which is not listed above
- Appliances (for example, lumbar rolls and back supports), even if they have been supplied as part of your treatment
- Stop-smoking patches, gum, electronic cigarettes and other remedies
- Weight-management programmes
- Relationship counselling

Also see the 'Exclusions' section on page 2.

Health screening

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, for a health screen carried out by medically qualified staff at a hospital or health-screening clinic to prevent an illness.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

Terms and conditions for the Health Shield Tailored Scheme membership plan

What is covered
- A Well Man or Well Woman screen
- A full health screen

What is not covered
- Home testing kits
- Tests not included within the full health screen (for example, X-rays and blood tests)
- Any other screening check or test not carried out as part of one of those listed above
- Health screens carried out in the workplace or arranged through your employer
- Health screens carried out in mobile facilities

Also see the 'Exclusions' section on page 2.

Fitness and exercise

To take advantage of the fitness and exercise discounts, you will need to log in to Health Shield's Members' Area at www.healthshield.co.uk/members, and select the 'PERKS' tab.

Or, you can log in or register at www.healthshieldperks.co.uk. You will be asked to confirm your Health Shield member number when registering on the portal for the first time.

Once registered, you will find all the information you need in the 'Gyms & Health Clubs' section listed under the 'Sport, Health & Beauty' tab.

This service is provided on behalf of Health Shield by Xexec. All fitness club and gym discounts offered through the Xexec portal depend on whether they are available. Offers may be withdrawn at any time. All contracts entered into are directly between you and the gym or health-club provider. You will need to contact the gym or health-club provider direct.

Online health assessment and personal coaching

This online resource gives you health information and advice including emotional support, personal coaching and health assessments. This service is provided on behalf of Health Shield by Health Assured.

To access the portal, visit www.healthshieldeap.co.uk. To log in you must quote username **healthshield** and the password **wellbeing**.

PEACE OF MIND

Dental accident

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, for dental treatment you need as a result of an accidental injury to your teeth.

The injury must have been caused by a direct blow to the head.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

Your dentist must also confirm on the receipts that the treatment has been caused by a direct blow to the head which has resulted in accidental injury to your teeth. You must also provide full details of the accident. We treat dental accident claims in a benefit year according to the date the accident happened.

We will only pay one maximum for all treatment that lasts from one benefit year to another.

What is covered
- Dental treatment directly related to an accident (for example, a sports injury or a fall), including the following.
  - Anaesthetic fees
  - Dental crowns, bridges and white fillings
  - Dental veneers
  - Replacement dentures or repairs

What is not covered
- Cancellation charges made by the dentist (for example, for missed appointments)
- Damage to dentures when not being worn
- Dental consumables (for example, toothbrushes, mouthwash, dental floss and so on)
- Dental prescription charges
- Dental insurance, premiums and joining fees for your practice's dental plan
- Any treatment you receive 12 months after the date of the accident
- Dental treatment you receive for an accident which happened before you joined the plan
- Injuries caused by eating and drinking

Also see the 'Exclusions' section on page 2.

Physiotherapy, chiropractic, osteopathy, acupuncture and homoeopathy

We will pay benefit, at the appropriate rate and up to the appropriate maximum in any one benefit year, when a person entitled to benefit receives treatment to relieve pain or prevent an illness from a practitioner who is a member of an approved professional organisation. This benefit also covers charges for x-rays and scans carried out at clinics on the recommendation of the practitioner as part of the treatment.

Please see the 'How to claim' section on page 2 before going for treatment or sending us a claim.

We will only pay claims for the treatments listed below. The practitioner must have the appropriate qualifications as shown on the separate accepted qualifications list referred to above.

The claim form must include the reasons for the treatment, and the type of treatment provided.

What is covered
- Acupuncture
- Chiropractic
- Homoeopathy
- Osteopathy (including craniosacral therapy)
- Physiotherapy
- X-ray, when necessary as part of the treatment

What is not covered
- Any treatment, provided by a practitioner who is recognised by us, which is not listed above
- Appliances (for example, lumbar rolls and back supports) even if prescribed and supplied by your practitioner as part of the treatment
- Pre-existing conditions
- Herbs, herbal remedies, supplements or vitamins, even if they have been supplied as part of your treatment
- Prescription charges

Also see the 'Exclusions' section on page 2.

HEALTH, LEGAL AND COUNSELLING

Employee Assistance Programme Plus 24/7 Counselling and Support Helpline

Our telephone service provides therapy sessions and practical information or support on a range of subjects including debt, housing, consumer issues, adoption and family related matters.

As well as telephone counselling, this plan includes up to eight face-to-face counselling sessions in any 12-month period starting from the first session (if recommended by the telephone counsellor). It also includes cognitive behavioural therapy (CBT).

The face-to-face counselling can be provided only to you. It is not available to your family.

This service is provided by Health Assured. If you want to speak with a qualified counsellor, legal adviser or general adviser, please call 0800 028 1963 and quote your company name. (This call is free from BT landlines.)

Virtual GP Surgery and Private Prescription Service

Virtual GP Surgery

Telephone consultations are available free 24 hours a day, every day (you only pay for the telephone charge to book your appointment). Webcam consultations are available from 8.30am to 6.30pm, UK time, Monday to Friday (not including UK bank holidays).

There is no limit to the number of calls you can make to the service. To use the service, all you need to do is call 0845 319 6462 and quote scheme number 72953. (Calls from a BT landline are charged at 2p per minute between 6am and 6pm and at half a penny at all other times. Other providers may charge more.) You will be given the option to select either a telephone or a webcam consultation by pressing the keys on your telephone keypad.

Your call will be answered by a specially trained operator who will take some details and arrange for a GP to call you back at a convenient time. If the GP advises, and you agree, we will send a record of your consultation to your own NHS doctor.

If you choose the webcam consultation option, as well as speaking with a qualified practising GP on the phone, you will have a face-to-face consultation with the GP via the webcam. The service is also available on smart phones and tablets as long as they have a dual camera function. You will need a free app, VCI mobile, which is available from app stores.

The online consultation service is secure, confidential and easy to use. You just need an email address, a broadband internet connection and a computer with a webcam near your phone.

Once you have made an appointment with the telephone operator, you will be sent an email with a link that allows you to join the doctor in the online surgery meeting room at the time of your appointment. Please read the terms on using the service included in the email before your appointment and follow the online instructions.

This service does not replace your own NHS doctor or the emergency services. It can give you advice and support for routine queries. For urgent medical problems, you should always contact your own NHS doctor or the emergency services.

All phone calls and visual images will be recorded for monitoring purposes.

The Virtual GP Surgery service is provided on behalf of Health Shield by Medical Solutions UK Ltd.

Private Prescription Service

Following your Health Shield GP consultation, if the GP considers the appropriate treatment involves medication, you may be offered private prescription medication.

If you agree, the GP will send the private prescription electronically to the pharmacy authorised with a digital signature. A pharmacist will check your prescription, and the pharmacy will contact you by phone to confirm delivery details, cost, and arrange for you to pay by debit or credit card.

For private prescriptions received before 4pm on working days, medication will generally be sent out the same day. If received after 4pm, it will be sent out the next working day.

The private prescription service is provided by Pharmacy2U Limited which is contracted to provide this service by Medical Solutions UK Ltd.

Health Shield PERKS

To log in to PERKS, visit Health Shield's Members' Area at www.healthshield.co.uk/members and select the PERKS tab.

Or, you can log in at www.healthshieldperks.co.uk using your Health Shield member number. You will be asked to confirm your Health Shield member number when registering on the portal for the first time.

To operate your Health Shield PERKS account, you will need to register an email address and a password.

This service is provided on behalf of Health Shield by Xexec lifestyle solution.

Offers may change without notice and may be withdrawn at any time. Please see the Health Shield PERKS website for individual offer terms and conditions.

The Direct Debit Guarantee - if applicable to your scheme

- The Guarantee is offered by all banks and building societies that accept instruction to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Health Shield will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request Health Shield to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Health Shield or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Health Shield asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Health Shield Friendly Society Ltd., Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS.
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Email: info@healthshield.co.uk Website: www.healthshield.co.uk