

# PEACHY

Personal Health Insurance Plan

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PLAN**

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## Welcome!

Congratulations! This is **your** Personal Health Insurance Plan.

Plan number:	<b>PEACHY</b>
Plan start date:	<b>00:00</b> on <b>DD MM YY</b>

Monthly price breakdown:

Insurance Premium:	£00.00
Insurance Premium Tax (12%)	£00.00
Total monthly payment:	<b>£00.00</b>

**Your** plan is designed to cover health issues **you** may develop whilst the plan is in force, and enables fast access to a wide choice of private healthcare. It complements the services provided by the NHS but does not replace them. **We** have not provided **you** with any advice regarding this plan.

This document is the contract of insurance and provides details of **your** plan benefits and terms and conditions.

**We** want to make sure **you** know what you're getting with **your** plan, so **we've** done **our** best to make the wording as clear and straightforward as possible. Please take a moment to read through to ensure this plan meets **your** demands and needs.

If **you** have any queries about **your** plan, please contact **us** at [help@peachy.health](mailto:help@peachy.health)

Words or phrases in **bold** have special meanings which are set out in the [Definitions](#) section of this document. For example:

- **We** or **us** or **our** means Peachy
- **You** or **yours** means the **main member** and other plan members (e.g. partner / spouse, children)
- Where the words **you** or **your** refer specifically to the main member, **we'll** say '**you** (the **main member**)'.

## Who we are

**Your** Personal Health Insurance Plan is underwritten by Endurance Worldwide Insurance Limited (**the insurer**), trading as Sompo International, which is registered in the **United Kingdom** at: 2 Minster Court, 1st Floor, Mincing Lane, London, EC3R 7BB. Endurance Worldwide Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under reference 219654. Its Firm Reference Number and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk)

Peachy arranges and administers **your** plan as an authorised agent of **the insurer**. Peachy is a trading name of Hlthie Ltd, which is registered in the **United Kingdom** at: 71-75 Shelton Street, Covent Garden, London, England, WC2H 9JQ. Hlthie Ltd is authorised and regulated by the Financial Conduct Authority under Firm Reference Number 967392. **Our** Firm Reference Number and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk)

## Summary of cover & exclusions

SAMPLE  
PLAN

### Who's covered?

This plan covers **you** (the **main member**):

**Your name** (born **DD MM YYYY**) living at **Your address**

### How long does cover last?

This plan covers **you** from **00:00** on **DD MM YYYY** for as long as it remains active.

This is a monthly plan which continues in force until it is cancelled.

## What's covered & not covered ... the short version!

SAMPLE  
PLAN

**You** enjoy the following benefits under **your** plan.

All benefits other than Virtual **GP** have annual limits. These limits last for 12 months from **your plan start date** before refreshing at the end of subsequent 12 month periods, assuming **you** remain on continuous cover with **us**. Each period of 12 months is a **plan year**. For a given **plan year** and benefit, the total value of the claims **you** make must not exceed **your** annual limit. In the event that claims exceed the amount of the relevant annual limit for a benefit, no further payments will be made by **us** for that **plan year** for that benefit.

Benefit	What's covered	Annual limit per plan year
Virtual GP	Access to a <b>GP</b> via video or telephone – 24/7 on-demand through the Peachy app	Unlimited
Mental Health	Mental health <b>treatment</b> as an <b>in-patient, day- patient</b> or <b>out-patient</b>	£20,000 as an <b>in-patient</b> or <b>day-patient</b> £1,500 as an <b>out-patient</b>
Consultations & Diagnostics	<b>Specialist consultations &amp; diagnostic tests</b> (e.g. blood tests, scans) to obtain a diagnosis.	£500 – £100,000 (your chosen limit)
Hospital Care	<b>Treatment</b> once <b>we</b> know what's wrong. This includes: <ul style="list-style-type: none"><li>• <b>Treatment</b> as an <b>in-patient, day-patient</b> or <b>out-patient</b> in a <b>hospital</b></li><li>• <b>Specialist consultations &amp; diagnostic tests</b> for up to 6 months after discharge if related to your <b>treatment</b></li><li>• <b>Cancer treatment</b>, follow-up <b>specialist consultations &amp; diagnostic tests</b> – even if the <b>cancer</b> comes back</li></ul>	£10,000 – £350,000 (your chosen limit)
Therapies	<b>Treatment</b> from a <b>physiotherapist, osteopath, chiropractor, acupuncturist, chiropodist / podiatrist</b> or a <b>dietitian</b> (2 sessions per <b>plan year</b> )	£2,500
Dental & Optical	Dental & optical care	£200 for dental care £100 for optical care

## What's not covered

Like all health insurers there are some conditions and **treatments we** don't cover. Here are some of the things **we** don't cover, but please read through [General Exclusions](#) for a full list.

- Any **treatment** for, arising from or related to:
  - complications from excluded conditions & **treatments**
  - contamination, wars, riots, terrorist acts & violation of law
  - contraception, conception, sexual problems & gender re-assignment
  - cosmetic, reconstructive & weight loss **treatment**
  - deafness or hearing impairment due to a birth defect or ageing
  - developmental problems, behavioural disorders & learning difficulties
  - **drug abuse, alcohol abuse** & any other addiction
  - pandemic & epidemic diseases
  - pregnancy & childbirth
  - sleep problems & disorders
- Any **treatment** of:
  - excluded medical conditions (e.g. **chronic condition, pre-existing condition**)
  - allergies, allergic disorders & food intolerance
  - symptoms commonly associated with ageing, menopause or puberty
- Accident & emergency **treatment**
- Drugs & dressings for **out-patient** or take-home use
- Screening, monitoring & preventative **treatment**
- **Experimental** or unproven drugs & **treatments**
- Physical aids & devices
- **Treatment** received outside of the **UK**

# What's covered & not covered ... the full story!

## Virtual GP

Virtual GP	
What's covered	What's not covered
<ul style="list-style-type: none"> <li><b>Consultations</b> with a virtual <b>GP</b> by telephone or video through the Peachy app</li> </ul>	<ul style="list-style-type: none"> <li><b>GP consultations</b> arranged other than through the Peachy app</li> <li>In-person <b>GP consultations</b></li> <li><b>GP services</b> including prescription &amp; delivery charges</li> <li>Anything excluded under <a href="#">General Exclusions</a></li> <li>Cover available under any other benefits in <b>your</b> plan</li> </ul>

**We** have partnered with HealthHero to provide **you** with virtual **GP consultations** through the Peachy app. No referrals are required to access this service.

**You** can make appointments with a Virtual **GP** in the Peachy app by clicking 'Book a Virtual **GP**' on the home screen or in 'Get care'.

Telephone **consultations** are available 24hrs a day, 365 days a year. Once an appointment is booked, the **GP** will call **you** at **your** appointment time.

Video **consultations** are available Monday to Sunday between 8am and 10pm, excluding Bank Holidays.

Please note, the Virtual **GP** service is not for emergencies or life-threatening conditions. If **you** believe **you** or someone **you're** helping needs urgent care, **you** should call 999 or other urgent medical services.

There will be some instances in which a Virtual **GP** may not be able to address **your** health issue by telephone or video **consultation**. When this happens, **you** may need to see **your** NHS **GP** or, if **you** choose, a private **GP** for an in-person **consultation**. Please note, the cost of this is not covered by **your** plan.

Open (no named **specialist**) private referral letters can be emailed to **you** should the **GP** recommend a **specialist consultation, diagnostic test or treatment**.

Private prescriptions will only be offered if considered appropriate by the **GP** and in accordance with GMC Best Practice remote prescribing guidelines. If **you** agree to receive a private prescription, the **GP** will issue an electronic prescription directly to **your** chosen pharmacy.

In delivering this service, **we** may share **your** personal data with third parties. Those third parties, and the circumstances and data **we** share with those third parties are set out in **our** [Privacy Policy](#).



## Consultations & Diagnostics

Up to a limit of £500 – £100,000 (your chosen limit) per **plan year**

Consultations & Diagnostics	
What's covered	What's not covered
<ul style="list-style-type: none"><li>• <b>Out-patient specialist consultations</b> to reach a diagnosis, upon referral by a <b>GP</b> or another <b>specialist</b></li><li>• <b>Out-patient diagnostic tests</b> (e.g. blood tests, X-rays, ultrasound scans, ECGs) to reach a diagnosis, upon referral by a <b>GP</b> or a <b>specialist</b></li><li>• CT, MRI &amp; PET scans upon referral by a <b>specialist</b></li></ul>	<ul style="list-style-type: none"><li>• Anything excluded under <a href="#">General Exclusions</a></li><li>• Cover available under any other benefits in <b>your</b> plan</li></ul>

## Hospital Care

Up to a limit of £10,00 – £350,000 (your chosen limit) per **plan year**

Hospital Care – Hospital & Specialist Fees	
What's covered	What's not covered
<ul style="list-style-type: none"><li>• <b>In-patient</b> or <b>day-patient treatment</b> at a <b>hospital</b> including:<ul style="list-style-type: none"><li>◦ pre-operative assessment</li><li>◦ <b>hospital</b> accommodation &amp; meals</li><li>◦ nursing care</li><li>◦ <b>hospital</b> theatre fees, drugs &amp; dressings whilst in <b>hospital</b></li><li>◦ surgeons &amp; anaesthetists fees for surgical operation</li><li>◦ physicians fees for <b>treatment</b> that doesn't include a surgical operation or <b>cancer treatment</b></li><li>◦ any necessary prosthesis where the procedure requires it</li><li>◦ <b>diagnostic tests</b>, pathology, histology &amp; <b>treatment</b> by a <b>physiotherapist</b> needed whilst in <b>hospital</b></li><li>◦ follow-up <b>specialist consultations &amp; diagnostic tests</b> related to <b>in-patient</b> or <b>day-patient treatment</b> within 6 months of <b>treatment</b> date</li></ul></li><li>• <b>Out-patient</b> surgical procedures at a <b>hospital</b> including:<ul style="list-style-type: none"><li>◦ surgeon's &amp; anaesthetists fees</li><li>◦ operating theatre charges, surgical dressings &amp; drugs used during the surgical procedure</li><li>◦ any other related &amp; necessary <b>treatment</b> that takes place on the same day as the surgical procedure</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Separate fees that <b>your specialist</b> charges for <b>consultations</b> within 14 days of carrying out surgery</li><li>• Anything excluded under <a href="#">General Exclusions</a></li><li>• Cover available under any other benefits in <b>your</b> plan</li></ul>

Hospital Care – Critical Care	
What's covered	What's not covered
<ul style="list-style-type: none"> <li>• <b>Critical care</b> in a private intensive or <b>critical care</b> ward that: <ul style="list-style-type: none"> <li>◦ follows a scheduled (planned) admission to the same <b>hospital</b> for <b>treatment</b> covered by this plan</li> <li>◦ is provided in a dedicated critical area which is an appropriate setting for such <b>treatment</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Any <b>critical care</b>: <ul style="list-style-type: none"> <li>◦ following an unscheduled admission or <b>treatment</b> not covered under the plan</li> <li>◦ that is not medically necessary for the condition being treated</li> <li>◦ immediately following a transfer from another facility, or was likely to be required following the transfer</li> </ul> </li> <li>• Anything excluded under <a href="#">General Exclusions</a></li> <li>• Cover available under any other benefits in <b>your</b> plan</li> </ul>

Hospital Care – Oral Surgery	
What's covered	What's not covered
<ul style="list-style-type: none"> <li>• <b>Treatment</b> at a <b>hospital</b> for: <ul style="list-style-type: none"> <li>◦ reduction of facial &amp; mandibular fractures following an accident</li> <li>◦ surgical removal of impacted teeth, or partially erupted teeth, causing repeated pain or infections, and complicated buried roots</li> <li>◦ Infections causing facial swelling requiring surgical drainage</li> <li>◦ Removal of cysts of the jaw</li> <li>◦ Removal of the tip of the root of the tooth (apicectomy)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Any other dental, maxillofacial or oral surgical <b>treatment</b>, for example: <ul style="list-style-type: none"> <li>◦ elective surgery to correct conditions of the jaw bones and / or facial skeleton</li> <li>◦ procedures to prepare for orthodontics or prosthetic surgery</li> </ul> </li> <li>• <b>Treatment</b> following an accident that happened before the <b>plan start date</b></li> <li>• Anything excluded under <a href="#">General Exclusions</a></li> <li>• Cover available under any other benefits in <b>your</b> plan</li> </ul>

Hospital Care – Rehabilitation	
What's covered	What's not covered
<ul style="list-style-type: none"> <li>• Up to 21 days of <b>rehabilitation treatment</b> after a stroke or serious brain injury provided <b>treatment</b>: <ul style="list-style-type: none"> <li>◦ immediately follows a period of <b>in-patient treatment</b>; and</li> <li>◦ starts no more than 2 months after initial diagnosis or the date of injury</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Treatment</b> not undertaken at a <b>rehabilitation</b> unit</li> <li>• <b>Treatment</b> not provided under the supervision of a <b>specialist</b> in <b>rehabilitation</b> medicine</li> <li>• Anything excluded under <a href="#">General Exclusions</a></li> <li>• Cover available under any other benefits in <b>your</b> plan</li> </ul>

Hospital Care – Cancer Treatment	
What's covered	What's not covered
<ul style="list-style-type: none"> <li>• Surgery for diagnostic reasons &amp; <b>cancer</b> removal</li> <li>• Initial reconstructive surgery necessary after surgery to remove a <b>cancer</b></li> </ul>	<ul style="list-style-type: none"> <li>• Any <b>treatment</b> to prevent <b>cancer</b> such as surgery to remove a breast where this is done solely to prevent the development of breast <b>cancer</b> because a genetic test or family history have shown a significantly greater risk of developing the disease</li> <li>• Surgery to correct a reconstruction, except immediately following the initial surgery</li> <li>• More than one reconstructive surgical operation to the same part of the body</li> <li>• Surgery that is unproven or <b>experimental</b></li> <li>• Anything excluded under <a href="#">General Exclusions</a></li> <li>• Cover available under any other benefits in <b>your</b> plan</li> </ul>
<ul style="list-style-type: none"> <li>• Radiotherapy</li> <li>• Chemotherapy</li> <li>• Hormone &amp; bisphosphonate therapy when combined with chemotherapy. Up to 3 months if prescribed on their own. This limit applies for the whole of the time that <b>you</b> are covered by <b>us</b></li> <li>• Biological therapy including monoclonal antibodies, immunotherapy, targeted therapy or any combination of these for up to 12 months from start of <b>treatment</b>. This limit applies for the whole of the time that <b>you</b> are covered by <b>us</b></li> <li>• Stem cell therapy</li> <li>• New drugs or <b>treatments</b> where there is adequate evidence of their effectiveness, but they have not been reviewed or recommended by NICE, provided that: <ul style="list-style-type: none"> <li>◦ The <b>treatment</b> is licensed for use in the <b>UK</b>; and</li> <li>◦ <b>You</b> have written confirmation from <b>your consultant</b> that other NICE approved or cost-effective <b>treatments</b> have been tried first and have failed to work or are contraindicated</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Drugs that are: <ul style="list-style-type: none"> <li>◦ used outside the terms of their <b>UK</b> licence</li> <li>◦ normally prescribed by a <b>GP</b></li> <li>◦ <b>experimental</b> or unproven</li> </ul> </li> <li>• Anything excluded under <a href="#">General Exclusions</a></li> <li>• Cover available under any other benefits in <b>your</b> plan</li> </ul>

<ul style="list-style-type: none"> <li>Follow-up <b>diagnostic tests</b> once a diagnosis of <b>cancer</b> has been established. For example MRI, CT &amp; PET scans upon <b>cancer specialist</b> referral</li> <li>Follow-up <b>specialist consultations</b> needed to monitor <b>your</b> condition for up to 5 years from the last date of <b>cancer</b> surgery, radiotherapy or chemotherapy</li> </ul> <p>Note: Where it is unclear whether <b>diagnostic tests</b> &amp; associated <b>consultations</b> are <b>cancer treatment</b>-related, the cost of these will initially be:</p> <ul style="list-style-type: none"> <li>covered under any Consultations &amp; Diagnostic cover <b>you</b> might have; or</li> <li>be paid directly by <b>you</b>, if <b>you</b> don't have this cover or have reached <b>your</b> limit</li> </ul>	<ul style="list-style-type: none"> <li>Any <b>diagnostic tests</b> to prevent <b>cancer</b>, including: <ul style="list-style-type: none"> <li>normal screening (e.g. breast <b>cancer</b> screening)</li> <li>genetic tests designed to determine <b>your</b> susceptibility for <b>cancer</b></li> <li>vaccines to prevent <b>cancer</b></li> </ul> </li> <li>Anything excluded under <a href="#">General Exclusions</a></li> <li>Cover available under any other benefits in <b>your</b> plan</li> </ul>
<ul style="list-style-type: none"> <li>Care received solely to relieve pain &amp; other symptoms at the end stage of <b>cancer</b></li> </ul>	<ul style="list-style-type: none"> <li>Personal care services</li> <li>Home adaptations, special bedding and any other equipment</li> <li>Anything excluded under <a href="#">General Exclusions</a></li> <li>Cover available under any other benefits in <b>your</b> plan</li> </ul>

Hospital Care – Pregnancy Complications	
What's covered	What's not covered
<ul style="list-style-type: none"> <li><b>In-patient &amp; day-patient treatment</b> at a <b>hospital</b> including: <ul style="list-style-type: none"> <li>ectopic pregnancy</li> <li>miscarriage</li> <li>missed abortion</li> <li>stillbirth</li> <li>postpartum haemorrhage</li> <li>retained placental membrane</li> <li>hydatidiform mole</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Antenatal care</li> <li>Intrauterine foetal surgery or transfusions</li> <li>Any complication of pregnancy or directly <b>related condition</b> the mother is aware of at the <b>plan start date</b></li> <li>Any complication of pregnancy other than those specifically listed</li> <li><b>Diagnostic tests</b>, investigations &amp; <b>treatment</b> for recurrent miscarriage</li> <li><b>Hospital &amp; specialist</b> fees not directly related to those conditions listed under what's covered</li> <li>Anything excluded under <a href="#">General Exclusions</a></li> <li>Cover available under any other benefits in <b>your</b> plan</li> </ul>

## Mental Health

Up to a limit of £20,000 per **plan year** for **in-patient & day-patient treatment** & £1,500 per **plan year** for **out-patient treatment**

Mental Health	
What's covered	What's not covered
<ul style="list-style-type: none"><li>• <b>In-patient and day-patient treatment</b> at a psychiatric <b>hospital</b> including:<ul style="list-style-type: none"><li>◦ accommodation</li><li>◦ nursing care</li><li>◦ drugs prescribed on a ward</li><li>◦ <b>diagnostic tests</b></li><li>◦ <b>specialist</b> fees</li></ul></li><li>• <b>Out-patient treatment</b> including:<ul style="list-style-type: none"><li>◦ <b>consultations</b> with a <b>psychiatrist</b> upon <b>GP</b> referral</li><li>◦ <b>consultations</b> with a <b>clinical / counselling psychologist</b> upon referral by <b>GP</b> or <b>psychiatrist</b></li><li>◦ <b>diagnostic tests</b> to monitor or assess <b>your</b> mental health condition once a diagnosis has been established</li><li>◦ electroconvulsive therapy (ECT)</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Drugs prescribed as part of <b>out-patient treatment</b></li><li>• Anything excluded under <a href="#">General Exclusions</a></li><li>• Cover available under any other benefits in <b>your</b> plan</li></ul>

## Therapies

Up to a limit of £2,500 per **plan year**

Therapies	
What's covered	What's not covered
<ul style="list-style-type: none"><li>• <b>Consultations</b> with the following therapists, after referral by a <b>GP</b> or a <b>specialist</b>:<ul style="list-style-type: none"><li>◦ <b>acupuncturist</b></li><li>◦ <b>chiropodist / podiatrist</b></li><li>◦ <b>chiropractor</b></li><li>◦ <b>osteopath</b></li><li>◦ <b>physiotherapist</b></li><li>◦ <b>dietitian</b> (maximum 2 per <b>plan year</b>)</li></ul></li></ul> <p>Note: <b>You</b> can self-refer for up to 5 sessions with any Ascenti <b>physiotherapist</b>, which <b>you</b> can find in the Peachy app by tapping 'Get care' and searching for Ascenti. Ascenti is the largest provider of physiotherapy in the <b>UK</b></p>	<ul style="list-style-type: none"><li>• Consumables or equipment, including any mobility aids (e.g. wheelchairs, crutches), medical aids or appliances (e.g. back supports, lumbar rolls, splints, neck collars)</li><li>• Anything excluded under <a href="#">General Exclusions</a></li><li>• Cover available under any other benefits in <b>your</b> plan</li></ul>

## Dental Care

Up to a limit of £200 per **plan year**

Dental Care	
What's covered	What's not covered
<ul style="list-style-type: none"><li>• Routine and emergency dental <b>treatment</b> in a dental surgery by any of the following NHS or private dental professionals:<ul style="list-style-type: none"><li>◦ general dentist</li><li>◦ periodontist</li><li>◦ orthodontist</li><li>◦ endodontist for root canal <b>treatment</b></li><li>◦ dental hygienist</li></ul></li><li>• Dental brace or gum shield provided by a dental surgeon or orthodontist</li><li>• Dental crowns, bridges, fillings</li><li>• Dentures or denture repairs or replacement by a dental technician</li><li>• Dental X-rays</li><li>• Laboratory fees and dental technician's fees if referred by a dental surgeon or orthodontist</li></ul>	<ul style="list-style-type: none"><li>• Dental prescription charges</li><li>• Dental consumables, for example toothbrushes, mouthwash, dental floss</li><li>• Cosmetic procedures, for example tooth whitening or dental veneers</li><li>• Dental implants &amp; bone augmentation, for example bone grafts or sinus lifts</li><li>• Dental <b>treatment</b> provided as an <b>in- patient</b> or <b>day-patient</b></li><li>• Items or services supplied under any other dental insurance, cash plans or dental practice plans</li><li>• Anything excluded under <a href="#">General Exclusions</a></li><li>• Cover available under any other benefits in <b>your</b> plan</li></ul>

## Optical Care

Up to a limit of £100 per **plan year**

Optical Care	
What's covered	What's not covered
<ul style="list-style-type: none"><li>• Sight test fees</li><li>• Spectacles, sunglasses, safety spectacles &amp; swimming goggles with prescription lenses</li><li>• Prescribed lenses fitted to existing frames</li><li>• Repairs for spectacles</li><li>• Contact lenses, cleaning materials or solutions supplied as part of a prescription</li><li>• Corrective laser eye surgery</li></ul>	<ul style="list-style-type: none"><li>• Frames only</li><li>• Non-prescription spectacles</li><li>• Optical consumables including cases, spectacle chains and cords</li><li>• Cleaning materials or solutions purchased in isolation</li><li>• Any items or services supplied under any other cash plans or optical plans</li><li>• Anything excluded under <a href="#">General Exclusions</a></li><li>• Cover available under any other benefits in <b>your</b> plan</li></ul>

## General Exclusions – What's not covered

There are some things that **your** plan doesn't cover. These exclusions apply to all benefits.

What's not covered	
Accident & Emergency <b>treatment</b>	<p>Any emergency <b>treatment</b> in any Accident &amp; Emergency unit, urgent care centre, walk-in centre or any admission to <b>hospital</b> scheduled less than 24 hours in advance</p> <p>Immediate admission to <b>hospital</b> if <b>you</b> have been repatriated to the <b>UK</b> in an emergency</p>
Ageing, menopause & puberty	Any <b>treatment</b> of symptoms commonly associated with any physiological or natural change to the body (e.g. ageing, menopause or puberty)
Allergies & food intolerances	<p>Any <b>treatment</b> :</p> <ul style="list-style-type: none"> <li>• to neutralise or de-sensitise any allergic condition or disorder; or</li> <li>• of any food intolerance</li> </ul> <p>Once a diagnosis of an allergic condition or disorder or food intolerance has been confirmed, <b>we</b> do not pay for any further <b>treatment</b>, including <b>diagnostic tests</b>, to identify the precise allergen or foodstuff involved. For example, if <b>you're</b> diagnosed with a tree nut allergy, <b>we</b> will not pay for further investigations into which specific nuts <b>you</b> are allergic to</p>
<b>Chronic conditions</b>	<p>Any <b>treatment</b> for <b>chronic conditions</b> including investigations, regular monitoring or <b>consultations</b> with any healthcare professional. This does not apply to the Virtual <b>GP</b> and Dental &amp; Optical benefits</p> <p>Where it is not initially clear whether a condition is <b>chronic</b> and <b>we</b> have paid for its <b>treatment</b>, once it is established as a <b>chronic condition</b>, <b>we</b> will not make further payments in respect of that condition</p> <p><b>We</b> will cover <b>treatment</b> of an <b>acute flare-up of a chronic condition</b> providing this is not part of the normal recurring nature of the condition &amp; is required to return <b>you</b> to <b>your</b> state of health immediately before the acute flare-up</p>
Complications from excluded conditions & <b>treatments</b>	<p>Any <b>treatment</b> for, arising from or related to any:</p> <ul style="list-style-type: none"> <li>• condition which is excluded under <a href="#">General Exclusions</a>; or</li> <li>• <b>experimental treatment</b></li> </ul>
Contamination, wars, riots, terrorist acts & violation of the law	<p><b>Treatment</b> of any condition or injury arising from or related to:</p> <ul style="list-style-type: none"> <li>• nuclear, biological, chemical or radioactive contamination;</li> <li>• war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, riot, civil disturbance, rebellion, revolution, military force or coup;</li> <li>• terrorist acts; or</li> <li>• willful violation of the law by <b>you</b></li> </ul>
Contraception, conception, sexual problems & gender re-assignment	<p>Any <b>treatment</b> for, arising from or related to:</p> <ul style="list-style-type: none"> <li>• contraception;</li> <li>• sterilisation &amp; reversal of sterilisation;</li> <li>• termination of pregnancy;</li> <li>• sexual problems (e.g. impotence);</li> <li>• assisted reproduction (including IVF investigations &amp; <b>treatment</b>), surrogacy, harvesting donor eggs &amp; donor insemination;</li> <li>• infertility; or</li> <li>• gender re-assignment</li> </ul>

Cosmetic, reconstructive & weight loss <b>treatment</b>	<p>Any <b>treatment</b> for, arising from or related to:</p> <ul style="list-style-type: none"> <li>cosmetic <b>treatment</b> or surgery, body modifications (e.g. piercings) or reconstructive surgery;</li> <li>weight loss &amp; any type of bariatric surgery, for example fitting a gastric band, creating a gastric sleeve or other similar <b>treatment</b>; or</li> <li>the removal of healthy or non-diseased tissue whether or not for psychological or medical reasons</li> </ul> <p><b>We</b> will cover reconstructive surgery under the Hospital Care benefit to restore function or appearance where this is needed as a direct result of:</p> <ul style="list-style-type: none"> <li><b>accidental injury</b> (except dental injury); or</li> <li><b>cancer treatment</b></li> </ul> <p>that occurs after <b>your plan start date</b></p>
Deafness & hearing impairment	<p>Any <b>treatment</b> for, arising from or related to deafness &amp; hearing impairment resulting from:</p> <ul style="list-style-type: none"> <li>a birth defect; or</li> <li>ageing</li> </ul>
Deliberate self-harm & attempted suicide	<p><b>Treatment</b> for any condition or injury arising from or related to deliberate self-harm or attempted suicide</p> <p>Note: <b>We</b> will cover mental health <b>treatment</b> under the Mental Health benefit</p>
Developmental problems, behavioural disorders & learning difficulties	<p>Any <b>treatment</b> for, arising from or related to:</p> <ul style="list-style-type: none"> <li>developmental problems (e.g. dyspraxia);</li> <li>behavioural disorders (e.g. attention deficit hyperactivity disorder); or</li> <li>learning difficulties (e.g. dyslexia)</li> </ul>
Dialysis	Kidney dialysis whether haemodialysis or peritoneal dialysis, other than when needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of <b>your</b> body
<b>Drug abuse, alcohol abuse</b> & any other addiction	Any <b>treatment</b> for, arising from or related to <b>drug abuse, alcohol abuse</b> , or any other type of addiction
Drugs & dressings for outpatient or take-home	<p>Any drugs or dressings provided for <b>you</b> for outpatient or take-home use after leaving a <b>hospital</b> or <b>treatment</b> facility</p> <p>Note: This does not apply to those outpatient drug therapies listed under Hospital Care – <b>Cancer treatment</b></p>
<b>Experimental</b> or unproven drugs & <b>treatments</b>	<p>Any <b>treatment</b> or drug therapy considered to be <b>experimental</b> or unproven, based on established medical practice in the <b>UK</b></p> <p>Any <b>treatment</b> using a drug:</p> <ul style="list-style-type: none"> <li>not licensed; or</li> <li>being used outside of its terms of license</li> </ul> <p>Any complementary or alternative therapy products or preparations (e.g. homeopathic substances)</p>
HIV / AIDS	Any <b>treatment</b> for, arising from or related to HIV / AIDS
New-born baby	<p>Any <b>treatment</b> for a baby added to your <b>plan</b> for a period of 4 months from birth, if the baby has been</p> <ul style="list-style-type: none"> <li>born after fertility <b>treatment</b>;</li> <li>born following assisted reproduction (e.g. IVF); or</li> <li>adopted</li> </ul>



Occupation & leisure pursuits	<p><b>Treatment</b> of any condition or injury arising from or related to:</p> <ul style="list-style-type: none"> <li>• working offshore in the extraction or refinery of natural or fossil fuels;</li> <li>• working in the armed forces whilst on active service or exercises;</li> <li>• training for or taking part in <b>professional sports</b> or <b>semi-professional sports</b>;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• participation in <b>high-risk activities</b> (e.g. motor racing, mountaineering at altitude, sky diving, scuba diving outside of <b>your</b> certified limits)</li> </ul>
Oral or maxillofacial surgery	<p>Any type of oral or maxillofacial surgery</p> <p>Note: This does not apply to cover under the Hospital Care – Oral surgery benefit where <b>you</b> have purchased Hospital Care as a benefit</p>
Organ & whole-body transplantation	Any <b>treatment</b> for, arising from or related to organ & whole-body part transplantation
Pandemic & epidemic disease	<b>Treatment</b> of any condition or injury arising from or related to any pandemic or epidemic disease as declared by the WHO
Physical aids & devices	Costs to supply or fit any physical aids or devices (e.g. hearing aids, crutches, wheelchairs or walking sticks)
<b>Pre-existing conditions</b>	<p><b>Treatment</b> of any <b>pre-existing condition</b>. This exclusion does not apply to the Virtual <b>GP</b> and Dental &amp; Optical benefits</p> <p>However, a <b>pre-existing condition</b> will be covered if <b>you</b> have not:</p> <ul style="list-style-type: none"> <li>• consulted anyone (e.g. <b>GP</b>, <b>specialist</b>, therapist or anyone acting in such capacity) for medical <b>treatment</b> or advice (including check-ups); or</li> <li>• taken medication (including prescription or over-the-counter drugs, medicines, special diets or injections),</li> </ul> <p>for that <b>pre-existing condition</b> or any <b>related condition</b> for two continuous years after <b>your plan start date</b> or where later, the <b>benefit start date</b> or <b>benefit increase date</b> for a given benefit under <b>your</b> plan</p>
Pregnancy & childbirth	<p>Any <b>treatment</b> for, arising from or related to:</p> <ul style="list-style-type: none"> <li>• pregnancy, including <b>treatment</b> of the foetus or embryo;</li> <li>• childbirth; or</li> <li>• termination of pregnancy</li> </ul> <p><b>We</b> will cover certain <b>treatments</b> related to pregnancy complications listed under Hospital Care – Pregnancy complications where <b>you</b> have purchased Hospital Care as a benefit</p>
Private <b>GP</b>	Any <b>treatment</b> or <b>consultations</b> with a private <b>GP</b> , other than cover under the Virtual <b>GP</b> benefit
Screening, monitoring & preventative <b>treatment</b>	<p>Health checks or health screening</p> <p>Preventative <b>treatment</b></p> <p>Routine tests or monitoring of medical conditions including:</p> <ul style="list-style-type: none"> <li>• routine antenatal care &amp; monitoring of medical conditions of mother or baby during pregnancy;</li> <li>• any test or procedure carried out for screening or monitoring purposes; or</li> <li>• medication reviews &amp; <b>consultations</b> where <b>you've</b> had no change in <b>your</b> usual symptoms</li> </ul>
Sleep problems & disorders	Any <b>treatment</b> for, arising from or related to sleep disorders (e.g. insomnia, snoring or sleep apnoea)
Speech disorders	Any <b>treatment</b> for or related to speech disorders (e.g. stammering)

Stem cell therapy & bone marrow transplant	<p>Any <b>treatment</b> with, arising from or related to stem cell therapy or bone marrow transplant</p> <p>This does not apply to cover under Hospital Care – <b>Cancer treatment</b></p>
Temporary relief of symptoms	<p><b>Treatment</b> solely to provide temporary relief of symptoms or which is for the continuing management of a condition</p> <p><b>We</b> will cover care received solely to relieve pain &amp; other symptoms at the end stage of <b>cancer</b> under Hospital Care – <b>Cancer treatment</b></p>
Other	<ul style="list-style-type: none"> <li>Any <b>treatment</b> or referral provided to <b>you</b> by yourself, a family member or a business that <b>you</b> own</li> <li>Any <b>treatment</b> provided by a healthcare professional who does not hold a licence to practice in the <b>UK</b> with the relevant professional or regulatory body</li> <li>Any costs that are above and beyond what is reasonable and customary for <b>consultations</b>, <b>diagnostic tests</b> or <b>treatment</b></li> </ul> <p>Note: <b>We</b> require <b>you</b> to check cover before <b>you</b> get care. At this point <b>we</b> will let <b>you</b> know if costs are above what <b>we</b> consider normal and reasonable.</p> <ul style="list-style-type: none"> <li>Any costs that you <b>may</b> be charged by a <b>hospital</b> or healthcare professional for: <ul style="list-style-type: none"> <li>missing an appointment;</li> <li>completing a claim form; or</li> <li>medical information requested by <b>you</b> in support of <b>your</b> claim</li> </ul> </li> <li><b>Treatments</b> where a cheaper alternative is available, unless the cheaper alternative: <ul style="list-style-type: none"> <li>has been tried and deemed clinically ineffective; or</li> <li>is not suitable on clinical grounds</li> </ul> </li> <li><b>Treatment</b> received outside of the <b>UK</b></li> <li><b>Treatments</b> available under a cover option that <b>you</b> have not chosen</li> <li>Any <b>treatment</b> provided after the plan has been cancelled or received after the period covered by any premium</li> </ul>

## Check cover, get care & make a claim

### Check cover

**We've** made it easy for **you** to 'Check cover':

1. Simply open the Peachy app and tap 'Check cover' on the home screen
2. Answer a few questions with **our** smart concierge and upload any documents (e.g. referral letter). **You** do not require a referral to access a Virtual **GP** via the Peachy app or for the following benefits if **you** have chosen them as part of **your** plan:
  - Therapies – **you** can self-refer for up to 5 sessions per **plan year** for physiotherapy with an Ascenti **physiotherapist**
  - Dental & Optical
3. **We'll** review what **you've** told **us** and let **you** know whether **you're** covered or not under **your** plan

### Get Care

Once **you've** checked **your** cover, **you** can use **our** app to search for private healthcare professionals near **you**, get care & pay for it.

If **you** need **hospital treatment**, **you** should first check **your** cover using the Peachy app, as described above. If the **treatment** is covered, **we'll** approve it so **you** can pay **your** healthcare provider as soon as the **treatment** has been provided.

**You** can find **your** own healthcare professional but **you** need to make sure that they hold a licence to practice in the **UK** with the relevant professional or regulatory body, hold professional indemnity insurance and, if a **specialist**, are on the **specialist** register with the [General Medical Council](#) or [General Dental Council](#). **We'll** only cover costs which are normal and reasonable.

## Make a claim

**We've** made it easy to make a claim too:

1. Just open the Peachy app and tap 'Make a claim' on the home screen
2. Answer a few questions about **your** claim with **our** smart concierge
3. Record a video selfie telling **us** what happened, specifically:
  - what symptoms **you** experienced and **your** diagnosis if known;
  - what **consultations, diagnostic tests**, and / or **treatment you** have received and are claiming for; and
  - anything else that **you** feel is relevant

Note: if **you** are unable to record a video or need any help whilst making a claim, **you** can chat to **us** in the Peachy app or email **us** at [help@peachy.health](mailto:help@peachy.health)

4. Upload photos of **your** original receipt(s). **We** don't accept credit card slips, non-itemised till roll receipts or invoices / receipts that have been photocopied, defaced or altered in any way. **Your** claim will be considered as submitted on the date that **you** provide all the necessary information. This includes:
  - name of the person receiving the **treatment**;
  - name & qualifications of healthcare professional providing the **treatment**;
  - name & address of the clinic / **hospital** providing the **treatment**;
  - date and description of the **treatment** provided; and
  - amount and date paid, where **you've** already made a payment
5. Share **your** bank details with **us** so that **we** can make payment. **We** will notify **you** at [youremail@gmail.com](mailto:youremail@gmail.com) when **we** pay a claim

## Other things to note

**You** must check that **your** plan covers any proposed **treatment** before you 'Get care' by using 'Check cover' in **our** app. If **you** don't check that **you're** covered for **treatment**, **we** may not be able to pay a claim against that **treatment**.

**You** should make a claim for any **treatment** that **you've** received and paid for as soon as possible through **our** app. **We** will only accept claims made within 16 weeks of the **treatment** date or payment date, whichever is later, unless there is a good reason why **you** can't do this.

**You** may be required to provide **us** with additional information or evidence to support **your** claim. **We** may need **your** consent to obtain a medical report or a copy of **your** NHS medical record from **your GP, specialist** or other healthcare practitioner in accordance with **your** rights under the Access to Medical Reports Act 1988 (AMRA). If **you** do not give **your** consent, **we** may not be able to check whether **you** are covered for a **consultation, diagnostic test, treatment** or pay a claim. If **we** need to obtain a medical report to help **us** assess or monitor an ongoing claim, **we** shall bear any reasonable costs.

In the majority of cases, if **treatment** is covered under **your** plan, **we** will settle **your** claim in full subject to any annual limits. Very occasionally a **specialist** or **hospital** / clinic may charge **you** more than **we** consider customary and reasonable costs and if **you** decide to proceed with the **treatment**, then it is **your** responsibility to pay for the difference.

For any given claim, the date **you** received **treatment** or the date of **your** discharge from **hospital**, whichever is later, determines the **plan year** in which the claim should be considered.

Payments for claims will only be made in Pounds Sterling (GBP) to a **UK** bank account registered in **your** (the **main member**) name. **We** will not pay any interest on money paid out under the plan.

**We** will reduce the amount of any claim that **you** make to account for costs that **you** have recovered or can recover from another insurer or a third party:

- Where **you** have any other plan that covers the same costs as **we** do, **you** must provide **us** with full details of that plan, including the insurer's name and address, plan and claim number and any other relevant information when **you** first submit **your** claim. **We** will then contact the other insurance company to ensure that **we** only pay **our** proportion of the claim. **We** may need to share **your** personal information regarding **your** claim with the other insurer
- If **you** are claiming under this plan for **treatment** for an illness or injury caused by somebody else (a 'third party'), **you** must tell **us** as soon as possible and supply **us** with all the relevant details of that third party
  - If **you** are then pursuing a personal claim for damages against the third party, **you** must provide **us** with the full name and address of the solicitor handling the action. **We** will then contact the solicitor to register **our** interest and seek to recover **our** own costs, plus interest, in addition to any damages that **you** may recover or be awarded. If **we** choose, **we** also have the right in **your** name but at **our** expense to:
    - start legal action to claim compensation from a negligent third party
    - start legal action to recover from any third-party, payments that have already been made
  - If **you** are able to recover from the third party (whether or not through legal action) compensation that includes any **treatment** costs **we've** paid, **you** must repay to **us** any such amounts until **we** have been repaid in full. Any interest that **you** may also have been awarded that relates to the recovered **treatment** costs is also payable to **us**
  - Any costs **we** recover will not be taken into account when calculating **your** future premiums

**You** must repay any overpayments made to **you** . This includes any payment of benefit that **we** subsequently find that **you** were not eligible to claim.

If **we** agree to pay **treatment** costs that aren't eligible under the terms of **your** plan, then any payments **we** make will still reduce the amounts available under **your** plan. The fact that **we've** made these payments once does not mean **we** will make them again in the same or similar circumstances.

## Premiums & monthly cover

**You** are responsible for making premium payments when they are due. All premium payments must be made in Pounds Sterling (GBP) from an account registered in the **UK**.

**We** will take the first premium payment on the day **you** purchase **your** plan online. The plan will continue in force, payable monthly until the plan is cancelled, so subsequent premium payments will be taken every month from the **plan start date**.

If **you** stop or miss paying **your** premium, **we** will contact **you** at **youremail@gmail.com**

If **you** miss the very first payment, **your** plan will not be activated until payment is received.

If **you** stop or miss paying subsequent premiums, **your** plan will be cancelled immediately if **we** do not receive payment within two weeks of a reminder sent to **your** email address.

**We** may review **your** monthly premium from time to time. Many factors influence price – for example, medical costs inflation, the total value of claims made by **our** customers and changes to insurance premium tax made by the Government.

Any changes in premiums will be communicated by email at least one month in advance, giving **you** time to explore alternatives should **you** choose not to continue **your** cover with **us**.

## Cancellation

SAMPLE  
PLAN

### You can cancel your plan

**You** can cancel **your** plan at any time by letting **us** know through the Peachy app or by contacting **us** at [help@peachy.health](mailto:help@peachy.health)

If **you** cancel within 14 days from **your plan start date**, **we** will refund all premiums that **you've** paid, providing that **you've** not made or intend to make a claim. If **you** make a claim within the first 14 days of **your plan start date**, **you** forfeit the right to cancel **your** plan until one month after the **plan start date**.

If **you** cancel after the 14-day period, **your** plan will end on the day **you** cancel and **we** will refund any premium payments **you** have made on a pro-rata basis. Please note that **we** will not back date cancellation or pay for any **treatment** that takes place after **your** last day of cover.

### We can cancel your plan

If **we** choose to cancel **your plan**, **we'll** write to **you** at [youremail@gmail.com](mailto:youremail@gmail.com). **We'll** provide at least one month's notice.

However, **we** can cancel **your** plan immediately if:

- **we** believe **you've** attempted to make a fraudulent claim or given **us** incomplete or untruthful answers in any information **we've** asked from **you**
- **you** and / or other plan members stop living in the **UK**
- in the unfortunate event of **your** death
- in **our** judgement, **our** relationship with **you** has irreparably broken down. For example, circumstances could include **you** being abusive to **our** staff or taking any actions that lead **us** to believe that **you** will not act in good faith in **your** dealings with **us**



## Changes to your plan

**You** can change **your** level of cover at any time, just contact **us** at [help@peachy.health](mailto:help@peachy.health)

Please note, any changes to **your** plan will affect all members (partners, dependents) under **your** plan.

## Switching your cover up or down

### Removing a benefit

**You** can remove any benefit except Virtual **GP** and Mental Health. Please note, to continue **your** plan with **us**, **you** must also have at least one of Consultations & Diagnostics or Hospital Care benefits.

**We** will amend **your** monthly premium to reflect the removal of the benefit. Where appropriate, **we** will provide a pro-rata refund.

Any claims relating to the period in which the benefit was active will be honoured, subject to the plan's terms and conditions.

### Adding a benefit

**You** can add a benefit to **your plan** at any time.

The new benefit will take effect from the **benefit start date** and annual limits will apply to the current **plan year**, refreshing at the start of the next **plan year**.

Note: **we** will not cover **pre-existing conditions** under **your** new benefit until **you've** been symptom & treatment free for two years of continuous cover as a Peachy customer after the **benefit start date**. This does not apply to the Dental & Optical benefit, if **you** choose to add this.

### Reducing your annual limit

**You** can only reduce **your** annual limit for Consultations & Diagnostics and Hospital Care benefits.

**We** will amend **your** monthly premium to reflect the reduction to the annual limit. Where appropriate, **we** will provide a pro-rata refund of premium.

**Your** new lower annual limit will apply to the remainder of the current **plan year**, before refreshing at the start of the next **plan year**. Claims paid in the **plan year** under **your** old level of cover will count towards the annual limit for **your** new level of cover.

## Increasing your annual limit

You can increase the annual limit for Consultations & Diagnostics or Hospital Care only at any time.

The new annual limit will take effect from the **benefit increase date** and apply to the current **plan year**, refreshing at the start of the next **plan year**.

Note: **we** will not cover **pre-existing conditions** under **your** new increased benefit until **you've** been symptom & **treatment** free for two years of continuous cover as a Peachy customer after the **benefit increase date**.

## We may make changes to your plan

From time to time, **we** may choose to make changes to the terms and conditions of **your** plan including cover, premium rates or general procedures. **We** will always give **you** at least's one month's notice of any changes by writing to **you** at **youremail@gmail.com** unless statutory or regulatory requirements require **us** to make changes faster.

## General Conditions

### Eligibility

To join the Personal Health Insurance Plan, **you** (the **main member**) must be:

- between 18–55 years old on **your plan start date**;
- a permanent **UK** resident; and
- registered continuously with a **UK GP** for at least 6 months or be able to provide **your** full medical records in English

**You** can add **your** spouse or partner to **your** plan if they meet the criteria outlined above and they live at the same address as **you**.

Your children, including adopted children, can join your plan if they are aged 25 or under at their **plan start date**. To join, each child must be:

- a permanent **UK** resident;
- registered continuously with a **UK GP** for at least 6 months or be able to provide their full medical records in English; and
- living at the same address as **you**

There is no upper age limit for **your** children to remain on the plan, however if they are aged 21 or over, they will be charged at the adult rate.

If **you** would like to add a new baby to **your** plan, **we'll** add the little one from their date of birth as long as **you** let **us** know within 3 months of their arrival and send **us** a copy of their birth certificate.

If **you** add a new baby born after fertility **treatment**, including assisted reproduction (e.g. IVF), or who **you** have adopted, **we** won't be able to cover any **treatment** for them in first 4 months after their birth. Any conditions the baby has within this period will be regarded as a **pre-existing condition** and therefore excluded from cover.

Please note **we** do not have to accept **your** application for a Personal Health Insurance Plan.

### Keeping us informed

**You** must tell **us** if **you** or any other plan members:

- have a change in personal details (e.g. telephone number, email address) or address. Please note a change in address could result in a change in premium; or
- are no longer resident in the **UK**

**We** may then have to change the cover and in some cases, **we** will no longer be able to cover that plan member.

## Our Liability

**Our** liability is limited to paying for **treatment** covered under this plan.

The choice of provider for **treatment** under this plan is **your** responsibility.

**We** make no recommendations to **you** regarding the availability and standard of any **treatment** offered by any provider.

**We** are not liable for any loss, harm or damage resulting from the lack of availability or an issue with the quality of any **treatment** offered or delivered by a provider.

**We** use partners to offer services and activities (e.g. Virtual **GP**). While these companies are carefully selected, **we** are not liable for any loss or harm to **you** from any act or omission on the part of the partner, or as a result of using any service or product provided by a partner.

**We** are not liable for any delay or failure to perform **our** obligations under this plan if it is caused by circumstances outside of **our** reasonable control. For example (not an exhaustive list):

- riot or civil commotion;
- changes to the law or instructions from the regulator; or
- a fire, flood or storm

## Dishonesty & Fraud

**We** believe **you** are honest and the agreement between **us** is based on mutual trust. **We** rely on information provided by **you** in assessing the terms of the plan.

If **you** fail to take reasonable care when providing information **we** have asked for, **we** may have the right to:

- cancel **your** plan from inception;
- decline payment of claims; or
- reduce the amount **we** pay under the plan.

If any claim or attempt to claim is in any respect dishonest or fraudulent, whether by **you** or anyone acting on **your** behalf, then:

- **we** can terminate all cover with effect from the date of the dishonest or fraudulent act;
- **you** will have to return to **us** any payments made in respect of the dishonest fraudulent claim and any subsequent claims; and
- **we** will not return any premium payment to **you**.

**We're** involved in a number of initiatives to detect and prevent insurance fraud. If fraud is suspected, **we** may exchange information about **you** with other insurance companies, fraud prevention agencies and the Police.

## International Sanctions

**We** will not provide cover or pay a claim if, by doing so, **we** would, or reasonably consider **we** might, be exposed to any sanction, prohibition or restriction issued by, amongst others:

- The United Nations
- The **UK** Government
- The European Union
- United States of America

If **we** discover that **you**, any other plan member or any person paying for or benefiting from the plan is subject to international sanctions, either directly or indirectly, **we'll** cancel the plan immediately, ending all benefits and payments without any refund of premium in line with statutory and regulatory requirements.

If **you** are, or become, aware that **you** or any other plan member are subject to such sanctions, **you** must let **us** know immediately.

In the event that sanctions against **you** are lifted, any premiums that **you** paid for cover, after the date on which **we** stopped providing benefit, will be returned to **you**, where legally permitted to do so and in accordance with applicable statutory and regulatory requirements.

## Customer Care & Complaints

**We** aim to provide first-class service to **our** customers at all times. To ensure that **we** provide the service **you** expect, **we** welcome **your** feedback. **We** record and analyse **your** comments to make sure we continually improve the service **we** offer. If **you** have any comments or feedback, please let **us** know by contacting **us**:

- Email **us** at [help@peachy.health](mailto:help@peachy.health)
- Chat with **us** via **our** app

### How to make a complaint

**We** work very hard to provide the best service and products possible, but **we** recognize that things do go wrong occasionally. If **you're** unhappy with **us**, **you** have the right to complain.

To submit a formal complaint, please email **us** at [complaints@peachy.health](mailto:complaints@peachy.health). Please include:

- **Your** full name and plan number;
- What **your** complaint is about; and
- What **your** ideal resolution would be

Below is the timeframe determined by the Financial Conduct Authority to deal with **your** complaint:

- Within 3 working days – **We** will aim to resolve **your** complaint, where possible, and send **you** a response
- Within 5 working days – **We** will send an email acknowledging **we've** received **your** complaint. If the nature of **your** complaint is unclear, **we** may call **you** or write to **you** to ask for more details
- Within 4 weeks – **We** will email **you** to let **you** know when **we'll** be able to provide a final response, or if **we** need more time to investigate **your** complaint
- Within 8 weeks – **We** should usually provide a final response. If it isn't the case, **we'd** explain the reasons behind the delays, and let **you** know when **we'll** be able to provide a final response

**Our** final response will explain the outcome of **our** investigation and will be **our** final decision on the issues raised. If **you** are dissatisfied with the outcome of **your** complaint, **you'll** still have the following options:

- If **you** have an additional complaint, which wasn't mentioned in **your** first complaint email, please let **us** know. **We'll** investigate the new complaint
- If **you** are unhappy with the outcome of the investigation, or the way **your** complaint was handled, **you** can contact the Financial Ombudsman Service (FOS). **You** have 6 months to do so from the date of **our** final response

## Contact the Financial Ombudsman Service (FOS)

The Financial Ombudsman Service offers a free independent service and they can help with most financial complaints. For further information, feel free to visit their website at [www.financial.ombudsman.org.uk](http://www.financial.ombudsman.org.uk). **You** can contact them:

- By post:  
Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR
- By phone:  
0800 023 4567 or 0300 123 9123
- By email:  
[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

## Financial Services Compensation Scheme

**You** may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) if **we** are unable to meet our obligations to **you** under this insurance. If **you** were entitled to compensation under this Scheme, the level and extent of the compensation would depend on the nature of this insurance. Further information about FSCS is available on their website: [www.fscs.org.uk](http://www.fscs.org.uk) or **you** can write to them at PO Box 300, Mitcheldean, GL17 1DY.

## Protecting your data

**We** are committed to protecting and respecting **your** privacy.

**Our** [Privacy Policy](#) provides full details on how **we** collect, use, share and hold customer data, along with **your** rights to **your** data.

If **you** have any questions, comments, complaints about **your** personal information, please contact **us** by email at [dpo@peachy.health](mailto:dpo@peachy.health)

Peachy (Hlthie Ltd) is registered with the [Information Commissioner's Office](#), who regulates **our** compliance with data protection regulation and laws. **Our** registration number is [ZB008024](#).

If **you** have a complaint that **we're** not able to resolve to **your** satisfaction, **you** have the right to contact the [Information Commissioner's Office](#)

Details of **the insurer's** [Privacy Policy](#) provides full details on how **the insurer** collects, uses, shares and holds customer data, along with **your** rights to **your** data.



## Legal Stuff

This plan represents the whole and only agreement between **you**, Peachy, Endurance Worldwide Insurance Limited relating to the provision of private health insurance.

Only **you** (the **main member**) have legal rights under this agreement although family members under **your** plan have access to **our** complaints process.

This agreement and all communications related to **your** plan will be in English.

This agreement is governed by the laws, and falls under the jurisdiction of, the country within the **United Kingdom** in which **you** live.

## Definitions

These definitions are shown in bold print throughout this document and have the same meaning wherever they appear. If **you** have any difficulty understanding any part of the terms and conditions, please contact us at [help@peachy.health](mailto:help@peachy.health)

<b>Accidental injury</b>	An injury directly caused by something accidental, outside the body, violent and visible. It does not include sickness, disease or any naturally occurring or deteriorating condition.
<b>Acupuncturist</b>	A healthcare professional registered with a licence to practice in the <b>UK</b> as an acupuncturist by the <a href="#">British Acupuncture Council</a> , or the <a href="#">Acupuncture Association of Chartered Physiotherapists</a> , or who holds a Certificate of Basic Competence or a Diploma of Medical Acupuncture issued by the <a href="#">British Medical Acupuncture Society</a> .
<b>Acute flare-up of a chronic condition</b>	A sudden and unexpected deterioration of a <b>chronic condition</b> that is likely to respond quickly to <b>treatment</b> that aims to restore <b>you</b> to <b>your</b> state of health immediately before suffering the acute flare-up. For example, eligible surgery following a heart attack that results from chronic heart disease. This does not include deterioration of a <b>chronic condition</b> , where this is part of the normal progress of the illness, or recurring relapses.
<b>Alcohol abuse</b>	Alcohol dependence or hazardous drinking that results directly in harm to physical or mental health.
<b>Benefit increase date</b>	The date from which the annual limit is increased for an existing Hospital Care or Consultations & Diagnostics benefit.
<b>Benefit start date</b>	The date from which a new benefit is added to an existing plan.
<b>Cancer</b>	A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
<b>Chiropodist / Podiatrist</b>	A healthcare professional registered with a licence to practice in the <b>UK</b> as a chiropodist / podiatrist with the <a href="#">Health &amp; Care Professions Council</a> , who diagnoses and treats foot problems, including fixing deformities, treating infections and relieving pain.
<b>Chiropractor</b>	A healthcare professional registered with a licence to practice in the <b>UK</b> as a chiropractor with the <a href="#">General Chiropractic Council</a> , who offers <b>treatment</b> for problems with the bones, joints and muscles that support the body (the 'musculoskeletal system').
<b>Chronic condition(s)</b>	<p>A disease, illness or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>• it needs ongoing or long-term monitoring through <b>consultations</b>, examinations, checkups and/or tests;</li> <li>• it needs ongoing or long-term control or relief of symptoms;</li> <li>• it requires <b>your rehabilitation</b> or for <b>you</b> to be specially trained to cope with it;</li> <li>• it continues indefinitely;</li> <li>• it has no known cure; and/or</li> <li>• it comes back or is likely to come back.</li> </ul> <p>Examples of <b>chronic conditions</b> include diabetes, asthma and multiple sclerosis. <b>Cancer</b> is not considered a <b>chronic condition</b>.</p>
<b>Clinical / counselling psychologist</b>	A mental health professional registered with a licence to practice in the <b>UK</b> as a clinical or counselling psychologist with the <a href="#">Health &amp; Care Professions Council</a> , who is trained in the diagnosis and psychological <b>treatment</b> of mental illness, and who uses psychological techniques, rather than medication to treat mental illness.

<b>Consultation(s)</b>	Meeting with a healthcare professional (e.g. <b>specialist</b> etc.) in order to seek advice, diagnosis or <b>treatment</b> .
<b>Critical care</b>	Any care given in an <ul style="list-style-type: none"> <li>• Intensive Care Unit</li> <li>• High Dependency Unit</li> <li>• Coronary Care Unit</li> <li>• Intensive Therapy Unit</li> <li>• Paediatric Intensive Care Unit</li> <li>• Neonatal Intensive Care Unit</li> <li>• Special Care Baby Unit</li> </ul> or similar level of care, wherever provided, is considered critical care.
<b>Day-patient</b>	A patient who is admitted to a <b>hospital</b> or a day-patient unit because they need a period of medically supervised recovery but does not need to occupy a bed overnight.
<b>Diagnostic test(s)</b>	Investigations, such as x-rays or blood tests, to find or to help to find the cause of <b>your</b> symptoms.
<b>Dietitian</b>	A healthcare professional registered with a licence to practice in the <b>UK</b> as a dietitian with the <a href="#">Health &amp; Care Professions Council</a> , who uses the science of nutrition to help in the <b>treatment</b> of medical conditions and to promote good health.
<b>Drug abuse</b>	The taking of any non-prescription drug, substance or solvent, or misuse of a drug prescribed by a <b>GP</b> or <b>specialist</b> .
<b>Experimental</b>	Tests, drugs or <b>treatments</b> that (for a given indication): <ul style="list-style-type: none"> <li>• are not licensed in the <b>UK</b>; or</li> <li>• have not been satisfactorily reviewed or approved by NICE (The National Institute of Clinical Excellence); or</li> <li>• are not part of <b>treatment</b> protocols, care pathways or established medical practice in the <b>UK</b></li> </ul>
<b>GP (General Practitioner)</b>	A medical practitioner who is registered and licensed with the <a href="#">General Medical Council</a> and whose name appears on the <b>GP</b> register.
<b>High-risk activities</b>	<ul style="list-style-type: none"> <li>• Airboarding</li> <li>• Base jumping</li> <li>• Black water rafting grades 4 and above</li> <li>• BMX freestyle</li> <li>• Bobsleighbing</li> <li>• Boxing (in competition)</li> <li>• Bridge swinging</li> <li>• Bull running</li> <li>• Bungee jumping</li> <li>• Cage fighting/mixed martial arts (in competition)</li> <li>• Cave diving</li> <li>• Cave tubing</li> <li>• Climbing of the following types/ circumstances: <ul style="list-style-type: none"> <li>◦ Free soloing/deep water soloing (without safety aids)</li> <li>◦ Ice climbing</li> </ul> </li> <li>• Coasteering (without a guide)</li> <li>• Deer stalking</li> <li>• Dog sled racing</li> <li>• Drag racing</li> <li>• Equestrian – the following events: <ul style="list-style-type: none"> <li>◦ Cross country</li> <li>◦ Show jumping</li> </ul> </li> </ul>

<p>... High-risk activities</p>	<ul style="list-style-type: none"> <li>• Expeditions, which <b>we</b> define as a trip of more than three weeks, to a remote location where <b>hospital</b> care is not available without evacuation, and: <ul style="list-style-type: none"> <li>◦ The purpose of the trip is for research and/or exploration; or</li> <li>◦ The purpose of the trip is an endurance challenge (whether sponsored or not); or</li> <li>◦ Special training is needed in advance of travelling to ensure <b>your</b> safety in the region</li> </ul> </li> <li>• Free diving (without breathing apparatus)</li> <li>• Hang gliding (as pilot)</li> <li>• Harness racing</li> <li>• Hiking/trekking above 6,000m altitude</li> <li>• Horse racing</li> <li>• Hunting</li> <li>• Ice diving</li> <li>• Ice speedway</li> <li>• Jousting</li> <li>• Luge</li> <li>• Marathons occurring partly or wholly in the Arctic or Antarctic circles</li> <li>• Microlighting</li> <li>• Motocross</li> <li>• Motorcycle racing</li> <li>• Motor paintball</li> <li>• Motor racing</li> <li>• Motor rallies</li> <li>• Motor sport time trials</li> <li>• Mountain bike racing of the following types/events: <ul style="list-style-type: none"> <li>◦ Downhill mountain bike racing</li> <li>◦ Megavalanche (or similar)</li> <li>◦ Rumble in the jungle (or similar)</li> <li>◦ Trans savoie big alpine endure (or similar)</li> <li>◦ Yak attack</li> </ul> </li> <li>• Mountaineering of the following types/circumstances: <ul style="list-style-type: none"> <li>◦ Above 3,000m altitude and using ropes or climbing equipment</li> <li>◦ Free soloing (without safety aids)</li> <li>◦ Solo mountaineering</li> </ul> </li> <li>• Paramotoring</li> <li>• Potholing/caving (exploratory)</li> <li>• Power boat racing</li> <li>• Quad bike racing or rallying</li> <li>• Quad biking over 300cc</li> <li>• River bugging</li> <li>• Sailing/yachting more than 30 miles from the shore</li> <li>• Scuba diving in the following circumstances: <ul style="list-style-type: none"> <li>◦ When not in open water at all times, or</li> <li>◦ When using more than one breathable gas, or</li> <li>◦ At a depth of more than 30m, or</li> <li>◦ When not as part of a buddy pair or group, or</li> <li>◦ When not within divers certified limits or under training for new certifications</li> </ul> </li> <li>• Skeleton</li> </ul>
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... High-risk activities	<ul style="list-style-type: none"> <li>• Skiing/snowboarding of the following types/circumstances: <ul style="list-style-type: none"> <li>◦ Aerial skiing/snowboarding</li> <li>◦ Ski bob racing</li> <li>◦ Ski cross</li> <li>◦ Ski flying</li> <li>◦ Ski jumping</li> <li>◦ Ski racing (downhill)</li> <li>◦ Ski stunting</li> <li>◦ Skiing acrobatics</li> <li>◦ Skiing/snowboarding against local authority's warning or advice</li> <li>◦ Skiing/snowboarding freestyle (including inverted aerials)</li> <li>◦ Skiing/snowboarding off-piste, out of resort</li> </ul> </li> <li>• Skydiving</li> <li>• Speedway</li> <li>• Stunt performance</li> <li>• Tombstoning</li> <li>• Ultramarathons – the following circumstances/events: <ul style="list-style-type: none"> <li>◦ Where normal temperatures for the event are lower than 0 or higher than 30 degrees Celsius</li> <li>◦ Marathon des sables</li> <li>◦ Kalahari augrabies ultra marathon</li> </ul> </li> <li>• White water canoeing grades 4 and above</li> <li>• White water hydrospeeding grades 4 and above</li> <li>• White water kayaking grades 4 and above</li> <li>• White water rafting grades 4 and above</li> <li>• Wingsuit flying</li> <li>• World's toughest mudder</li> </ul>
Hospital	Any private hospital, private clinic or private wing of an NHS hospital registered with the <a href="#">Care Quality Commission</a>
In-patient	A patient who is admitted to <b>hospital</b> and who occupies a bed overnight or longer, for medical reasons.
Main member	The person who has the contract with <b>us</b> as shown in this document under the <a href="#">Summary of cover &amp; exclusions</a> section.
Osteopath	A healthcare professional registered with a licence to practice in the <b>UK</b> as an osteopath with the <a href="#">General Osteopathic Council</a> , who uses touch, physical manipulation, stretching and massage to increase the mobility of joints, to relieve muscle tension, to enhance the blood and nerve supply to tissues, and to help <b>your</b> body's own healing mechanisms.
Out-patient	A patient who attends a <b>hospital</b> , consulting room or out-patient clinic and is not admitted as a <b>day-patient</b> or an <b>in-patient</b> .
Physiotherapist	A healthcare professional registered with a licence to practice in the <b>UK</b> as a physiotherapist with the <a href="#">Health &amp; Care Professions Council</a> , who helps to restore movement and function when someone is affected by injury, illness or disability.
Plan start date	The date on which the <b>main member's</b> cover starts as shown in the <a href="#">Summary of cover &amp; exclusions</a> section of this document.
Plan year	Each consecutive period of 12 months from the <b>plan start date</b> whilst continuously being a Peachy customer.

<b>Pre-existing condition(s)</b>	<p>Any medical condition or <b>related condition</b>, whether diagnosed or not, which</p> <ul style="list-style-type: none"> <li>• <b>you</b> received medical <b>treatment</b> for; or</li> <li>• <b>you</b> had symptoms of; or</li> <li>• <b>you</b> asked advice on; or</li> <li>• to the best of <b>your</b> knowledge and belief, were aware existed,</li> </ul> <p>in the three years prior to the <b>plan start date</b> or where applicable, the <b>benefit start date</b> or <b>benefit increase date</b></p>
<b>Professional sports</b>	Any sporting activity in which the <b>main member</b> or other plan member participates as their main paid occupation, as opposed to being an amateur or semi-professional.
<b>Psychiatrist</b>	A medical practitioner whose name appears on the <a href="#">General Medical Council specialist register</a> for psychiatry (and any of its sub- specialties) and has a licence to practice in the <b>UK</b> .
<b>Rehabilitation</b>	Medical services aimed at restoring a person's function and independence following <b>in-patient treatment</b> of a disease, illness or injury.
<b>Related condition</b>	Any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury. It may also be known as 'an underlying cause' and/or a 'condition arising there from'.
<b>Semi-professional sports</b>	Any sporting activity for which the <b>main member</b> or other plan members receives payment (beyond expenses) for participation, irrespective of results, but which is not their main occupation.
<b>Specialist</b>	<p>A medical or dental practitioner:</p> <ul style="list-style-type: none"> <li>• whose name appears on the <a href="#">General Medical Council</a> or <a href="#">General Dental Council</a> specialist register and has a licence to practice in the <b>UK</b></li> <li>• who has full practicing privileges in a <b>hospital</b></li> </ul>
<b>The insurer</b>	Endurance Worldwide Insurance Services Limited, trading as Sompo International.
<b>Treatment(s)</b>	Surgical or medical services that are needed to relieve or cure a disease, illness or injury.
<b>UK (United Kingdom)</b>	Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.
<b>We, Us, Our</b>	Peachy for and on behalf of <b>the insurer</b> .
<b>You, Your, Yours</b>	<p>The <b>main member</b> and other plan members (e.g. partner / spouse, children).</p> <p>Where the words <b>you</b> or <b>your</b> refer specifically to the <b>main member</b>, we'll say '<b>you</b> (the <b>main member</b>)'</p>