

Your guide to Benenden Healthcare

May 2024

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Your guide to help you get the most from your Benenden Health membership.

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Glossary

Where the words below are used in this guide, they have the following meaning:

Benenden Health	The brand name of Benenden Healthcare Society Limited (the provider of Benenden Healthcare).
Benenden Healthcare	The name of our healthcare product that includes services made available to Members as described within this guide.
Immediate Family	Where we refer to Immediate Family, we mean yourself, your partner, your spouse, your dependent children (below the age of 19 or within full-time education) or any person for whom you have a legal power of attorney.
Member	An individual who has access to the benefits of membership of Benenden Health.
NHS Practitioner	Any clinician contracted by the NHS to provide you with care. This may include (but is not limited to), NHS GP, NHS Advanced Nurse Practitioner, NHS Advanced Care Practitioner and NHS Physiotherapist.
We, our, us	Where this guide refers to services using terms such as 'we', 'our' or 'us', this means either Benenden Health or service partners with whom Benenden Health has a contract to provide the service or additional benefits. Additional benefits are provided by a mixture of Benenden Health and third parties.
You	Where this guide refers to services using terms such as 'you', this means a Member.

Welcome to Benenden Health

Who we are

Benenden Health was founded in 1905 in response to the tuberculosis pandemic. Over 115 years later, we're still here for our 850,000+ Members. As we're a mutual, we don't have shareholders and we're run exclusively for the benefit of our Members. Our ambition is to improve the nation's health and our healthcare is designed to offer a simple, smart and more affordable health and wellbeing solution for everyone.

What we do

Benenden Health aims to make private healthcare accessible to all. All our services are provided on a discretionary basis and are subject to the resources we have available, except for treatment for TB which is provided on an insured basis.

Simple – because everyone is accepted for the same price, with no exclusions for pre-existing conditions or age.

Smart – because we aim to support the great work of the NHS by providing services that may help when NHS resources are under pressure.

Affordable – because of our unique discretionary model, every Member pays one affordable price, with no quotes or excesses to pay. This price doesn't rise with age or service use.

We aim to support the NHS, and we do this in a way that best suits our 850,000+ Members by providing access to services including:

From day one of your membership:

- 24/7 GP Helpline
- 24/7 Mental Health Helpline
- Care Planning and Social Care Advice
- The Benenden Health App and Wellbeing Hub
- Member rewards
- Online health and wellbeing classes

After six months:

- Medical Diagnostics
- Physiotherapy
- Mental Health Support
- Cancer Support
- Treatment of Tuberculosis

After six or 24 months:

- Medical Treatment

If you joined us before 19 February 2024 you can request Medical Treatment after six months of membership. If you joined us on or after 19 February 2024 you can request Medical Treatment after 24 months of membership. See page 8 for full details.

This healthcare meets the demands and needs of someone who is looking for access to services such as Medical Diagnostics, Medical Treatment, Physiotherapy, GP and Mental Health helplines.

The services Benenden Health provide are governed by our Rules, which can be found at benenden.co.uk/rulebook. This guide aims to make clear the services we provide and the principles we consider when determining whether to provide assistance.

Please read this guide carefully.

What do we mean by discretionary?

Our discretionary model is at the heart of everything we do. It has served our Members well for more than 115 years and allows us to manage our funds and the services we provide carefully to ensure that we can continue to offer every Member one affordable price, regardless of age and pre-existing medical conditions.

We are not a private medical insurer. We provide healthcare services on a discretionary basis, except treatment for TB, which is provided on an insured basis. Our services are reviewed regularly and subject to the resources we have available. In some cases, provision of service can be dependent on factors such as NHS Practitioner referral, NHS wait times and the type of treatment required. This is explained in detail for each service throughout the guide.

We will keep you informed of changes to our services via our website, Be Healthy magazine or communications to you.

Our services at a glance

If you pay us directly for membership, you can find the latest price on our website at benenden.co.uk

From **day one of your membership**, you can request our assistance with the following:



24/7 GP Helpline

You can call our helpline or log in to the Benenden Health App, 24 hours a day, 7 days a week to book an appointment for a telephone or video consultation with a UK-based GP for you or your Immediate Family.



24/7 Mental Health Helpline

You can call our helpline 24 hours a day, 7 days a week for immediate emotional support and signposting for problems such as mild to moderate anxiety, depression, bereavement, relationships, and legal and debt concerns.



Care Planning and Social Care Advice

Access to a care adviser who can provide information and advice about adult care issues including short or long-term care and advice for children and adults with neurodiverse or disability needs, such as autism, ADHD, learning and physical disabilities.

From **six months of membership**, you can also request our assistance for the following:



Medical Diagnostics

You can request private medical diagnosis in our diagnostic network for symptoms which you've been referred by a qualified NHS Practitioner. Once authorised, we can support your diagnostic costs up to £2,500. All costs up to this amount will be settled directly by Benenden Health.



Physiotherapy

You can request a physiotherapist to assess your condition over the phone to determine if you're likely to benefit from physiotherapy and if so, the best course of treatment for you. If recommended, physiotherapy may be provided either via guided self-managed exercise or virtual or face-to-face sessions.



Mental Health Support

You can request Mental Health Support. This service aims to provide short-term structured support for Members facing life stressors such as bereavement, issues with work or relationship difficulties, and support for mild to moderate distress. This can include support for common mental health conditions such as anxiety or depression where a short course of structured support would be clinically beneficial.



Cancer Support

If you have cancer, you can request our Cancer Support service which provides access to a registered nurse who'll provide you with emotional and practical support and advice.



Treatment of Tuberculosis

If you're diagnosed with tuberculosis, we will cover the costs of approved treatment. **This service is provided on an insured basis.**

From **six or 24 months of membership**, you can request assistance for the following:



Medical Treatment

You can request private medical treatment for our approved procedures in our treatment network. A full list of our approved procedures is available on our website **benenden.co.uk/our-procedures**

If you joined us before 19 February 2024 you can request Medical Treatment after six months of membership. If you joined us on or after 19 February 2024 you can request Medical Treatment after 24 months of membership. See page 8 for full details.

Full details of all these services can be found between pages 12 and 31 of this guide or on our website **benenden.co.uk**

Restrictions to our services at a glance

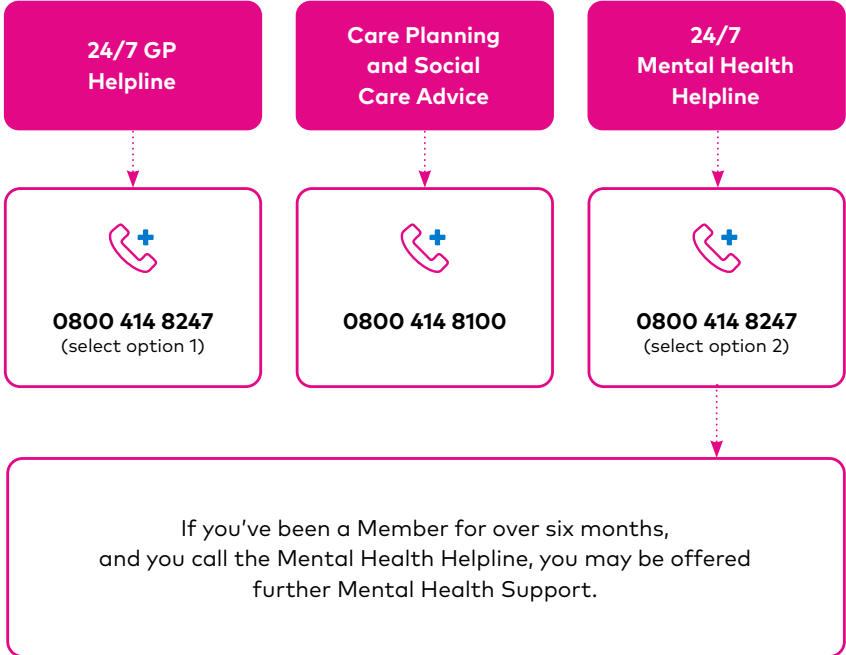
From 19 February 2024, the following applies to members requesting Medical Treatment:

- If you joined us before 19 February 2024 you can request Medical Treatment after six months of membership
- If you joined us on or after 19 February 2024 you can request Medical Treatment after 24 months of membership
 - You can find your qualifying dates on the Benenden Health App and My Benenden.
- We're unable to pay for services obtained before we have given our authorisation (with the exception of 24/7 GP and Mental Health helplines and Mental Health Support)
- We can only provide treatment from our approved procedures list. Examples of excluded procedures include surgeries related to cancer, heart or brain conditions, joint replacements or anything not on our approved procedures list. A full list of procedures is available at **benenden.co.uk/our-procedures**
- We can only provide diagnostics and treatment at our approved hospital network
- Members living within our calculation of a two-hour drive time of Benenden Hospital will undergo their diagnosis and treatment at Benenden Hospital
- If we request that you provide a referral letter from a qualified NHS Practitioner, this must be provided and reviewed by us before we can authorise any services
- We cannot offer Mental Health Support for conditions that require long-term support and the NHS wait times will be considered before authorising any diagnostics and treatment services
- We will only fund diagnostic costs up to £2,500 and appointments for a diagnosis must take place within six months
- If you're already on a NHS pathway it may not be appropriate for us to provide support

- We're unable to pay for any services if you're travelling overseas other than the 24/7 GP and Mental Health helplines and Care Planning and Social Care Advice
- We won't provide funding for the same service, where the request for support is related to the same medical condition on the same body area within two years of us first authorising support
- We won't pay for monitoring of any ongoing condition, including consultations or treatment
- We'll only authorise Physiotherapy, Medical Diagnostics or Medical Treatment for one set of health concerns at any one time



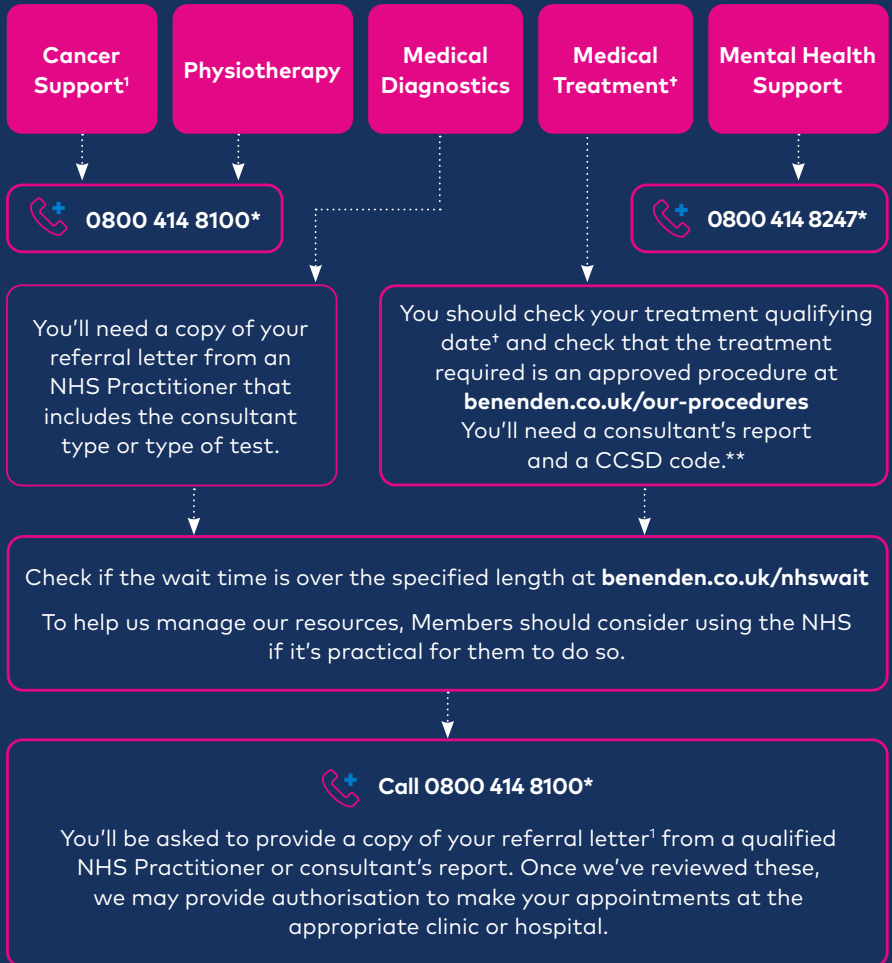
Available from day one of membership



How to request services

Further details of each service including how to request support are included in the following pages.

Available from six months[†] of membership



Further details of each service including how to request support is included in the following pages.

* Meeting the steps on this page does not constitute a guarantee that we can provide assistance. Please note that we need to speak to the person requesting help unless they are under 16 years of age or have someone who holds power of attorney on their behalf, or the court of protection has appointed someone to act on their behalf or the Member has registered a third-party representative to act on their behalf. See page 40 for details.

** CCSD stands for Clinical Coding and Schedule Development. Find out more about CCSD codes and how to get a code on page 22. Please see page 8 for more details on your treatment qualifying period.

¹ You'll need to provide confirmation of your diagnosis.

[†] All services are available after six months other than Medical Treatment which is available after 6 or 24 months from 19 February 2024. Please see page 8 for full details.

With you from day one

Services available from the
start of your membership





24/7 GP Helpline



Overview

You can call our helpline or log in to the Benenden Health App 24 hours a day, 7 days a week to book an appointment for a telephone or video consultation with a UK-based GP for you or your Immediate Family.

The 24/7 GP Helpline shouldn't be used for emergencies or urgent conditions. The service isn't intended to replace your own GP as we don't have access to your medical records.



What's included

- You can access this service 24 hours a day, 7 days a week to book an appointment for a GP consultation by calling the helpline or logging in to the Benenden Health App
- Telephone consultations are available 24 hours a day, 7 days a week
- Video consultations are available 7 days a week, 8am to 10pm every day except Christmas Day and require an email address and access to an internet enabled device with a camera and microphone
- You can access this service when travelling overseas
- You can book a consultation for your Immediate Family by calling our helpline. It's not currently possible to book appointments for Immediate Family members via the Benenden Health App
- If clinically appropriate, our GPs can prescribe some medications. Your prescription can either be collected from a local pharmacy or delivered directly to you the next working day. Prescription costs aren't covered by your membership or your NHS entitlement



What's excluded

- We don't undertake the clinical triage of any presented symptoms or conditions disclosed to us electronically or by telephone prior to a consultation with a health professional. Therefore, you mustn't use this service for emergencies or urgent conditions as this may delay necessary treatment
- Where clinically appropriate, the GP may refer you back to your registered GP practice
- The 24/7 GP Helpline isn't designed to replace your registered GP practice as we don't have access to your medical records
- This service can't provide a referral that Members can use to access any other Benenden Healthcare services
- The service doesn't provide ongoing treatment, repeat prescriptions, investigations or antenatal care
- Our GPs can only issue private prescriptions so state funding or NHS exemptions do not apply. They are private prescriptions and separate charges apply for the cost of medication and delivery which you'll pay directly to the pharmacy
- We're unable to provide prescriptions outside of the UK



How to request this service

Call us on **0800 414 8247** from the UK, or **+44 800 414 8247** when travelling overseas and select **option 1**. Our call handler will confirm your membership details and make an appointment for a telephone or video consultation with a GP.

You can also book a GP consultation via the Benenden Health App. See page 34 for more information.

Seek help for emergency clinical matters through **NHS helpline: 111**
Urgent call: 999

24/7 Mental Health Helpline

Overview

You can call our helpline 24 hours a day, 7 days a week for immediate emotional support and signposting for problems such as mild to moderate anxiety, depression, bereavement, relationships, legal and debt concerns.

What's included

- You can access the helpline 24 hours a day, 7 days a week
- We can provide immediate guidance and reassurance and can guide you to the most appropriate services and resources to help you
- You can access this service when travelling overseas
- After six months of membership, you can also request structured short-term support for mild to moderate distress, including common mental health problems

What's excluded

This helpline isn't intended to provide ongoing care or support for long-term conditions or difficulties requiring higher intensity therapies. There may be cases where we're unable to support you due to the nature of the psychological needs that you have, or your circumstances.

How to request this service

Call us on **0800 414 8247** from the UK or **+44 800 414 8247** when travelling overseas and select **option 2**.

suffering from self-harm, suicidal thoughts or an eating disorder?

These are serious and acute conditions. At Benenden Health we don't offer the intensive help you might need. We urge anyone experiencing these conditions to contact their registered GP practice or the Samaritans.

Seek help today. Call **Samaritans: 116 123**

Call the non-urgent **NHS helpline: 111** Urgent call: **999**



Care Planning and Social Care Advice



Overview

We could all find ourselves with the responsibility for arranging care for ourselves or a family member at some time in our lives. Our Care Planning and Social Care Advice service is here to help by providing access to a care adviser who can provide information and advice about adult care issues. And our Neurodiversity and Disability Advice Service can support adults and children, as well as parents or guardians whose child may have additional needs.



What's included

Adult Care Planning and Social Care Advice

Our care advisers can help you to make the right choices by talking you through the financial, legal and practical aspects of arranging both short and long-term adult care, as well as providing ongoing impartial support.

The Care Planning and Social Care Advice service can help with information about all aspects of adult care, including:

- Assessing care requirements and selecting the best care provider
- Short-term and convalescent care following treatment
- Understanding the hospital discharge process and the workings of the NHS and Social Services
- State funding of care, including all benefits and entitlements



What's excluded

- Benenden Health doesn't fund any care that may be needed

Neurodiversity and Disability Advice Service

You can request help if you require advice in relation to any neurodiversity or disability need. This service is available if you're the parent or guardian of a child with needs such as ADHD, autism, or any learning or physical disability. We can help you to make the right choices by talking you through how to navigate information and signposting for support strategies, funding, rights of parents, carers or employees and care options including:

- How to navigate the available information
- How to know what services are available
- Understanding and knowing the duties and responsibilities of schools, GPs and local authorities, including the SEND process
- Identifying and finding the best services
- Knowing how to challenge decisions and make appeals
- Understanding your own employment rights as a parent of a child needing care



What's excluded

- Benenden Health doesn't fund the diagnosis for neuro-diverse conditions such as autism or ADHD



How to request this service

Call us on **0800 414 8100** for authorisation. Following authorisation, we'll arrange an initial telephone call with a care adviser who'll discuss the support you require and if necessary, schedule further assistance.

More care for you

Services available from
six months[†] of
your membership





Medical Diagnostics



Overview

After six months of membership, you can request private medical diagnosis in our diagnostic network for symptoms which you've been referred by a qualified NHS Practitioner². Once authorised, we can support your diagnostic costs up to the value of £2,500.



What's included

- Dependent on authorisation, our service includes consultations with an appropriate consultant and may include tests such as scans, or x-rays, and can support your diagnostics costs up to the value of £2,500
- All authorised medical costs will be settled directly by Benenden Health. You'll be asked to pay for additional costs which you incur and any costs you incur without our prior authorisation

Please note we won't provide funding if you proceed with any appointments without our authorisation.

- You must contact us for authorisation before you proceed with any appointments. We'll ask you to provide a copy of your referral letter from a qualified NHS Practitioner confirming your consultant or test type. You'll also need to provide details of the NHS waiting time for your appointment. Please refer to our website [benenden.co.uk/nhswait](https://www.benenden.co.uk/nhswait) or call us for guidance on how your NHS waiting time is used to help determine whether your request for services could be supported
- Where we're able to authorise your request, you'll be provided with authorisation to make your appointments with a consultant at an appropriate clinic or hospital we propose. Please note not all hospitals undertake all diagnostic services. Your qualified NHS practitioner will be able to guide and support you. Please note we may offer an initial assessment with a specialist clinician in the first instance to determine the most clinically relevant pathway for you

² A referral from an optician may be accepted if you require support for cataract diagnostics. The referral letter must specify your registered GP practice.

* All services are available after six months other than Medical Treatment which is available after six or 24 months from 19 February 2024. Please see page 8 for full details.



Our diagnostic network

We have a network of facilities providing Members with access to diagnostic consultations and tests. This network includes our own Benenden Hospital located in Kent. Members living within our calculation of a two-hour drive time of Benenden Hospital will be required to attend Benenden Hospital for their diagnostic services, subject to availability of the required speciality.



What's excluded

- You'll be responsible for funding any unauthorised diagnostics costs or any incurred costs over £2,500. To help you manage these costs, you should request that the consultant and the facility where you have your appointment provide you with a guide price which includes all associated fees
- **We won't currently authorise diagnostic assistance for:**
 - Any appointments which aren't for diagnostic purposes
 - Cosmetic concerns
 - Angiograms (cardiac catheterisation)
 - Specialist assistance for pain management
 - Complementary therapy
 - Second opinion consultations
 - Any diagnosis where, in our view, it may be safer for you to remain on the NHS waiting list e.g. psychiatry and in some instances suspected cancer diagnosis or where the diagnosis may lead to a long-term medical requirement
- All appointments we authorise must take place within six months of our initial authorisation
- We won't settle any expense that you incur more than six months after initial authorisation
- We won't pay for services relating to the same medical condition on the same body area within two years of us first authorising support
- NHS wait times will be considered before authorising any diagnostics services and are subject to change. Please refer to our website benenden.co.uk/nhswait
- We'll only authorise Physiotherapy, Medical Diagnostics or Medical Treatment assistance for one set of health concerns at any one time

- We won't pay for monitoring of any ongoing condition, including consultations or treatment
- We're unable to pay for any diagnostic services if you're not a UK resident
- You should always contact us before arranging any appointments to find out whether we can help you

Orthopaedic Care Service

Where you have been referred to an Orthopaedic Consultant for your symptoms by an NHS Practitioner, on receipt of your referral, we may organise an Orthopaedic Care Triage telephone appointment with a Specialised Physiotherapist who will determine the best course of treatment or onward referral for you. Depending on your clinical needs, this may be physiotherapy, imaging, or a consultation with an Orthopaedic Consultant.



How to request this service

To request Medical Diagnostics you must:

1. Have been a Member for a minimum of six months
2. Have been referred for diagnostics by a qualified NHS Practitioner of which you're a registered patient and have details of the consultant or test type and the NHS waiting time for your appointment
3. Call us on **0800 414 8100** with this information to hand and our adviser will inform you what services may be agreed
4. Provide a copy of your referral letter from a qualified NHS Practitioner, confirming your consultant or test type for our review and details of the NHS waiting time for your appointment
5. Once we've received a copy of your referral letter from a qualified NHS Practitioner and have authorised the services, we'll provide you with authorisation to make your approved appointments at the appropriate clinic or hospital that we propose. Contact us for authorisation if you need any further tests or appointments
6. If you need any further tests or appointments, contact us for authorisation

Medical Treatment



Overview

After six or 24 months of membership, you can request private medical treatment for approved procedures in our treatment network.

If you joined us before 19 February 2024 you can request Medical Treatment after six months of membership. If you joined us on or after 19 February 2024 you can request Medical Treatment after 24 months of membership. See page 8 for full details.

If you're diagnosed with tuberculosis, we'll cover the costs of approved treatment. **This service is provided on an insured basis and carries a qualifying period of six months for all members.**

A full list of our approved procedures is available on our website **benenden.co.uk/our-procedures** or you can call us to find out whether the treatment you require is on our approved procedures list.



What's included

Dependent on authorisation, we can support the full cost of any treatment on our approved procedures in our treatment network. This includes fees for surgeons, anaesthetics, operating theatres, accommodation, nursing, medical admission, and specialist consultants, as well as pre-operative tests and post-operative physiotherapy, dressings or other consumables that are necessary.

Please note we won't provide funding if you proceed with any appointments without our authorisation.

You must contact us for authorisation before you proceed with any appointments. We'll ask you to provide a copy of a consultant's report confirming the CCSD code for the procedure required and details of the NHS waiting time for your appointment. Please refer to our website **benenden.co.uk/nhswait** or call us for guidance on how your NHS waiting time is used to help determine whether your request for services could be supported.

What is a CCSD code?

CCSD stands for Clinical Coding and Schedule Development Group. It's a standard coding system for all private medical procedures and is commonly used in the UK private medical sector. This is your treatment procedure code; your consultant should be able to provide this code as standard.

Where we're able to authorise your request, you'll be provided with authorisation to make your appointments at an appropriate clinic or hospital we propose.

Our approved procedures

You can see a full list of our approved procedures on our website benenden.co.uk/our-procedures. Our approved procedures focus on treatment likely to have an immediate positive impact on quality of life without requiring prolonged hospital stays or ongoing treatment and care and are considered less complex. Anything not on our list of our approved procedures is excluded. Please refer to the "What's excluded" section on the following page.

As our services are provided on a discretionary basis and are subject to the resources we have available, we may change the approved procedures that we're able to provide from time to time.

Please refer to our website or call us for an up-to-date view of our approved procedures and ensure you always contact us before arranging any appointments to find out whether we can help you.

Treatment of Tuberculosis

Benenden Health was founded in 1905 to provide care for postal workers suffering from tuberculosis (TB). We continue to provide this care today. If you're diagnosed with tuberculosis, we'll cover the cost of approved treatment. **This service is provided on an insured basis and carries a qualifying period of six months for all members.**



Our treatment network

We have a network of facilities providing Members with access to medical treatment. This network includes our own Benenden Hospital located in Kent. Members living within our calculation of a two-hour drive time of Benenden Hospital will be required to attend Benenden Hospital for their treatment services, subject to availability of the required speciality.

Please visit our website benenden.co.uk/hospitals or call us for details of your nearest treatment facility. You may be required to attend a different facility for treatment to the facility you attended for your diagnosis.

³ Some routine treatments are now described as Procedures of Limited Clinical Value (PoLCV) by the NHS. These are procedures which national experts have suggested have only limited or temporary benefit and which are not felt to be necessary to maintain good health.



What's excluded

- We can only provide treatment from our approved procedures list. Anything not included on our approved procedures list is excluded. Any treatment where, in our view, it may be safer for you to remain on the NHS waiting list, for example, complex surgeries that may lead to ongoing consultations and treatment is excluded. Examples of excluded procedures include surgeries related to cancer, heart or brain conditions, joint replacements or anything not on our approved procedures list.

Types of procedures not on our approved procedures list include:

- Brain related surgery
- Acute care
- Cancer related surgery
- Anything related to fractures
- Surgery related to heart conditions
- Spinal related surgery
- Pregnancy related surgery
- Cosmetic surgery
- Joint replacements
- Emergency surgery
- Anything related to pain management
- Reconstructive surgeries following trauma
- Varicose Veins

This list isn't exhaustive and is subject to change. A full list of approved procedures is available at [benenden.co.uk/our-procedures](https://www.benenden.co.uk/our-procedures)

- All treatments we authorise must take place within eight weeks of our initial authorisation. We won't settle any expense that you incur more than eight weeks after initial authorisation
- We won't pay for services relating to the same medical condition on the same body area within two years of us first authorising support
- NHS wait times will be considered before authorising any treatment services and are subject to change. Please refer to our website [benenden.co.uk/nhswait](https://www.benenden.co.uk/nhswait)
- We'll only authorise Physiotherapy, Medical Diagnostics or Treatment assistance for one set of health concerns at any one time

- We won't pay for monitoring of any ongoing condition, including consultations or treatment for the same reoccurring symptoms
- We're unable to pay for any treatment services if you're not a UK resident
- You should always contact us before arranging any appointments to find out whether we can help you
- Whilst Benenden Health provides authorisation for the treatment services you require at one of our approved hospitals, following a clinical review, a decision could be made that it isn't appropriate to provide the treatment support you require. The clinicians at the facility will be able to guide you back to your registered GP practice or the NHS for continuation of the care you need



How to request this service

To request Medical Treatment, you must:

1. Have been a Member for a minimum of six months if you joined us before 19 February 2024. Have been a member for a minimum of 24 months if you joined us on or after 19 February 2024. See page 8 for more information. If your request is for treatment of tuberculosis, you must have been a Member for a minimum of six months, regardless of when you joined
2. Have details of the CCSD code for the procedure required, details of the NHS waiting time for your appointment and a report from your consultant
3. Call us on **0800 414 8100** with this information to hand and our adviser will inform you what services may be agreed
4. Provide a copy of your consultant report confirming the CCSD code for the procedure required and details of the NHS waiting time for your appointment
5. Once we've received a copy of your consultant report and have authorised the services, we'll provide authorisation for you to make your appointments at the appropriate clinic or hospital that we propose



Physiotherapy



Overview

After six months of membership, you can call us to request an assessment of your condition, which will be done over a video call or by telephone. The assessment will help us find out if you're likely to benefit from physiotherapy and if so, the best course of treatment for you.



What's included

If treatment is recommended, the type of treatment you may receive will involve either guided self-managed exercise, virtual or face-to-face sessions with a physiotherapist in our network.

Guided self-managed exercise

For symptoms that can be managed through exercise, your physiotherapist will design a bespoke programme to address your needs. The physiotherapist will support your journey by case management calls. Your exercises can be accessed through your personalised Online Digital Rehabilitation programme, accessible on a tablet, computer or app, or we can send you a paper copy in the post. The programme will record your activity to help inform your physiotherapist on your progress and they will use this to support your recovery.

Virtual or face-to-face physiotherapy

The number of virtual or face-to-face sessions will be based on clinical guidance and will be up to six sessions. You may also be advised to complete exercises at home.

Average number of recommended sessions

Between October 2021 and October 2022, the average number of sessions recommended by physiotherapists were 4.4 per case.



What's excluded

- We won't pay for services relating to the same medical condition on the same body area within two years of us first authorising support
- We'll only authorise Physiotherapy, Medical Diagnostics or Medical Treatment assistance for one set of health concerns at any one time
- We won't pay for monitoring of any ongoing condition, including consultations or treatment for the same reoccurring symptoms
- We're unable to provide support if your physiotherapist determines your condition can't be treated by guided self-management or within our six-session model
- If we're unable to provide physiotherapy through our network, we may offer an alternative solution
- We're unable to pay for any physiotherapy services if you're not a UK resident
- **Please note we won't provide funding if you proceed with any appointments without our authorisation**



How to request this service

To request physiotherapy you must:

1. Have been a Member for a minimum of six months
2. Call us on **0800 414 8100** to request a phone call with a physiotherapist to find out if you're likely to benefit from physiotherapy and the best course of treatment for you

Mental Health Support

Overview

After six months of membership, you can request Mental Health Support. This service aims to provide short-term structured support for Members facing life stressors such as bereavement, issues with work or relationship difficulties, and support for mild to moderate distress.

This can include support for common mental health conditions such as anxiety or depression where a short course of structured support would be clinically beneficial.

What's included

Before treatment can be offered, an assessment is carried out over the phone to determine if the support we offer may be appropriate for you. If brief therapy is clinically appropriate, this can be either Structured Wellbeing Counselling or Supported Self Help.

Structured Wellbeing Counselling

This could include up to six sessions of structured wellbeing counselling which may be delivered by phone, face-to-face or video calls with a counsellor in our network.

Supported Self Help

This is guided self help based on cognitive behavioural therapy (CBT). The therapy we offer is low intensity and aims to help with mild to moderate depression and anxiety by developing personal coping strategies.

You'll receive a set of supportive materials and exercises to complete either online or paper based. You'll work through your programme and have up to six support sessions, either over the phone or via video call from a Psychological Wellbeing Practitioner.

This will give you an opportunity to explore the exercises and techniques further and review your progress in a supportive way. This type of approach offers practical ways of improving mood and wellbeing.



What's excluded

- This service isn't intended to provide ongoing care or support for more severe, long-term conditions or difficulties requiring higher intensity therapies as determined by your assessment. As a result, there may be cases where we're unable to support you due to the nature of the psychological needs that you have, or your circumstances
- This service will not initiate, monitor or review any mental health medications
- We're unable to provide Mental Health Support for children under the age of 11
- We can't provide support when you're receiving other types of support from another service (such as the NHS or a private therapist, community psychiatric nurse, psychiatrist, psychologist and recovery programmes)
- If we're unable to provide Mental Health Support via our network, we may offer an alternative solution



How to request this service

To request this service, you must:

1. Have been a Member for a minimum of six months
2. Call our Mental Health Helpline on **0800 414 8247** from the UK or **+44 800 414 8247** if you're travelling overseas and select **option 2**, 24 hours a day, 7 days a week to arrange for an assessment to determine if further Mental Health Support is clinically appropriate

Cancer Support

Overview

After six months of membership, if you have cancer, you can request our Cancer Support service which provides access to a registered nurse who will provide you with emotional and practical support and advice.

What's included

We'll provide you with access to a dedicated nurse for ongoing telephone support. Your nurse will call or email you regularly to discuss concerns or questions you have in relation to your illness. This service will continue for as long as your nurse feels their support is required.

The type of support and information provided will be tailored to your specific needs and may include:

- Understanding your diagnosis and its potential consequences
- Helping you to prepare questions ahead of consultations or supporting you afterwards to understand what's been discussed
- Helping you to access services available from the NHS and other organisations
- Supporting you emotionally
- Practical advice on dealing with the implications of cancer
- Helping with the adjustment to life after cancer
- Preparing you to return to work and supporting you after your return

If your nurse identifies a gap in your support, they'll discuss this with you and aim to help you. Your nurse in their clinical discretion may:

- Identify, arrange and pay⁴ for services or therapies delivered by third parties to help you with issues related to your condition, including short-term home care and complementary therapies
- Arrange and pay⁴ for specialised clothing, head coverings and prostheses

- Signpost you to one of the other membership services provided by Benenden Health such as the 24/7 Mental Health Helpline, Mental Health Support or Physiotherapy
- Signpost you to the Benenden Charitable Trust which can provide grants towards any other items which may help you. Please note, as a Member, you can apply directly to the Charitable Trust with enquiries about financial help. See page 43 for details of what may be available to you and how to apply
- Signpost you to local and national charities, organisations or support groups



What's excluded

We won't provide Cancer Support relating to the same medical condition on the same body area within two years of us first authorising support.

- Cancer Support is not available for basal cell carcinomas (BCCs)
- Third-party services/therapies, specialist clothing, head coverings and prostheses are arranged and paid⁴ for at the clinical discretion of your nurse. We won't pay for any such services or items which you purchase direct
- Please note that this service is designed to supplement, not replace, primary consultant-led care provided in the NHS or privately. Your primary care remains the responsibility of the NHS or private consultant



How to request this service

1. You must have been a Member for a minimum of six months
2. You'll need to provide confirmation of your diagnosis
3. Call us on **0800 414 8100** for authorisation. Following authorisation, we'll provide you with contact details to arrange your first telephone call with a nurse

This service can be requested by Members who have been diagnosed with tuberculosis.

⁴This is subject to a per case budget agreed with our Service Partner.

Make the most of your membership



My Benenden

You'll be able to register and manage your account by going to **my.benenden.co.uk**. Here, you can view all of our exclusive Member rewards and discounts and find out more information about the services available through your Benenden Health membership. Registering for My Benenden is free and quick to do; all you need to have ready are your membership number and personal details.



Be Healthy magazine

Our Member magazine, Be Healthy, offers readers a wealth of health and wellbeing information as well as important information from Benenden Health.

If you're the paying Member⁵ or your membership is being paid for by your employer, you'll be sent a copy (free of charge) to help you keep up to date with the latest thinking and health trends. You can also choose to receive this via email or other accessible versions on request. You'll automatically receive Be Healthy by post but you can choose to receive it by email or opt-out completely.

You can log on to My Benenden to change your preferences, or call us on **0800 414 8100**.



Add family and friends to your Benenden Health membership

If you're the paying Member, or your membership is being paid for by your employer, you can help look after your family and friends' health and wellbeing by adding them to your membership and paying an additional monthly contribution for each person you add.

You can log on to My Benenden or call us on **0800 414 8470** to add family and friends to your membership.

⁵ Additional named persons on your membership can choose to join their local Benenden Health Community, have their say on the future of Benenden Health, and receive their own copy of Be Healthy magazine. **Call 0800 414 8107 to make the change.** For more information please see the footer on page 41.

Rewards and discounts



Rewards and discounts

Benenden Health membership is not only great value in the event of illness or injury, it's also there to help with everyday life. We've partnered with brands with a similar ethos providing access to a range of additional products and services to support physical, emotional and financial wellbeing, currently including:

- Health Assessments
- Health Cash Plans
- Travel Insurance
- Home Insurance
- Savings on self-funded treatments

You can also use My Benenden Rewards⁶, our rewards portal that gives Members the ability to benefit from money-saving deals on gym memberships, digital fitness, cinema tickets, shopping, travel, experiences, health and wellbeing offers and much more.

Information on the latest rewards and discounts, including offer terms and conditions, can be accessed online at my.benenden.co.uk. Make sure you keep checking back regularly to make the most of what's available.

⁶ My Benenden Rewards is our group rewards portal which is available to all Members of Benenden Health and some Benenden group customers.

The Benenden Health App

You can easily access the benefits of your membership while you're on the go. The Benenden Health App can be used by any Member. With the app, Benenden Health is just a few clicks away.



What's included in the app?

You can use our free app to:

- Book and take GP phone and video consultations on your phone
- Access 24/7 support from our Mental Health Helpline with click to call
- Once qualified, you can request access to Medical Diagnosis and Medical Treatment and click-to-call to request Physiotherapy
- Access the Wellbeing Hub and a wide-ranging choice of articles, videos, live events, live and on-demand classes, recordings and much more to support your mental health, fitness and nutritional needs
- Manage your membership – update your personal details quickly and easily
- Access your My Benenden account to book online health and wellbeing classes and explore Member rewards and discounts

How to access the app

To use the Benenden Health App, you must have registered for a My Benenden Account – you can use these credentials to log in to the app. If you haven't already done so you can easily create an account via the app or online at my.benenden.co.uk

Scan the QR code below to download our app

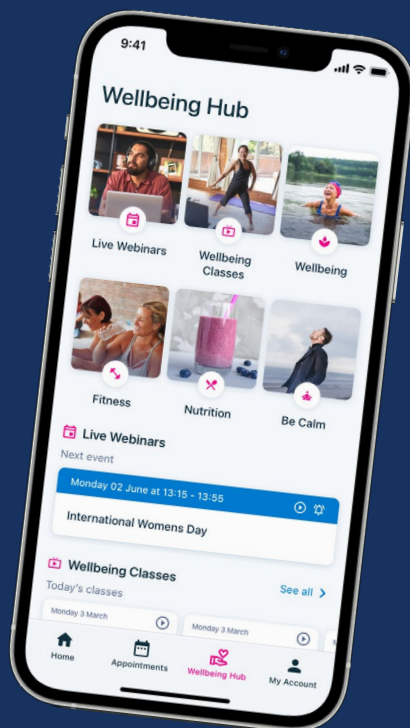


Your Wellbeing Hub

Think of it as a wellbeing library in your pocket, giving you immediate access to:

- Wellbeing⁷: Enjoy over 20 eLearning programmes covering sleep, nutrition, wellbeing and movement to support your mind, body and nutritional needs
- Fitness⁷: Try out more than 15 exercise programmes and 200+ exercise videos to help you stay fit and healthy
- Nutrition⁷: Access to over 200 video recipes for you and your family to try out
- Be Calm⁷: Browse through a selection of self-guided meditation sessions to get that zen feeling
- Weekly programme of classes available to watch in a live schedule or after the event across a range of fitness, health and wellbeing topics

⁷The available Wellbeing, Fitness, Nutrition and Be Calm content may change over time.



General conditions of service

Our Rules

The services Benenden Health provides are governed by our Rules, which can be found at benenden.co.uk/rulebook. This guide aims to make clear the services we provide and the principles we consider when determining whether to provide assistance. Please read this guide carefully.

This guide

We aim to treat all Members fairly and provide assistance to Members where our membership funds allow. This guide sets out the basis which we aim to provide assistance to Members. The following sections detail general terms in relation to the provision of our services. Please read the sections carefully.

Membership

Membership is available to anyone over the age of 16 who is normally resident in the UK. Members can add friends and family to their membership regardless of their age. Please refer to page 32 for more information.

Where you are part of a corporate scheme, the date you join will be the first of the month immediately following receipt of your details from the corporate scheme.

Cost and payment

The cost of membership is reviewed regularly and any agreed increase will be notified to you in advance of any change. The current price of membership is available on our website at benenden.co.uk

You must keep your contributions and personal details up to date. If your contributions are not up to date, you're not entitled to request services. If your payment method is cancelled, withdrawn or becomes ineffective and no action is taken to reinstate contributions, we will cease to fund services on your behalf (whether these have been previously authorised or not) as from the date to which your contributions have been paid.

When services start and end

Access to the services starts from the date you join. From this date you can access the 24/7 GP and Mental Health helplines and Care Planning and Social Care Advice. After six months of membership you may request access to Medical Diagnostics, Physiotherapy, Mental Health Support, Cancer Support and Treatment of Tuberculosis.

If you joined us before 19 February 2024 you can request Medical Treatment after six months of membership. If you joined us on or after 19 February 2024 you can request Medical Treatment after 24 months of membership. See page 8 for full details.

Membership and access to benefits will continue until such time as a Member decides to cancel or until their membership contribution stops being paid.

Changes to the services we offer

We regularly review our services and make amendments from time to time. Members will be kept informed of any changes we make to our services, via our website, Be Healthy magazine, or communications to you.

Are there any restrictions?

You can only request services if you're a current Member. General restrictions are detailed on page 8.

Any restrictions to a particular service are set out against each service under "what's excluded".

As every service we provide is funded entirely by our Members' contributions, there are some costs and services that we cannot help with in any circumstances. These are detailed in this guide. When there are additional exclusions relating to a specific service, we will let you know about these in our letter of authorisation.

What we expect from you

- You must give honest, accurate and complete information when requesting our services
- You must have your membership number ready when you contact us
- You must ensure you only go ahead with services for which you have been authorised (with the exception of the 24/7 GP and Mental Health helplines, Mental Health Support)
- If calling for medical diagnostic or medical treatment services, you need to have details of the NHS wait times, and consultant or test type required for medical diagnosis and the CCSD code for required medical treatment

We don't tolerate the misuse or abuse of our services:

- If you verbally or physically abuse or threaten one of our employees, representatives, or service partners, you may be refused further services
- If you fail to attend a medical appointment authorised or arranged by us, you may not be entitled to ask for further services for the same healthcare issue
- If you're discharged from a diagnostic and treatment facility or another medical establishment for breach of regulations or against medical advice, you may not be entitled to further services for that healthcare issue and you may have your Benenden Health membership cancelled
- If you misapply the funds of Benenden Health or wilfully supply false information when requesting a service, you may be required to repay sums due to Benenden Health. You may also have your Benenden Health membership cancelled

How to cancel membership

Members have 14 days from the day they receive their first membership pack after joining, to cancel their membership. Any payments you have made in this time will be refunded.

All cancellations after the initial 14-day period will take effect, and payments will cease at the end of the month in which the cancellation is received. If you have paid your membership contribution annually in advance and wish to cancel your membership, your membership will cease at the end of the month in which we receive your cancellation and we will reimburse you the cost of the number of full months remaining on your annual payment.

If you do decide to cancel your membership, you can do so by calling us on **0800 414 8480** or by writing to the Benenden Health Membership Team, Benenden Health, Holgate Park Drive, York, YO26 4GG. Alternatively, you can email us at **memberrelations@benenden.co.uk**. Please include your membership number in all correspondence.

Members who have joined through a corporate scheme must speak to their HR department if they wish to cancel their membership⁹ and any refunds due will be made through the corporate scheme.

Service Partners

Benenden Health has contracts with third-party service partners under which the service partner provides (either itself or through the service partner's healthcare network) one or more of the services detailed in this guide directly to you.

⁹ Where a Member has joined through an employer's flexible benefits scheme, your right to cancel may be restricted by the rules of that scheme.

The provision of services to you may be subject to the separate terms of the service partner – where this is the case, the terms will either be available on the Benenden Health App or details of how to access them will be provided by the service partner.

Benenden Health is your membership, payment and complaints point of contact and, where indicated in this guide, authorises the provision of the relevant service by the service partner.

To find out more about our current service partners you can visit **benenden.co.uk/importantinformation**

Language and Law

All communications will be in English. The laws of England will apply to this guide.

How our staff are remunerated

Our staff are salaried and may receive a bonus based partly on sales activity and partly on non-sales activity.

If you have a complaint

We always strive to do our best to offer a caring and effective service. If there's a problem with your membership or any of the services we provide or signpost you to, we want to hear about it. We welcome your feedback as it helps us to improve our services.

We'll deal with your concerns as quickly and effectively as possible and, if we've made a mistake, we'll do what we can to put things right. If you have cause to make a complaint, please contact us. You can call us on **0800 414 8100** or send us a message via our website at **benenden.co.uk/contact-us**

If you're still unhappy after we've investigated your complaint through our internal complaints procedure (available on our website), you may be able to refer your complaint to the Financial Ombudsman Service.

You can contact them at the address below and they'll be able to advise you whether it is appropriate for them to review your complaint.

Financial Ombudsman Service, Exchange Tower, London, E14 9SR

Email **complaint.info@financial-ombudsman.org.uk**

or call **0800 023 4567**. Calls are free from mobiles and landlines.

financial-ombudsman.org.uk

If the Financial Ombudsman Service is unable to review your complaint, we can direct you to an alternative dispute resolution service. Please contact us at **complaints@benenden.co.uk** if you would like more information.

Additional support

If you need any additional support or are feeling vulnerable, there are some ways we can help. If you need some help or guidance, you can call us on **0800 414 8100** and one of our friendly team will be happy to help. We encourage you to call us for healthcare advice, requesting access to our services or for updates on open cases. We can't authorise these types of queries through email. However, if you're not able to call us, you can email us at **memberservices@benenden.co.uk**

Whilst Benenden Health may identify a Member as vulnerable, this information would not be included in the sharing of sensitive personal data to Benenden Hospital or any other provider of our healthcare services, unless the Member expressly requests us to provide this information to support their access to the service. Information about a Member's vulnerability would only be shared with the Member's explicit consent; it will be made clear to the Member what information will be passed across and who it will be passed to. Benenden Hospital and third-party healthcare providers will follow their own processes to accommodate any additional needs based on clinical assessment and/or clinical advice obtained from the Member's own registered GP practice.

Accessibility

Support if you can't see very well

Receive correspondence from us in large text or braille format. Please call us to arrange this, or write to us at The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.

Support if you can't hear very well

Relay UK lets you type to an assistant who can then speak to one of our colleagues on your behalf. Use your text phone to call us on **0800 414 8100**.

Support with managing your membership

In some circumstances it may be necessary to allow a third party to access or manage your membership. Please contact us if you wish to discuss the options detailed below.

Third-party Representative

We can register someone you trust as a third-party representative on your membership so they can contact us on your behalf. The third-party representative must be over the age of 18 and a UK resident. The extent of activities that a third party can undertake on your behalf is limited – please contact us for details.

Power of Attorney

There are several types of power of attorney that may apply in differing situations. Please contact us if you wish to register a Power of Attorney.

Court of Protection

A Court of Protection order can appoint one or more people to make decisions if you lack the mental capacity to do so.

Privacy Notice

Benenden Health adheres to the requirements of the UK data protection regime, as set out in the Data Protection Act 2018, along with the UK GDPR. We use your personal information to help us manage your membership, answer your enquiries, provide you with information about our products, and fulfil our legal and regulatory obligations.

To help us to provide services to you, we may need to share your information with third parties who provide goods and services to Benenden Health. You have rights over your data. You can: get a copy of it, keep it up to date, have it deleted (if we don't have a legal need to keep it), ask us to pass it to another provider, and in some circumstances restrict or object to our processing of it. Where our processing is based on you giving us 'consent', you can withdraw that consent at any time. You also have a right to raise a complaint with the Information Commissioner's Office (ICO).

Our full Privacy Notice is available at benenden.co.uk/privacy-policy or by contacting us on **0800 414 8100**. If you need to contact us about privacy, or to exercise your rights, please contact our Data Protection Officer at dataprotection@benenden.co.uk

Get involved with Benenden Health

Did you know that our Voting Members can influence the products and services we offer?

You're a Voting Member if you're the original Member on your record (whether you pay for yourself, or your employer pays for your membership) or if you've contacted us to become a non-paying Member. Any friends and family you have added to your membership are not Voting Members unless they contact us to become a non-paying Member. To make this change, call **0800 414 8107**.

Voting Members are entitled to get involved through our democratic and engagement processes. The rest of this section explains how this works.

As a mutual organisation, hearing the views of our Members is vital to ensuring that what we provide is in the best interests of our Members. Our aim is to encourage all our Members to share their thoughts and opinions to help shape the future of Benenden Health.

How it works:

- Voting Members have the opportunity to vote on key business decisions
- From summer 2023, you'll be able to interact with us and other Members online, by post or through in-person Member Meetups
- It's supportive in nature with a focus on health and wellbeing
- All Voting Members are included, and it gives our diverse membership the opportunity to get involved at a time and place that suits you

Four key features:

Direct Member Voting – Every Voting Member can have a direct impact on the future of Benenden Health by voting on the key business decisions.

- Voting on formal decisions is carried out online, in person or by post – with the voting process culminating at our Annual Conference in June each year
- Some of the things you could be voting on include the elections for our Board of Directors and Benenden Health Community Representatives, amendments to our rulebook and any significant changes to our product and services

Benenden Health Communities – As a Voting Member, you're also part of your local Benenden Health Community.

- Your Community is run by a group of volunteers called Community Representatives. From summer 2023, you can meet them in person by going along to a Member Meetup or engage online
- If you have an idea that you think could improve what we do, you can discuss your ideas with your Community Representatives who can put your idea forward to the Member Council
- If you'd like to get more involved, you can be a volunteer for your Community

Member Council – This ensures that our Members are represented at the highest level.

- The group acts as the key communication channel between our Members, Benenden Health Communities and the Board
- They can quickly review and progress suggestions and improvements you have
- Working together with the Board, they'll make sure decisions made are in the best interests of all our Members

Annual Conference – Our yearly event focusing on Benenden Health's strategic direction and health and wellbeing.

- The results from any formal business and elections through Direct Member Voting are announced
- Benenden Health's strategy and ideas from Members are discussed
- There'll be talks from guest speakers and the chance to participate in group sessions focused on health and wellbeing

Want to know more?

Further details about our engagement with Members, including more information on the four key features and how you can have your say can be found at: benenden.co.uk/have-your-say

How you could benefit from our Charitable Trust

Benenden Charitable Trust provides financial assistance to current and former Members of Benenden Health experiencing hardship and distress.

What can we help with?

The Charitable Trust can agree grants of up to £3,000 for a variety of health-related needs, including specialist equipment and home adaptations, as well as financial assistance where managing everyday living costs is a struggle. We can also help in unexpected situations which aren't related to a health condition, such as bereavement or divorce.

If your need is greater than £3,000, we may be able to help you work with other organisations to find additional funding, depending on your individual need and where you have worked in the past.

Who do we help?

We can help Members and former Members of Benenden Health. Please note you must have been a member for at least six months to apply. We also accept non-member referrals through selected partner charities.

Who can't we help?

Please note that we don't accept applications from non-members directly. If you have savings of £17,500 or more, we won't be able to offer support.

How long does it take?

Once we have all the information we need, it usually takes around two to four weeks to reach a decision and our Applicant Review Board's decision is final. Please note that complex cases may take longer.

How to apply

Apply online or download a form at benenden.co.uk/charitable-trust
Discuss your circumstances and request an application form by calling **0800 414 8450** (Mon-Fri 8am-4pm).



If you need us, call us
(All numbers are free to call)

Member Services
0800 414 8100

Add friends and family
0800 414 8470

24/7 GP Helpline
0800 414 8247
(select option 1)

24/7 Mental Health Helpline
0800 414 8247
(select option 2)

Benenden Charitable Trust
0800 414 8450

Please note that your call may be recorded for our mutual security and also for training and quality purposes.

Phone lines are open 9am-5pm Monday to Friday, except bank holidays. Please check the website for up-to-date information on our opening hours.

The Benenden Healthcare Society Limited is an incorporated Friendly Society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, FRN 205351. Verify our registration at register.fca.org.uk. The remainder of the Society's business is undertaken on a discretionary basis.

No personal recommendation has been given on the suitability of this product, if in doubt you should seek independent advice. Registered Office: The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.