

## HealthBridge – Schedule of Benefits (subject to Moratorium Underwriting terms) (D)

BENEFIT	COVER†	NOTES
<b>Investigations and Detection</b>		
<b>Consultations</b>	Covered up to £1000 per person per <b>policy</b> year, within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	On referral from <b>your GP</b> .
<b>Diagnostic investigations, scans and tests</b>	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Includes blood tests, ECG, EEG, ultrasound scan, MRI, CT and PET scans, X-rays and related tests.
<b>Treatment and Surgery</b>		
Covered for hospital care for in-patient, <b>day-patient treatment</b> and <b>out-patient</b> surgery for pre-authorised <b>treatment</b> that takes place in any hospital as agreed by CS Healthcare. <b>Treatment</b> and Surgery excludes cover for General Exclusions and diagnosed Heart & <b>Cancer</b> conditions.		
<b>Pre-operative tests</b>	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Within 2 weeks prior to an authorised hospital admission to cover blood and urine tests, chest X-ray, ECG and assessment with an Anaesthetist if required.
<b>Surgeon and Anaesthetists fees</b>	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare fee schedule.
<b>Surgery and operating theatre fees</b>	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Where surgery is required (including endoscopic procedures) cover will apply according to the expected length of stay (for <b>surgical procedure</b> ) either as a <b>day-patient</b> or in-patient, including, <b>prosthesis</b> , implanted prosthetics and all hospital surgical consumables. Pre-authorised <b>out-patient surgical procedures</b> which are not performed as part of a Consultation in a consulting or <b>treatment</b> room.

† All costs must be necessary, customary and reasonably incurred and benefit will be paid in accordance with the customary fees and charges for **treatment**. **Policy** exclusions apply.

## HealthBridge – Schedule of Benefits continued

(subject to Moratorium Underwriting terms) (D)

BENEFIT	COVER†	NOTES
<b>Treatment and Surgery</b> (continued)		
Hospital accommodation, nursing and intensive care costs	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Covered when using the hospital guided to at point of <b>claim</b> . A maximum of 28 days per admission inclusive of 3 days maximum for <b>Critical care 2</b> (High Dependency Unit) & <b>Critical care 3</b> (Intensive Care Unit). Stays must be clinically necessary.
Medical admissions and related services	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Where a stay as either a day-patient or in-patient is required for either diagnostic reasons or to treat and <b>stabilise</b> an <b>acute condition</b> by medical and by non-surgical means.
Specialist/Consultant fees (for medical admissions)	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	All <b>Specialist/Consultant</b> fees will be paid for medical, <b>consultant</b> , physician supervisions according to the rates of the CS Healthcare fee schedule.
Post-operative consultations, investigations, physiotherapy, tests and dressings	Covered within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	As a part of <b>necessary aftercare</b> within 90 days immediately following a planned pre-authorised private hospital admission. Includes physiotherapy required as part of post-operative recovery (see Important Note page 12 of the policy document).
NHS Support Allowance	A maximum of twice per person per <b>policy</b> year. Up to £2400 per <b>claim</b> depending on complexity of <b>treatment</b> . Within overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	For <b>members</b> choosing to have NHS <b>treatment</b> see NHS Support Allowance for full details.
<b>Recovery and Support</b>		
<b>Claims</b> for Heart & <b>Cancer</b> support are eligible under Recovery and Support, as long as it is not excluded under the moratorium.		
Out-patient therapy/manipulative therapy	Up to £350 per person per <b>policy</b> year, within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	For physiotherapy, osteopathy and chiropractic <b>treatment</b> . Available with a referral from a <b>GP</b> or <b>Consultant</b> .
Psychiatric consultations and counselling	Up to £500 per person per <b>policy</b> year, within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Available with a referral from a <b>GP</b> or <b>Consultant</b> .

<b>Appliances and Aids following an in-patient admission</b>	Up to £150 per person per <b>policy</b> year, within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Available with a referral from a <b>Consultant</b> or Therapist.
<b>New child bonus</b>	£100 per child, within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Biological and adoptive children (under the age of 16). Not applicable to foster care. 12 month qualifying period, based on birth date. Child does not need to be added to a <b>policy</b> . Only payable once per child. Only applies to adoptive children unrelated to the <b>policy</b> holder or their partner before adoption.
<b>Nursing at home care</b>	Up to £500 per person per <b>policy</b> year, within the overall <b>policy benefit limit</b> of £15,000 per person per <b>policy</b> year	Available for nursing at home performed by a registered <b>nurse</b> immediately following a hospital admission either as a NHS or private patient under the specific direction of a <b>Specialist/Consultant</b> .
<b>Member Benefits</b>		
<b>Lifeline</b>	24 hours a day 365 days a year	Health advice line staffed by <b>Nurses</b> , with a Doctor call back service.
<b>Underwriting &amp; Co-payment Detail</b>		
<b>Moratorium</b>	5 & 2 Moratorium. Automatically excludes the cost of treating any <b>pre-existing conditions</b> for which <b>you</b> (or any <b>dependant</b> ) have received <b>treatment</b> and or medication, asked advice on, or had symptoms of during the 5 years immediately before <b>your</b> cover commenced. If <b>you</b> do not have symptoms, <b>treatment</b> , medication or advice for those <b>pre-existing conditions</b> , and any directly <b>related conditions</b> , for 2 continuous years after <b>your policy</b> starts, then <b>we</b> will reinstate cover for those conditions.	
<b>Co-payment</b>	<b>Your policy</b> includes a 15% co-payment per person per <b>policy</b> year up to a cap of £250 for <b>claims</b> made under Investigations and Detection, and <b>Treatment</b> and Surgery. This means <b>you</b> share responsibility for a <b>claim</b> with us, with <b>you</b> paying 15% and CS Healthcare paying the remaining 85%. Once <b>you</b> have reached the cap amount of £250 CS Healthcare will pay 100% of all valid <b>claims</b> up to the overall <b>policy benefit limit</b> . This does not apply to Recovery and Support.	

† All costs must be necessary, customary and reasonably incurred and **benefit** will be paid in accordance with the customary fees and charges for **treatment**. **Policy** exclusions apply.

## IMPORTANT NOTES:

- 1. Treatment** and Surgery for diagnosed heart and **cancer** conditions is not covered by HealthBridge. If **you** are having symptoms investigated which are diagnosed as a heart or **cancer** condition please contact **our claims** team who will then be able to assist **you** with transfer to the NHS for care. If **you** require any assistance for heart or **cancer** conditions under the Recovery and Support section of this **policy you** may be able to **claim** subject to Moratorium Underwriting terms and **Policy** Rules.
- 2. You** are not covered for **Emergency Treatment** (See '**Emergency Treatment**' definition on page 05 of the policy document).
- 3. You** will be covered after **you** have been discharged from hospital for a 90 day period of **necessary aftercare** subject to **your policy benefit limit**. This will include cover for up to three post-operative or follow-up consultations, up to six physiotherapy sessions, where related directly to **your** surgery or medical admission to check **your** progress or treat any complications. Wound care, application or re-application of plaster of paris, casts, splints, braces, other dressings and small procedures will also be covered when they are a direct consequence of your surgery or medical admission.
- 4.** Where genuine post-operative complications have occurred, or stabilisation of a medical condition is still being sought within the 90 day **necessary aftercare** period, **we** will give further consideration to cover on submission of a **treatment** plan from either the **Specialist/Consultant**, subject to **your** overall **benefit limit**.
- 5.** Please note, **we** will not pay overnight hospital **accommodation** and related charges which are related to **treatment** that would normally be carried out as a **day-patient** or **out-patient**; for the purpose of convalescence or rehabilitation; for therapies including complementary; for early admission or late discharge; for the purpose of personal need and/or social arrangements not associated with an **acute** medical need or the expected length of stay which is displayed on **your pre-authorisation** Certificate.