

Key Facts

This policy summary contains key information about the Saint John's Hospital Cash Plan scheme. You should read this carefully and keep in a safe place afterwards.

Please note that it does not contain the full terms and conditions, which you will find in the Saint John's Hospital Cash Plan Information Pack. A copy is available on request.

The provider

The Cash Plan scheme is provided by Saint John's Insurance Limited. Other services are provided by or via other subsidiary companies. The 24 hour helpline benefit is provided by CiC. The personal accident cover is provided by Insurance Canopus Underwriting Limited.

The insurance and the cover that it provides

The Saint John's Hospital Cash Plan scheme offers you cash help towards a variety of everyday health care costs. You can claim money back towards costs that you have incurred up to a set amount in each 12 month period.

Wide range of cover

Please note especially that we provide a total of 21 benefits. Saint John's Hospital Cash Plan cover includes:

- cash towards dental and optical costs (50 percent refund up to benefit maximum)
- cash benefits for hospital stays - NHS or private (per night up to 80 nights)
- cash towards physiotherapy and chiropody treatment (50 percent refund up to benefit maximum)
- cash towards consultation fees (50 percent refund up to benefit maximum)
- up to £12,000 personal accident benefit

See table overleaf for details of benefit maximums. Also, the range of benefits can be found in your Information Pack.

Summary of Cover

(See pages 9 - 18 of the membership guide)

A summary of the cover provided by Saint John's Hospital Cash Plan scheme is set out below.

| | |
|--------------------------------------------------------|-------------------------------------|
| 1 Dental | 50%, up to £52 |
| 2 Optical | 50%, up to £47 |
| 3 Hospital in-patient | 80 nights*, £17.50 a night |
| 4 Hospital parental stay | 80 nights*, £10 a night |
| 5 Hospital mental health 80 nights* | £17.50 a night |
| 6 Worldwide emergency cover | 80 nights* (as per benefits 3 to 5) |
| 7 Hospital day-patient surgery 10 days | £17.50 each admission |
| 8 Recuperation Grant | £60 |
| 9 Physiotherapy, Osteopathy, Chiropractic, Acupuncture | 50%, up to £150 |
| 10 Chiropody | 50%, up to £48 |
| 11 Homoeopathy | 50%, up to £48 |
| 12 Occupational therapy and dietician | 50%, up to £48 |
| 13 Consultation | 50%, up to £105 |
| 14 Maternity | £100 per new birth |
| 15 Adoption | £100 per adoption |
| 16 Infertility (diagnostics) | 50%, up to £50 |
| 17 Audiology | 50%, up to £45 |
| 18 Surgical appliances | 50%, up to £45 |
| 19 Home help | 50%, up to £163 |
| 20 Personal Accident | Up to £12,000 |
| 21 Helpline | |

*Total nights that can be claimed collectively for benefits 3 to 6

What your policy does not cover

General Exclusions

(See section 8 of the membership guide)

Pre-existing conditions

We do not pay benefits 3 to 8 for a pre-existing condition or a condition which results from or is related to a pre-existing condition.

Chronic conditions

We do not pay benefits 4 to 8 for chronic conditions (see glossary in your Information Pack for a definition of chronic conditions). We will only pay benefit 3 for a single period of treatment, up to a maximum of 21 consecutive nights once during any member's lifetime and membership of this scheme.

Other general exclusions

We do not pay benefits 3 to 8 for treatment or services you receive if they are for, or relate to, or arise out of any of the following:

- geriatric care
- in-patient treatment which is not provided by and where the overall responsibility does not rest with a consultant
- hospital admissions arranged for social or domestic reasons
- convalescence care or rehabilitation
- cosmetic or reconstructive surgery undergone for cosmetic or psychological reasons (however, we will pay benefit if the treatment is for a surgical operation to restore a member's appearance after an accident or surgery for cancer)
- the first 10 days of a member's maternity inpatient hospital stay
- a hospital attendance for casualty or emergency treatment which does not require a formal admission to a hospital bed

How long your cover will last

(See Section 3-5 of the membership guide)

Your membership and your benefit year will start from your registration date, and will continue, providing your sponsor pays your subscriptions on or before the date they are due.

Your membership will also automatically end immediately if you stop living in the UK or in the event of your death.

Reviewing your cover regularly

You should review your Saint John's Hospital Cash Plan cover regularly to make sure that it continues to meet your needs and the subscription levels you can afford.

Saint John's Hospital Cash Plan will write to tell you at least 60 days before we change your terms and conditions.

(See Section 10 of the Membership Guide)

Changing your mind

(See Section 4 of the membership guide)

You may cancel your membership within 14 days from the date you receive your membership letter confirming you are a member. You may end your membership at any time after the cancellation period by contacting Focused Consulting Limited to inform them of your intention to do so.

How to make a claim

(See Section 9 of the membership guide)

In order to make a claim you must use the claim form we provide. If you do not have a claim form please call us on You will need to send us your fully completed claim form and original receipted account where applicable as soon as possible. In any event this should be submitted to us within 90 days of you using your eligible service or receiving treatment.

How to complain

(See Section 13 of the membership guide)

Should you need to make a complaint we want to do everything we can to put it right. Here's a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

Saint John's Hospital Cash Plan membership services is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on 0808 2343349 at any time between 8.30am to 5.30pm, Monday to Friday. Alternatively, you can email us at Saint John's Hospital Cash Plan, on info@saintjohnsinsurance.com.mt.

If we have not been able to resolve the problem and you wish to take your complaint further, you can contact our Head of Saint John's Hospital Cash Plan at the same address and phone number. If you are not satisfied with the response, you can complain to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR
Tel: 0845 080 1800

Complaining to the Ombudsman will not affect your legal rights.

For members with special needs

We offer a choice of braille, large print or audio for correspondence with the member.

The Financial Services Compensation scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations you may be entitled to compensation from the Financial Services Compensation scheme.

The Financial Services Compensation scheme may arrange to transfer your policy to another insurer, provide a new policy or, if this is not possible, provide compensation.

More information is available from the FSCS by calling 020 7892 7301 or on its website www.fscs.org.uk.

*Lines are open 8.30am-5.30pm, Monday-Friday. Calls may be recorded and may be monitored. Calls will be charged at the local rate in the UK.