



CARE CASH PLAN

DESCRIPTION OF BENEFITS

This leaflet should be read in conjunction with the full terms and conditions overleaf.
The maximum benefit available in each membership year, is £15,725.

HOSPITAL BENEFITS

Per Night - maximum 30 nights per year	£40
Extra expenses supplement per night - maximum 10 days	£10

HOSPITAL DOUBLE BENEFITS

If in hospital due to accident	£100
Public Transport	£100
Overseas within EEA	£100
All benefits per night up to 10 nights	

EXTRA BENEFITS

Private Ambulance	£150
GP/Emergency Dept - per visit - 10 visits in any 12 consecutive months	£10.50
Prescription - maximum 10 prescriptions per year	£5.50

PERSONAL ACCIDENT COVER

Accidental Death Cover within EEA	£2,500
Permanent Disability Cover within EEA	£2,500

DENTAL BENEFITS

	up to per year
Dental Hygiene Treatment and Dental Examinations	£25
Dental X-rays	£25
Remedial or Restorative Treatment up to 50% of costs	up to £50
Oral Cancer	£6,000
Dental Accidents	£1,500
Emergency Call-out	£125

MONEY BACK GUARANTEE

Your acceptance is guaranteed regardless of your medical history, age or occupation. There is no health questionnaire, no medical examination and all new acute conditions that occur after your joining date will be covered. You must be satisfied or you may cancel the Care Cash Plan within 14 days for a full refund.

OPTICAL BENEFITS

	up to per year
Eye Examinations	£25
Spectacles	£50

DAY CASE BENEFITS

Per Day - 7 admissions maximum per year	£50
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MATERNITY GRANT

Per Birth - when both parents have been members of the plan for at least 12 months	£500
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SPECIALIST SERVICES

Consultations, investigations, pathology, x-rays, scans, physiotherapy.	£50 per year
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COMPLEMENTARY MEDICINE BENEFITS

Osteopathy, Chiropractic, Acupuncture, Homeopathy, Chiropody & Podiatry.	£365 per year
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OVERSEAS BENEFITS

All benefits continue whilst travelling for business or pleasure within the EEA including double benefits for hospital stay

CARE CASH PLAN RULES

HOW THE COVER WORKS

Subject to the member having paid the relevant subscriptions, the member shall be entitled, subject to the other terms and conditions relating hereto, to be paid the due benefit, as stated in the Description of Benefits, for each eligible claim that is on the recommendation of a registered medical practitioner and arises from or is due to events occurring any time from the first day of enrolment, subject to any qualifying periods.

HOW TO MAKE A CLAIM

The member must contact the Association to request a claim form as soon as is practicably possible after the claim date. A claim form must be submitted to the Association completed by the patient's General Practitioner, Dentist or Optician along with any supporting documents as detailed on the claim form. The Association may request further information to support the claim and this will be at the member's own expense. Completed claim forms must be submitted not later than 12 calendar months after the claim date.

1. BENEFIT CALCULATIONS

All claims will be considered upon receipt of a claims form completed by your General practitioner, Dentist or Optician.

1.1 **Maternity Grant** The Association will pay a maternity grant to parents on the birth of the child when both parents have been members of this plan for at least 12 calendar months prior to the birth of the child. Where multiple births are involved this shall count as the birth of one child only.

1.2 **Hospital Benefits** The benefit payable shall be multiplied by the number of nights comprising the hospitalisation upto a maximum of 30 nights. Extra expense supplement up to 10 nights.

1.3 **Double Benefits** The benefit payable shall be multiplied by the number of nights comprising the hospitalisation upto a maximum of 10 nights:-

- a) where the member is hospitalised whilst on holiday or business temporarily outside the UK but within the EEA
- b) if hospitalisation results from an injury sustained on public transport
- c) if hospitalisation results from an accident.

1.4 **Day Case Benefits.** Where you are admitted to hospital and allocated a room, but do not stay overnight up to 7 admissions a year

1.5 **Personal Accident Cover.** Upon your death or permanent disability as a result of an accident as defined in the rules, the benefit shown on the Description of Benefits shall be payable

1.6 **Private Ambulance Benefit** Payable for admissions to hospital where an ambulance is a medical necessity

1.7 **Complementary Medicine Benefit.** Upon receipt of a claim form completed by your General Practitioner benefits will be payable for visits to a registered practitioner.

1.8 **Dental & Optical Benefits.** The benefits listed in the Description of Benefits are payable towards visits to a registered dentist, optician or hygienist working under the direction of a dentist

2. QUALIFICATION PERIODS

From the commencement date (a) 6 months for remedial or restorative treatment or oral cancer; or (b) 3 months for routine dental or optical examinations, routine hygiene treatment and dental x-rays.

3. **EXCLUSIONS** No benefits are payable for:

3.1 any treatment which was prescribed, planned, known about or is currently taking place at the commencement date is specifically excluded.

3.2.1 Pre-existing injury or disease contracted prior to your enrolment date (or the member's previous plan under the terms of the transfer facility). After one full year's membership such pre-existing injury or disease and conditions arising or resulting therefrom of which no symptoms (indication of a disease or disorder) have manifested themselves or treatment, or medication, or advice, including check-ups, has been rendered in the preceding 12 consecutive calendar months, will be covered.

3.2.2 At the time of joining, if the member is undergoing treatment or investigations these are excluded unless fully disclosed and accepted by the Association in writing.

3.3 Attempted suicide, intentional self-inflicted injury, alcoholism and alcohol abuse or use and treatment of any addiction to prescribed or non prescribed substances.

3.4 Pregnancy, childbirth or complications thereof (except for the maternity grant).

3.5 Mental illness, psychiatric diseases or congenital abnormality.

3.6 Confinement due to i) rehabilitation or ii) palliative care.

3.7 War, whether be declared or not, invasion, civil commotion, riot or military or usurped power.

3.8 Participation in a criminal act other than technical motoring offences.

3.9 Treatment for sexually transmissible diseases, including AIDS

3.10 No benefit will be payable for any treatment relating to damage or injury caused whilst participating in any contact sport when the appropriate protection was not worn

3.11 If we fail to receive the subscription;

3.12 damage to dentures or glasses, other than whilst being worn;

3.13 implants or cosmetic surgery;

3.14 In addition, no benefit in respect of a claim for oral cancer will be paid for any charges for consultation, tests or treatment for non-invasive tumours.

3.15 Pandemic, epidemic including Coronavirus disease (COVID-19), severe acute respiratory syndrome or any mutation of these.

Exclusions applicable only to the accident benefit:

3.16 The Insured Person taking part in: martial arts, equestrian sports (including hunting on horseback), skin diving involving the aid of breathing apparatus, boxing, wrestling, mountaineering or rock climbing (normally involving the use of ropes or guides), potholing, hang gliding, parachuting or other aerial activities, rugby, driving or riding in any kind of race, or professional sports.

3.17 Driving or riding motor cycles or motor scooters other than mopeds under 50cc.

3.18 The Insured Person engaging in Air Travel except as a fare-paying passenger.

4. DEFINITIONS

Accident means a sudden, unexpected, unusual specific event which occurs at a specific time and place

Disability refers solely to loss of limb or loss of sight as defined.

Family means member, spouse/partner and children under age 21 and still living at home.

Loss of limb means loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

Loss of Sight means total and permanent loss of sight in both eyes if the Insured Person has been added to the register of blind persons on the authority of a fully qualified ophthalmic specialist, or in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Hospital means a lawfully operated establishment which has residential patients and has facilities for diagnosis, major surgery and provides 24 hour nursing care by registered nurses Is not primarily a clinic; a nursing, rest, convalescent, rehabilitation, geriatric or aged persons home, hospice or similar establishment
Call-out means outside normal practice opening times

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, or the treatment of an injury which causes a severe threat to your general health or ability to eat.

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 HIV related tumours;

Subscription means the subscription you pay us each month for cover under this membership certificate. You will only be covered if we have received the subscription on the due date;

We, Us, Our means HMCA/S Plc (the Association);
Membership Year means the 12 month period immediately following the commencement date and each subsequent period of 12 months thereafter;

You/Your means the person who has been accepted for insurance hereunder.

5. TERMINATION OF COVER

(i) You may cancel your cover under this membership certificate and not be charged the subscription providing you notify us in writing within 14 days of the commencement 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 subscriptions paid and the benefits payable will be adjusted pro-rata based on your current membership year.

(iii) We will give you not less than 21 days written notice of any change to the subscription rate (unless it is due to a change in the rate of insurance premium tax).

(iv) We may, by giving you 21 days written notice, refuse to accept the renewal of your insurance cover under this membership certificate.

(v) We will give you 30 days written notice of any change to the terms of your membership.

(vi) We may cancel your insurance cover immediately if we have proof of your fraud in relation to the cover provided under this membership certificate.

6. TRANSFER TERMS

Subject to member's written notification to the Association and approval from the Association at time of election, cover may be transferred from a similar existing plan and future claims made for conditions originating at the time the member was participating in a previous plan will be honored subject to the Association's terms providing the similar existing plan was terminated upon election to membership.

Care Cash Plan benefits are insured by HMCA/S PLC (acting as agents of the Association and its members) under a Master Group Policy issued by HMCA Insurance Limited, 33/2 Cannon Lane, Gibraltar, GX11 1AA. All communications with this office must be accompanied by your certificate number.